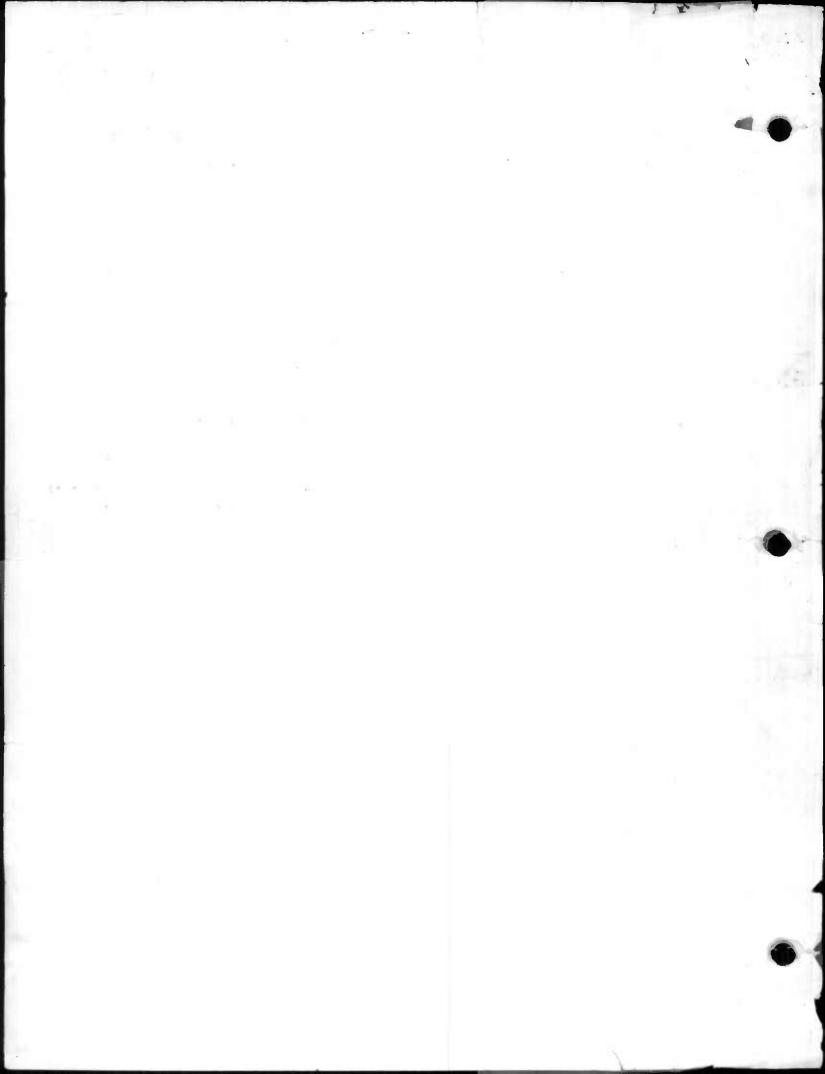
AND STATE CALLY AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (THEM 27), destin occurred at the time, date and place, and due to the cause(e) and manner as at stated. AND ADDRESS OF DEATH (THEM 27), of the beals of axamination and/or investigation. In my opinion, destin occurred at the time, date and place, and due to the cause(e) and manner as at 1985. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (THEM 27), (Proc 1996) 1. AND THE STATE OF THE ST		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	ICATE (F HEALTH AND OF DEATH		REG. NO.	91		6007
2.18—40—81.44		The state of the s		N			MONTE	DA DA	"1 , 199	(EAR	
RESIDENCE OF DECEDENT SECURITY MALTYLAND RECORD TO THE COUNTY WALTYLAND RECORD TO THE COUNTY RECORD TO TH			1.0				Sept	OF BIRTH	941	BIRTHPLACE TO THE PLACE TO THE	E (State or Foreign and
BE STREET AND NAMED AT CLARGE TO TUTNER LANGE 11 MARTIAL STATUS 11 MARTIAL STATUS 11 MARTIAL STATUS 12 MARTIAL STATUS 13 MARTIAL STATUS 14 MARTIAL STATUS 15 MARTIAL STATUS 15 MARTIAL STATUS 16 MARTIAL STATUS 17 MARTIAL STATUS 18 MARTIAL STATUS 19 MARTIAL STATUS 19 MARTIAL STATUS 19 MARTIAL STATUS 10 MARTIAL STATUS 10 MARTIAL STATUS 11 MARTIAL STATUS 12 MARTIAL STATUS 12 MARTIAL STATUS 13 MARTIAL STATUS 14 MARTIAL STATUS 15 MARTIAL STATUS 16 MARTIAL STATUS 17 MARTIAL STATUS 18 MARTIAL STATUS 19 MARTIAL STATUS 19 MARTIAL STATUS 10 MARTIAL STATUS 11 MARTIAL STATUS 12 MARTIAL STATUS 13 MARTIAL STATUS 14 MARTIAL STATUS 15 MARTIAL STATUS 16 MARTIAL STATUS 17 MARTIAL STATUS 18 MARTIAL STATUS 18 MARTIAL STATUS 19 MARTIAL STATUS 19 MARTIAL STATUS 10 MARTIAL STATUS 11 MARTIAL STATUS 12 MARTIAL STATUS 13 MARTIAL STATUS 13 MARTIAL STATUS 14 MARTIAL STATUS 15 MARTIAL STATUS 16 MARTIAL STATUS 17 MARTIAL STATUS 18 MARTIAL STATUS 18 MARTIAL STATUS 18 MARTIAL STATUS 18 MARTIAL STATUS 19 MARTIAL STATUS 10 M)R						DEATH		9c. COUNTY Ha	of death reord	i
BE STREET AND NOWSERN 2319 TUTTIONE LARGE 11. MARTIAL STATUS 12. MARTIAL STATUS 13. MARTIAL STATUS 14. MARTIAL STATUS 15. MARTIAL STATUS 15. MARTIAL STATUS 16. MARTIAL STATUS 17. MARTIAL STATUS 18. MARTIAL STATUS 19. MARTIAL STATUS 19	DIRECT	10e. STATE 10b. COUN				OCATION				1	LIMITS?
Security	AL		2			10f. ZIP.CODE 21014				N OF WHAT	
Sequentially list conditions of Development of Development of Service Worker 10 Sequentially list conditions of Development of Development of Service Worker 10 Sequentially list conditions of Development of Develop	FUN	1 Never Merried 2 Married	FORCES? 1 YES	2 NO	If yo	s, specify Cuban, Mex	Ican, Puerto I		or No — 14	Black, Wh	ilte, atc.
Sequentially list conditions Sequentially list conditions Sequentially list conditions Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due to (or as a consequence of): Sequentially list conditions Due t	PLETED	(Specify only highest gra	de completed)	(Give kind of life. Do NOT u	work done durii se retired,)	ng most of working	16b			STRY	
TO DE PENNINGT IN MARK (Floriphinal To Date Pennington 2319 Turner Laine, Bel Air, Mc. 2014) 10. Bel Pennington 2319 Turner Laine, Bel Air, Mc. 2014 10. Bel Pennington 2319 Turner Laine, Bel Air, Mc. 2014 10. Bel Air, Mc. 2014	ш		Schulte								
22. NAME AND ADDRESS OF FACILITY HOWARD K. MCCOTTAS IIII Funeral Home, P.P. 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on such line. MMEDIATE CAUSE (Final disease or condition. If any, isading to immediate cause. Enter UNDERLYING CAUSE (Insel disease or condition. If any, isading to immediate cause. Enter UNDERLYING CAUSE (Chieses or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 3. DUE TO (OR AS A CONSEQUENCE OF): 4. DUE TO (OR AS A CONSEQUENCE OF): 4. DUE TO (OR AS A CONSEQUENCE OF): 5. DUE TO (OR AS A CONSEQUENCE OF): 6. DUE TO (OR AS A CONSEQUENCE OF): 7. DUE TO (OR AS A CONSEQUENCE OF): 8. DUE TO (OR AS A CONSEQUENCE OF): 8. DUE TO (OR AS A CONSEQUENCE OF): 9. DUE TO (OR AS A CONSEQUENCE O	0	190. INFORMANT'S NAME (Type/Print) I. Dale Penningt	con	19b. MAILING 2319	ADDRESS (S Turne	r Lane, B	el Boute Numi	Md.	ⁿ 21014	ode)	
HOWARD K. MCCOMS III Funeral Home, P.P. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, lock, or heart felture. List only one cause on asch line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE		1 🗆 Buriel 2 🗆 Cremetion 3 🗆 Re	emoval from State	ofther place) Stary Land	ate (Nomo Anaton	of comotory, crometory	ď				
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on such line. IMMEDIATE CAUSE (Final diseases or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.		Howara K	McCome	CO TIL	- Hov	vard K. Mo 17 Cokesbu	Comas	ad. Ah	nada	n. Md	
Sequentially list conditions, if any, leading to immediate CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR		shock, or heart feliur IMMEDIATE CAUSE (Final disease or condition	e. List only one cause on a	ach line.	not entar th	a moda of dying, a	uch as can	diac or reap	iratory srres	it,	Approximate Interval Between
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24. WAS AN AUTOPSY PROPRIED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH 1 HOSPITAL: 1 Impetient 2 ERVOutpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28. DATE OF INJURY WORK? 29. Accident investigation 3 Sulcides 6 Could not be detainmined building, etc. (Specify) 28. DATE OF INJURY At home, farm, street, factory, office 28. LOCATION (Street and Number or Rural Route Number, City or Now., State) 29. SIGNATURE ON THEE CERTIFFING PHYSICIAN: To the basis of examination end/or investigation, in my opinion, death accurred at the time, date end place, and due to the cause(e) end manner as stated. 296. SIGNATURE ON THEE OF CERTIFIER 296. SIGNATURE ON THEE OF CERTIFIER CAUSE OF DEATH (ITEM 27) (Typophili) A AND AND AND AND AND AND AND AND AND A	ICATION.	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO (OR AS A	CONSEQUENCE C	DF):						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24. WAS AN AUTOPSY PROPRIED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH 1 HOSPITAL: 1 Impetient 2 ERVOutpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28. DATE OF INJURY WORK? 29. Accident investigation 3 Sulcides 6 Could not be detainmined building, etc. (Specify) 28. DATE OF INJURY At home, farm, street, factory, office 28. LOCATION (Street and Number or Rural Route Number, City or Now., State) 29. SIGNATURE ON THEE CERTIFFING PHYSICIAN: To the basis of examination end/or investigation, in my opinion, death accurred at the time, date end place, and due to the cause(e) end manner as stated. 296. SIGNATURE ON THEE OF CERTIFIER 296. SIGNATURE ON THEE OF CERTIFIER CAUSE OF DEATH (ITEM 27) (Typophili) A AND AND AND AND AND AND AND AND AND A	RTIF		DUE TO (OR AS /	A CONSEQUENCE C	PF):					1	
2 Accident 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO YES	43	resulting in death) LAST	d								
2 Accident 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO YES	MEDICAL		ione contributing to death b	out not resulting	in the unde	rlying causa given	In Part I.	PERFO	RMED?	AWA COI OF	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
2 Accident Immedigation 2 Accident 2 Accident 3 Suicide 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 29e. SIGNATURE FOR THEOR CERTIFIER 29e. LICENSE NUMBER 29e. LICENSE NUMB	MEDICAL	PART II. Other significant conditions of the con		out not resulting				PERFOI	RMED?	AWA COI OF	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
4 Homicide determined building, etc. (Specify) 29a. CERTIFIER (Chock only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 29b. SIGNATURE AND THE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE STANED (Norm). Day Many 31. DATE FILED (Months pay, Yeyl 7 2000 32. REGISTRAB'S SIGNATURE	MEDICAL	PART II. Other significant conditions to the condition of	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 □ DOA	OTHER:	28. PLACE OF DEATH 3 Home 5 Residen	(Check only of	PERFOI 1 YES 2 100 100 100 100 100 100 100 1	RMED?	AMA COI OF	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
296. SIGNATURE OND THREE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATS SIGNATURE 297. DATS SI	BY PHYSICIAN: MEDICAL	PART II. Other significant conditions to the condition of	HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	patient 3 □ DOA 28b. Til	OTHER: 4 - Nursing ME OF 26 JURY M	28. PLACE OF DEATH 3 Home 5 Residen 6c. INJURY AT WORK? 1 YES 2 NO	(Check only or	PERFOI 1 YES 2 100 100 100 100 100 100 100 1	RMED?	AMA COI OF 1 [MLABLE PRIOR TO MPILETION OF CAUSE DEATH? YES 2 NO
296. SIGNATURE OND THEE OF CERTIFIER 296. DISTRIBUTION OF CER	BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of the condition of	HOSPITAL: 1 Inpatient 2 ER/Out 28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe	patient 3 DOA 28b. Till IN 7 — At home, farm,	OTHER: 4 Nursing ME OF JURY M	28. PLACE OF DEATH Home 5 Residen C. INJURY AT WORK? 1 YES 2 NO , office	(Check only or 28d. DE 28d. DE 28f. LOC	PERFOI 1 YES 2 TO Specify) SCRIBE HOW 1 CATION (Street or Town, State)	NO N	AMA COI OF 1 IRED PRED	MLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
39/MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPOS POPI) 12 MILAND POPI AND PROPERTY OF THE POPI AND POP	BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of the condition of	HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe	patient 3 □ DOA 28b. Till IN	OTHER: 4 Nursing ME OF JURY M street, fectory	28. PLACE OF DEADY The Home 5 Residen C. INJURY AT WORK? 1 YES 2 NO , office	Check only of 28d. DE 28d. DE 28f. LOC City	PERFOI 1 YES 2 TO Specify) CATION (Street or Town, State)	NJURY OCCU	AMA COI OF 1 I I I I I I I I I I I I I I I I I I	MLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
	BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions and the significant conditions are significant conditions. 26. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	MOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe YSICIAN: To the best of my know INER: On the basic of examination	patient 3 DOA 28b. Till 7 — At home, farm, riedge, death occur on end/or investigati	OTHER: 4 Nursing ME OF JURY M street, fectory red at the time	28. PLACE OF DEATH g Home 5 Residen ic. thJURY AT WORK? 1 YES 2 NO , office o, date end place, end bion, death occured at 29c. LICENSE	(Check only or ce a ☐ Other 28d. DE 28d. DE 28f. LOC City due to the ca the time, date	PERFOI 1 YES 2 TO Specify) CATION (Street or Town, State)	INJURY OCCU	AMA COI OF 1 [I C III C	MLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number, Number,
	BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions and the second secon	MOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe YSICIAN: To the best of my know INER: On the basic of examination	patient 3 DOA 28b. Till 7 — At home, ferm, riedge, death occur on end/or investigeti	OTHER: 4 Nursing ME OF JURY M street, fectory red at the time	28. PLACE OF DEATH g Home 5 Residen ic. th.JURY AT WORK? 1 YES 2 NO to, office o, date end place, end bion, death occured at 29c. LICENSE D137	(Check only or ce a ☐ Other 28d. DE 28d. DE 28f. LOC City due to the ca the time, date	PERFOI 1 YES 2 TO Specify) CATION (Street or Town, State)	INJURY OCCU	AMA COI OF 1 [Included the control of the control	MLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number, Number,



FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First				313				TIT	2. DATE C	F DEATH	v	YEAR	3. TIME OF DEATH
	Geo:	0	larvin P	oe						Sept	. 12,	1991	TEAN	3:15 a w
	4. SOCIAL SECURITY NUMBER 219-22-61		5. SEX 1 💢 M 2 🗌 F	8. AGE (In yrs. las	t birthday) YRS.	IF UNDER	DAYS	IF UNDE	R 24 HRS.	7. DATE O (Month, Oct.	8, 1	928	s. BIRTI	ryland
ОВ	99. FACILITY NAME (If not in 100 Oal	kmere				9b. CITY			Mil				NTY OF C	imore
5	RESIDENCE OF DEC	10b. COUNT			Luc. on	ry, town	001001	1011						AND DISIDE OFFI
DIRECTOR	Md		timore		10c. CI			s Mi	lls					10d. INSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL	100. STREET AND NUMBER		e Road				101	I. ZIP COE	2111°	7		10g. CIT		WHAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Merried 2 4 3 Widowed 4 Dive		FORCES?	NT EVER IN U.S. AR 1 YES 2 I WAR OR DATES	IMED NO		If yee, sp	ecify Cub		n, Puerto Ri	(Specify Yea cen, etc.)	or No—	14. RAC Blac Spec	E — American Indian, k, White, atc.
COMPLETED	15. DEC (Specify on Elementary/Secondery (1 12	DEDENT'S EDU by highest grade 0-12)	JCATION e completed) College (1-4 or 5	(G	ive kind of Do NOT u	work done use retired.)	during mo	DN ost of work	ing	16b.	RIND OF BUS Bet	hlem		el
BE COM	17. FATHER'S NAME (First, A		Edwin Po	е		Т		18. MO	THER'S NA		dred		e Uh	ler
TO B	190. INFORMANT'S NAME (Sandra		oe oe	19							or, City or Tow Mills			117
	20a, METHOD OF DISPOSIT 1	on 3 🗆 Ren	noval from State	20b. PLACE other pl	of Dispo	ints	eme of cen	metery, cre leter	matory or					own, State n, Md.
	21. SIGNATURE OF FUNERA	SERVICE LI	CENSEE H			22.	Eck	hard		neral	Chap			21117 s Mills. Md
SATION	IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY	tiona, ediete	b	D (OR AS A CONSE	Ble.	ory:	2 E	June	eengy	na	, me	lita	ti	Interval Between Onset and Death Smult
CERTIFICATION	CAUSE (Disease or injusted initiated events resulting in death) LAS		d.	O (OR AS A CONSE	OUENCE (OF):								
MEDICAL	PART II. Other algnific	ent conditio	na contributing to	o death but not	reaulting	In the u	nderlyin	g cause	given in	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED	TO MEDICAL					26 P	LACE OF	DEATH (Ch	neck only one	a)			
I I	EXAMINER?		HOSPITAL:	ER/Outpetient		OTHE	R:	- /			<u> </u>			
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5	Pending Investigation	286. DATE O (Month,	X	28b. TI	1	28c. IN.	JURY AT ORK? YES 2		8 Other	CRIBE HOW	NJURY O	CURED	
TED BY	2 Accident 3 Suicide S Homicide	Could not be determined	28e. PLACE	OF INJURY — At he	ome, ferm	, street, fac	ctory, offic	Ca			TION (Street or Town, State		or or Rural	Route Number,
COMPLET	enel		SICIAN: To the best of											(e) end menner ee stated.
BE	Jan	E OF CENTIFIE	June	- m				29c. Li	CENSE NUI	MBER		29d. DA	2 /	0 (Mopth, Day, Year)
TO	30. NAME AND ADDRESS OF	601	put, 1	mo	M 27) (Typ	oe, Print)	KD /	20 N	BL	VD	OWA	es n	nes	MD 2/1/7
	31. DATE FILED (Month, Day			AR'S SIGNATURE										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

26008

DHMH-18 Rev 1/89

3. TIME OF DEATH

And the second of the second o

	FOR STATE OF MA	DVI AND / DED	ADTMENT OF	UCALTIL AND	MENTAL HYGIE	to and the state of the state o	1 26009
	REGISTRAR	CERT	IFICATE OF	DEATH	MENIAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH
	MARY RYBA 4. SOCIAL SECURITY NUMBER 5. SEX 6	AGE (In yrs. lest birthd	ay) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	11	9 1 3 04 BIRTHPLACE (State or Foreign
	090-26-8229 1□M2KF	57 YRS		HOURS MIN.			New York
DIRECTOR	9e. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPIT	TAL		OR LOCATION OF E		AND DESCRIPTION	TIMORE
EC	10a. STATE 10b. COUNTY	10c.	CITY, TOWN OR LOCA	ATION			10d. INSIDE CITY
	MD. Montgomery		Germant	own			LIMITS?
FUNERAL	100. STREET AND NUMBER 18501 Kings Hill Road		10	of. ZIP CODE	27/		S . A .
E.	11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Ye	e or No 1	4. RACE — American Indian,
BY	3 Wildowed 4 Divorced IF YES, GIVE WAY			S 2 KNO Speci	en, Puerto Rican, etc.) ily:		Specify: White
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind	T'S USUAL OCCUPAT of work done during m	ION lost of working	18b. KIND OF BU	JSINESS/INDU	STRY
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)		ousewif	е			
BE CO	17. FATHER'S NAME (First, Middle, Lest) Raymond Hoffman			18. MOTHER'S N. Ceci	AME (First, Middle, Meidel lia Foeg	en	
5	19e. INFORMANT'S NAME (Type/Print)	\$			Route Number, City or Tox		
	Joseph Ryba 20a. METHOD OF DISPOSITION 1 PhBurlat 2 □ Cremation 3 □ Removal from State	20b. PLACE AND DA	TE OF DISPOSITION /A		Rd., Boy		d . 20841
	4 Donatton 5 Dother (Specify)	St. M	or other place)		9-14 Bar	nesvi	11e, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME A	1 Real1	ACILITY Hilto	n Fun	eral Home rnesville _M
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			FAILU	RE		Onset and De Z 444 4 OA)
- 1	DART II ON THE I						
4: MEDICAL	PART II. Other significant conditions contributing to de REMAN INSUFFICIENT SEPSIS		ng In the underlyin	ng cause given in	PERFO		24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			LACE OF OEATH (CI	heck only one)		
IXSI	1 YES 2 NO 1 Inpatient 2 E	R/Outpatient 3 DOA		me 5 🗆 Realdenca	8 Other (Specify)		
BY Pt	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28e. OATE OF IN (Month, Day,	JURY Year)	INJURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUI	RED
ETED I	3 Suicide 8 Could not be building, etc	NJURY — At home, farr . (Specify)	m, street, factory, offic	ca	281. LOCATION (Street City or Town, State	and Number or)	Rural Route Number,
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the best of exam						
w I	29b. SIGNATURE AND TYPLE OF CERTIFIER			29c. LICENSE NU			IGNED (Month, Day, Year)
on II	38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE			038	68-3	> 2	9/11/91
2							

SELT 1881 Prominent de la 1881 PT 438

ained by the	should be de	lifted at or
De 6 may be ret	1	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours affected at the property of the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun of discount of should be defined within 72 hours after death with the State Bear of Health and Marial Honison prior to hursal retardation or removal	MPORTANT H Hem 28 is marked or them 28 shows and injury or other trainfell event the medical event.

	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTMENT CERTIFICAT	NT OF HEALTH AND	MENTAL HYGIE		20010
	1. OECEDENT'S NAME (First, Middle, Last)	/ -			2. DATE OF OEATH		3. TIME OF OEATH
	Fred Co.	okman	Ke	cords	Septemb.		PAR 0150 M
	4. SOCIAL SECURITY NUMBER			DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	215-05-2877	1 M 2 F 8	2 YRS. MONTH	DAYS HOURS MIN.	M24 18,1	1909	Delaware
~	9e. FACILITY NAME (If not institution, give str		9b. CI	TY, TOWN OR LOCATION OF I	DEATH	9c. COUNT	Y OF DEATH
10	Peninsula General	Hospital		Salisbury		Wi	icomico
DIRECTOR	10e. STATE 10b. COUNTY	· +	10c. CITY, TOWN	OR LOCATION ,	0	,	10d. INSIDE CITY
G	Maryland WS	omerset	5	1	rincess	Ann	A HEITES
AL	100. STREET AND NUMBER			101. ZIP CODE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		N OF WHAT COUNTRY?
FUNERAL	124 Hamp	den Av	e	2/85	3	1 20	1
5	11. MARITAL STATUS	12. WAS DECEOENT EVER IN U. FORCES? 1 YES		3. WAS DECENDENT OF HISP/ If yee, specify Cubapy Mexic		es or No- 14	. RACE — American Indien, Black, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE		1 YES 2 NO Spec			Squedity:
	15. DECEDENT'S EDUC	ATION 16	6. DECEDENT'S USUAL	OCCUPATION	18b, KINO OF B	I SANTESS INVOLVE	White
	(Specify only highest grade of Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of work don life. Do NOT use retired	e during most of working		-	
AP			Salesn	カマカ	Lar	1201	ership
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Meide	n Surneme)	
BE	1-red Rec	ords		Anni	e Reco	rds	
2	190. INFORMANT'S NAME (Type/Print)	1	196. MAILING ADDRE	SS (Street and Number or Rura	Route Number, City or To	wn, State, Zip Co	ode)
	Makel Kecore	2/5	124 Har	noden Ave	Princess	Anne	Md 21853
	20e. METHOD OF DISPOSITION 1 Description 2 Cremetion 3 Remo		ACE AND DATE OF OISP		1111	OCATION — CIT	y or Town, State
	4 Donation 5 Other (Specify)	- 15e	echwood	Lemetery	9/3/9/ Pr	ncess	Anne Not
		/)	1 1	2. NAME AND ADDRESS OF F		w	v
	James J. A	inner.	/	1673 Some	reet Pri	neess	Anne Md.
	23 PART I. Entar tha diseasas, or co shock, or haart failure. L	omplications that caused the ist only one cause on each	a death. Do not ant	ar tha moda of dying, su	ch as cardiac or res	piratory arras	t, Approximata
	IMMEDIATE CAUSE (Final disease or condition	~ 1. 1. t	. 1	0			Onset and Death
	resulting in death)		Juny (ance			
-		DUE TO (OR AS A CO	INSECUENCE OF):				
5	Sequantially list conditions, if any, leading to immediate	OUE TO (OR AS A CO	INSEQUENCE OF):				
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury						
	that initiated events	DUE TO (OR AS A CO	INSEQUENCE OF):				
ER	resulting in death) LAST						
AL C	PART II. Other significant conditions	contributing to death but	not resulting in the	Underiving cause givan in	Part I. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
S				, ,	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC					1 TYES	2 NO	OF DEATH?
7							1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF OEATH (C	heck only one)		
Sic		HOSPLTAL: 1 ☐ Inpatient 2 ☐ ER/Outpatie	nt 3 DOA 4 N	ER: ursing Home 5 🗆 Residence	S Other (Specify)		
E	27. MANNER OF DEATH	28e. OATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?	28d. OEŞCRIBE HOW	INJURY OCCUP	REO
B	1 Natural 5 Pending 2 Accident Investigation		М	1 YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, term, street, te	ectory, offica	281. LOCATION (Street City or Town, Stets	end Number or	Rural Route Number,
COMPLETED							
릴		IAN: To the beat of my knowledg					
į	2 MEDICAL EXAMINER	On the basis of examination en	d/or investigation, in my	opinion, death occured at the	e time, date and placa, a	nd due to the c	euse(e) end manner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)
2	I am Kallell	y wo		D248	72	► 9/1	191
	30. NAME AND ADDRESS OF PERSON WHO		(ITEM 27) (Type, Print)				
	31. DATE FILEO (Month, Day, Year)	Deive Su	ct 2041	SALISBU	By Md	2150/	
	STP = 3 °91	32. REGISTRAR'S SIGNATU	ne Ison-Aandall				

_	- =
	10:15
ó	within
1314	executed
×	2
C. BC	certificate
7	death
S	the
F	that
ÉCC C	reduires
	ME
₹	The
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TAL DB ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 - sur-
VISION	ATTENDING
5	DB
السيا	IA

31. DATE FILED (Month, Day, Year)
SEP 1 1 1991

Julia Saindson Randalle

	FOR STATE REGISTRAR		STATE OF N			RTMENT OF I	EALTH AND I	MENTAL	HYGIENI REG. NO.	E	91	26011
	1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE O	F DEATH DA	Y	YEAR	3. TIME OF DEATH
			ROBINSO	N				9 6	199			1;15 M
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.	57	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIH.	7. DATE Of (Month,	Day, Year)		6. BIRTHE Country	PLACE (State or Foreign
7	216-18-58		1 √ XM 2 □ F	66	YRS.			4 1	192			ARYLAND
4	9e. FACILITY NAME (If not in				***		OR LOCATION OF DE	EATH			NTY OF DE	
DIRECTOR	23 A LA		TE AVEN	UE	<u> </u>	ANNAP	OLIS			AN	NE A	ARUNDEL
띭	10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
	MARYLAND	ANN	E ARUND	EL	Al	NAPOLI	S					1 YES 2 NO
¥	10e. STREET AND NUMBER					10	f. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	23 A LAF	AYETT					21401				U.S.	
	11. MARITAL STATUS	Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED	If yes, sp	CENDENT OF HISPAI pecify Cuben, Mexico	n, Puerto Ri		or No-	14. RACE Black,	- American Indien, White, atc.
BY	3 Widowed 4 Divo		IF YES, GIVE V	AR OR DATES		1 TYES	2 X XO Specific	y:			Specify	
- 1		EDENT'S EDU		16a.		USUAL OCCUPATI		16b, I	KIND OF BUS	INESS/INI		A C K
	(Specify only Elementary/Secondary (0	highest grade (-12)	College (1-4 or 5 -	·)	Ille. Do NOT u		ost of working					
린	The state of the s				CUST	DIAN						
COMPLETED	17. FATHER'S NAME (First, M	iddie, Last)					18. MOTHER'S NA	ME (First, Mi	iddle, Maiden	Surneme)		
BE	BENJAMIN		SON						OBIN			
2	19a. INFORMANT'S NAME (7						and Number or Rural					
	HELEN MOR		<u>Y</u>				TTE AVE	. AN			MD .	
	1)C)Buriel 2 - Cremelic	n 3 🗆 Rem	oval from State	othe	r place)	EST CEM	FTFRV					MD.
1	4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA		CENSEE	_ 11111	L OKI		ND ADDRESS OF FA	CILITYS 2				ANNAPOLIS,
	Lav	ry L	1. Ree	10			E & SON					
	23. PART I. Enter the d	lsedses, or o	complications the	t coused the	deeth. Do	not enter the m	ode of dylng, suc	h es cerdi	ec or reepi	retory er	reet,	Approximete Interval Between
	IMMEDIATE CAUSE (FI					FAI	740=					Onset end Deeth
	disease or condition resulting in deeth)	→	a	p, an	Jone	7 FAI	cont					
. 1			LING	(OR AS A CON								
O	Sequentielly list condit		b. OUF TO	OR AS A CON	A ST	AL-						
CERTIFICATION	If any, leading to imme cause. Enter UNDERLY		agne	En c)F /	PROSTA	175					į
띮	CAUSE (Disease or inju that initiated events	iry	C. DUE TO	(OR AS A CON	REQUENCE C	OF):						
F	resulting in deeth) LAS	T .	d									
	PART II. Other significa	nt condition	ns contributing to	death but n	ot regulting	in the underlyin	na ceuse alven in	Pert I	24a. WAS AN	ALITOPSY	24h	WERE AUTOPSY FINDINGS
CAL						uno anteonym			PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
								_ 1	1 TYES 2	□ NO		OF DEATH?
Σ.								- 1				1 NES 2 NO
AN	25. WAS CASE REFERRED T	O MEDICAL				26. F	PLACE OF DEATH (C)	heck only one)			
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpation	1 3 DOA	OTHER:	me 5 Residence	8 🗆 Other	(Specify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH		28a. DATE Of (Month, L		28b. TII		JURY AT ORK?	28d. DE\$6	CRIBE HDW	NJURY O	CURED	
ВУ	1 Netural 5 1 2 Accident	Pending Investigation					YES 2 NO					
COMPLETED	A	Could not be determined	28e. PLACE (building	OF INJURY — A , etc. (Specify)	I home, farm,	street, factory, offi	C0		TION (Street Town, State)		er or Rural R	oute Number,
PLE	290. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best o	f my knowledge	, death occur	red at the time, dat	e end piece, end du	e to the ceut	se(e) end ma	nner as str	nted.	
OM	one)		E DOMESTIC STREET) end manner ee atated.
	29b. SIGNATURE AND TITLE	OF CERTIFIE	R	mL			29c. LICENSE NU	IMBER		29d. DA	TE SIGNED	(Month, Day, Year)
O BE	Dorsel	K	1	1).			0108	1		•	7/10	/7/
5	30. NAME AND ADDRESS O	F PERSON WI	O ONPLETED CAL		(ITEM 27) (Typ	16/6 Fo	NEST O	Krie	- 1	me	bolis	21403

Market 11

ui.	2	Da	0
BALTIMORE,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2 Jurs after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, parts filed within 72 hours after death with the State Dent, of Health and Mental Hydiere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must b
ž	Page	dire.	10
5	ath.	unera	THE S
BA	er de	the f	ě
	rs aft	remo	de
	No.	lled I	E
	Jin 2	ely fi	=
9	with	mplet	ven
314	cuted	od co	ije
	е ехе	an ar	EMA
õ	ate b	nysici	t t
H	ertific	ng pt	othe
ď	uth c	tendi	6
· 6	e de	he at	uny.
ĕ	at th	by and	ų,
Ö	the th	gned	20
	equir	en si	how
	WE	as be	23
M	The	ate h	The H
>	CIAN	artific the S	0
E C	HYS	his ce	ced,
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	NG P	fler t	шал
8	END	DR: A	89
<u></u>	TA I	SECTION AND AND AND AND AND AND AND AND AND AN	m 2
$\overline{\Box}$	L OF	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fired within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	9
	SPITA	VERA	T. II
	2	24	TA
	포	THE Glad	0
	2	23	3

	1 - STATE REGISTRAR	STATE OF MAR		RTMENT OF		MENTAL HYGIEN REG. NO		1 26012
	1. DECEDENT'S NAME (First, Middle, Lest) William	Victor	Ra	ndall		2. OATE OF DEATH	♥91 YE	3. TIME OF DEATH 10:40a M
	4. SOCIAL SECURITY NUMBER 354-07-6377	5. SEX 6. A	GE (In yrs. lest birthdey) 68 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		SIRTNPLACE (State or Foreign Country)
HO	90. FACILITY NAME (If not institution, give st Anne Arundel Me		er	эь. city, тоwn Annar	OR LOCATION OF DE	ATN	9c. COUNTY Anne	of DEATH Arundel
OINEC	10e. STATE 10b. COUNTY	ne Arundel	10c. A	PHOYAR LOC	ATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER ONLY AVE	enue	1	1	01. ZIP COOE 210	012	10g. CITIZEN	OF WHAT COUNTRY?
ž	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Olvorced	12. WAS OECEDENT EVI FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		If yes,	ECENDENT OF NISPAN specify Cuben, Mexica S 2 M NO Specify		100	RACE — American Indien, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementery/Secondery (0-12)	CATION completed) College (1-4 or 5 +)	180. DECEDENT'S (Give kind of life. Do NOT C		TION nost of working	166. KIND OF BU		artment
BE COM	17. FATNER'S NAME (First, Middle, Last) Frank Randall				16. MOTNER'S NA Pearl	ME (First, Middle, Maiden Weddecomb	Surname)	
20	190. INFORMANT'S NAME (Type/Print) Mrs. Irene Rand	dall		g ADORESS (Stree Harmony		Route Number, City or You Arnold		^(e) MD 21012
	20s. METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		MD Place of DISPO	rans		Cro	wnsvil Ritchia	le, MD
	21. SIGNATURE OF FUNERAL PERVICE LIC	R	1		and address of fa			Park MD 21146
	23. PART I. Enter the diseases, or cahock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	List only one cause of					lretory arrest	Approximate Interval Between Onset and Death
Z			AS A CONSEQUENCE					
ERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	с	AS A CONSEQUENCE					
CERTIF	that initiated events resulting in death) LAST	d.	AS A CONSEQUENCE	OF):				
MEDICAL	PART II. Other algnificant condition	e contributing to dea	th but not resulting	in tha undarly	ing ceusa given in	Part I. 24a. WAS AI PERFO	RMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10.4	OTHER:	PLACE OF DEATH (C)			
BY PHYSICIAN:	27. MANNER OF OEATN 1 Netural 5 Pending	28e. DATE OF INJU	URY 28b. Ti	ME OF 28c.	NJURY AT WORK? YES 2 NO	28d. DESCRIBE NOW	INJURY OCCUR	ED
0	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF IN building, etc.	JURY — At home, ferm (Specify)	, atreet, factory, of	fice	28f. LOCATION (Street City or Town, State	end Number or i	Rural Route Number,
COMPLET	const. Only	ICIAN: To the best of my						ause(e) end menner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R 70.4.0			29c. LICENSE NU	MBER		GNEO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH				IN APOL	× NO		10(1)
	31. OATE FILED (Month, Dey, Year) SEP 1 0 1991	32. REGISTRAR'S	SIGNATURE	U PI	HINPULI	3,10		

Item

BE

2

296. SIONATURE AND TITLE OF CERTIFIER

SEP 0 9 1991

31. DATE FILED (Month, Day, Year)

TO THE HOSPITAL TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II

OF

DIVISION

permit

burial-transit

Den Con	35		
Tall I	esn		
al o	包		
Spit	Ped		
2	etac		90
£	9		0
d G	Q P		2
aine	Pour		ffle
Tet	5 5		č
20	age		4
ma	9, p		131
9 9	recti		Ē
200	ig di		200
€	nera		E
dea	e fu	j.	PYS
after	4	DOVE	23
Si	5	ē	pa
9	8	0,	E
24	y fil	tion	ŧ
iğ.	etel	еша	1
× v	duc	, c	PVA
erre or	D	nria	2
exe	an a	00	FILE
8	iciar	101	Ē
cate	Ships	e pi	10
ertif	B	gien	tio
the co	endi	Ŧ	è
dea	att	enta	2
the	#	N	E
that	9	an I	2
80	igne	eatt	2
indi	S US	H	Nou
W	2	pt.	6
36 3	has	8	2
E	cate	State	Her
CIA	ertifi	he	5
3	SC	5	7
4	th th	4	ark
DING	Afte	deat	6
EN	.H.	ter	9 le
Æ	E	Sal	6 4
R	DIR	POLI	-
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT. Here 28 is marked or Hem 23 shows any injury or other traumatic event; the medical examiner must be notified at once
SP	NEF	this.	Ė
¥	5	*	1

26013 91 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH p 09 08 91 THOMAS E. REDMOND 6:30 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 10 Day, Year) DAYS HOURS 214-14-4037 1 M 2 - F 72 YRS 18 MARYLAND 9a. FACILITY NAME (if not institution, give street and number) 96. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH NORTH ARUNDEL HOSPITAL GLEN BURNIE ANNE ARUNDEL RESIDENCE OF DECEDENT DIRECT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND ANNE ARUNDEL PASADENA 1 YES 2 NO 10a STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8142 SOLLEY ROAD 21122 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAN OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, atc. 1 Never Merried 2 Merried 1 TYES 2 NO Specify: WHITE Specify BY 3 Widowed W Divorced WW 11 COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 12 SUPERVISOR 0 LAW ENFORCEMENT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JAMES F. REDMOND ELLA N. STROBER BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 PATRICK J. REDMOND 8138 SOLLEY ROAD-PASADENA, MARYLAND 21122 20e. METHOD OF DISPOSITION
1X Buriel 2 Cremetion 3 Ren 20b. PLACE AND DATE OF DISPOSITION (Name 26c. LOCATION — City or Town, State DATE of cemetary crematory or other place)
GLEN HAVEN CEMETERY 9/11GLEN BURNIE, MD 4 Donation 5 Others

21. SIGNATURE OF FUNERAL ectfy) SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RAYMOND_C. MOND C. FINK FUNERAL HOME 2106 CRAIN HWY.S.W.GLEN BURNIE,MD. 21061 0 426 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (ON AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, If any, leading to immediate cause. Enter UNDERLYING SLV CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 TYES 2 NO N/A PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 XNO 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED Netural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner se stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(e) and manner as stated.

C. THOMAS FOLKEMER M.D. 4231 POSTAL COURT-PASADENA, MD. 21122

32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29d. DATE SIGNED (Month, Day, Year)

09-09-91.

FART TANK AND THE WAYS

	1. DECEDENT'S NAME (First, Middle, Les Olive		SMITH		2. DATE OF OEATH MONTH DAY September	14, 1991	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-10-2975	1 🗆 M 2 💢 🖡	93 YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS	Aug. 3, 18	98 Mai	ryland
стоя	9a. FACILITY NAME (If not institution, glad Citizens Nursin	g Home of Free		Frederick	OEATH	ec. COUNTY OF DE	derick
DIRE	10a STATE 10b COUR		16c. CITY, TO	Frederick			10d. INSIDE CITY LIMITS? 1) YES 2 N
IERAL	Rosemont Aven	me, Ext.		101. ZIP CODE 2170]		10g. CITIZEN OF W	S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Max 1 TYES 2 NO Specific NO Sp	ricen, Puerto Ricen, atc.)	Black	- American Indian White, atc. White
COMPLETED	15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret BOOKKEE	done during most of working tired.)	Retail	INESS/INDUSTRY Sales Cor	mpany
BE COM	17. FATHER'S NAME (First, Middle, Last) Franklin E. Snit	h	31111	Mary	NAME (First, Middle, Maiden S Krantz		
TO B	19a. INFORMANT'S NAME (Type/Print) Mrs. Louise Lipp)S		oress (Street and Number or Ru 1 Ave., Frede			1
	IMMEDIATE CAUSE (Final disease or condition	or complications that caused re. List only one cause on a	MOOO21. d the death. Do not sech line.	anter the mode of dying, a	nd Basford F Church Stree such as cardlac or reapir	et Fred	
ERTIFICATION	shock, or heart failur IMMEDIATE CAUSE (Final	DUE TO (OR AS A	d the death. Do not a	anter the mode of dying, a	Church Stre	et Fred	Approximate
: MEDICAL CERTIFICATION	shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A	A CONSEQUENCE OF):	anter the mode of dying, a	Church Streets or reapiral streets of the streets o	ALTOPSY 24b.	Approximate Interval Bet Onset and Conset an
MEDICAL	shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condit	b. OUE TO (OR AS A OUE TO (OR	d the deeth, Do not deeth line. A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the consequenc	anter the mode of dying, a control of the underlying cause given the underlying cause given 26. PLACE OF OEATH THER:	Church Stre. Buch sa cardiac or reapir Lin Part I. 24a. WAS AN. PERFOR 1 YES 2	ALTOPSY 24b.	Approximate Interval Bel Onset and Conset an
PHYSICIAN: MEDICAL	shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending	a. DUE TO (OR AS A DUE TO (OR AS A C. OUE TO (OR AS A d. tions contributing to death b HOSPITAL: 1 Inpatient 2 ER/Out (Month, Day, Year)	d the deeth, Do not deeth line. A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the consequenc	26. PLACE OF OEATH THER: PRUSSING Home 5 Resident F 28c. INJURY AT	Church Stree	AUTOPSY 24b.	Approximate Interval Bet Onset and Conset an
D BY PHYSICIAN: MEDICAL	shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	a. DUE TO (OR AS A DUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A d. tiona contributing to death b itiona contributing to death b 28e. DATE OF INJURY (Month, Dey, Vear) be 26e. PLACE OF INJURY building, sic. (Spe	d the deeth, Do not desch line. A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the description of the descripti	28. PLACE OF OEATH THER: Working Home 5 Resident F	Church Stree	AUTOPSY 24b. NJURY OCCURED	Approxima Interval Be Onset and Conset and C
D BY PHYSICIAN: MEDICAL	Shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigatic 3 Suicide 6 Could not datermined 29s. CERTIFIER (Check only) 1 CERTIFYING PM	a. DUE TO (OR AS A DUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A d. OUE TO (OR A	d the deeth, Do not deeth line. A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the deeth occurred a consequence of the deeth occurred a consequence occurred	28. PLACE OF OEATH THER: WORK? M 1 YES 2 NO et, factory, office at the time, date and place, and	Church Stree Buch se cardiac or reapir Color of the Color of Town, State) Church Street a City or Town, State)	AUTOPSY 24b. NJURY OCCURED	Approximatintarval Bei Onset and Conset and
BY PHYSICIAN: MEDICAL	Shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigatic 3 Suicide 6 Could not datermined 29s. CERTIFIER (Check only) 1 CERTIFYING PM	a. DUE TO (OR AS A DUE TO (OR AS A C. OUE TO (OR AS A d	d the deeth, Do not desch line. A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the description of the descripti	28. PLACE OF OEATH THER: PRursing Home 5 Residen F 28c. INJURY AT WORK? 1 YES 2 NO et, factory, office at the time, data and place, and in my opinion, death occured at 29c. LICENSE	Chirch Stree Buch sa cardiac or reapir Chirch Stree Check only one 1 YES 2 (Check only one) 28d. DESCRIBE HOW IN 281. LOCATION (Street a City or Town, State) due to the cause(a) and man the time, data and place, and	AUTOPSY 24b. NJURY OCCURED	Approximatinterval Bet Onset and Ons

OHMH-18 Rev 1/89

A DE LE LES DE LES DE LES DES DES DE LES DES DES DE LES DES DES DE LES DE LES

... STES . TE gamine commen

mind adjurition as place

Land the control of t

The state of the second states of the second states

The state of the s

DIRECTOR

FUNERAL

10e. STATE

Maryland

11. MARITAL STATUS

1 Never Merried

10e. STREET AND NUMBER

1. DECEDENT'S NAME (First, Middle, Lest)

9e. FACILITY NAME (If not institution, give street end number)

10b. COUNTY

2200 BROENING HWY

1600 Rolling Road

2 Merried

4. SOCIAL SECURITY NUMBER

208-28-9764

RESIDENCE OF DECEDENT

Robert

1 X M 2 | F

8. AGE (In yrs. last birthday)

ZX NO

YRS.

52

12. WAS DECEDENT EVER IN U.S. ARMED

5. SEX

Harford

SHOTTO

DAYS

BALTIMORE

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) end manner ea stated.

29c. LICENSE NUMBER

O.C.M.E.

10c. CITY, TOWN OR LOCATION

Bel Air

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

10f ZIP CODE

21014

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-It yes, specify Cuban, Mexicen, Puerlo Ricen, atc.)

3. TIME OF DEATH

5:52

8. BIRTHPLACE (State or Foreign

Pennsylvania

IOd. INSIDE CITY

14. RACE — American Indien, Black, White, etc.

1 XYES 2 NO

intarvai Between

Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

COMPLETION DF CAUSE

YES 2 NO

29d. DATE SIGNED (Month, Day, Year) ▶ 09-05-1991

2. DATE OF DEATH

09

0 4

7. DATE OF BIRTH

(Month, Day, 16ar)

Dec. 12, 1938

1994

9c. COUNTY OF DEATH

USA

Fahey

10g. CITIZEN OF WHAT COUNTRY?

White

BALTIMORE, MARYLAND 21215-0020

BOX 68760,

DIVISION OF VITAL RECORDS, P.O.

After

FUNERAL (
within 72 h
TANT: If II

THE

223

뿔

IMPORTANT:

BE

2

29b. SIGNATURE AND TITLE OF CERTIFIER

SEP 06

31. DATE FILED (Month, Day, Year,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Lulia Davidson-Randall

M. DIXON M.D.

FORCES? 1 YES 23 1 TYES 2X NO Specify: BY 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 18e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementery/Secondary (0-12) College (1-4 or 5+) COMPL President Ship Agency once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Mail Shotto Ralph (nmn) notified at Katherine Marie 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number. City of Town, State Zip Code, 1014 2 Scott R. Shotto ě 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION - City or Town, State Burlet 2 Cremetion 3 Removal from State Bel Air Memorial Gardens 9-9-91 ☐ Donetion 5 ☐ Other (Specify) Bel Air, Md. medical examiner 22. NAME AND ADDRESS OF FACILITY
HOWARD K. McComas III Funeral Home, P.A. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE toure 1317 Cokesbury Road, Abingdon, Md. 21009 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory arrest, ahock, or haert failure. List only one-cause on each line. IMMEDIATE CAUSE (Finel the disease or condition event, recuiting in death) DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially liet conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): thet initleted evente resulting in death) LAST 6 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? shows any YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) OTHER: 1X YES 2 □ NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence Sy Other (Specify)Parking Lot 27. MANNER OF DEATH 289. OATE OF INJURY (Month, Day, Year) 09/04/91 28b. TIME OF INJURY 5:50PM marked, 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident Investigation SUBJECT SHOT DIRECTOR: Af hours after de item 28 is r 3 Suicide 28e. PLACE OF INJURY -At home, ferm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide datermined WAREHOUSE 2200 Broening Hwy 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner es stated.

111 PENN STREET BALTIMORE MARYLAND 21201

£1046, 14

DHMH-16 Rev 1/89

BALTIMONE, MARY AND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fours after death. Page 6 machine manner by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page formulation of seminal variety and Mental Maintal Mainta prior to husting remarking or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
5	9	to	ĺ
5	22	P	ı
8	ξ.	tiffe	ŀ
1	E	100	l
man be retained	8	Pe	
E .	H	nst	
96	Jirec	E	١
4	E .	in	ı
leath	fune	хап	ŀ
ter	the last	ale	H
55	yd r	dic	ı
3	pa d	Ē	١
	find find	the	
ithi	erre	H,	l
A De	dwo	2	
Scut	o pu	tic	l
8	T al	E	l
8	Sicia	1	
fical	Pla s	her	l
Cert	ding	10	
eath	atten	0 %	l
De d	Mer	1	l
at the	30	À.	ı
# Se	ned	9	ı
quire	n Sig	*	l
× 76	pee	3 8	١
9	has	2	ı
E	Cate	item	l
CIA	ertif	6	l
13S	is C	ed,	
6	the th	ark	ı
NO	Afte		ı
TEN	TOR TOP	28	l
RAI	REC	E	l
N O	107	1	
PITA	ERA		
HOS	FUN	TAN	
뿔	포	POR	
2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formal and completely filled in by the formal within 20 hours after death with the Strap Born of Health and Mental Horison prior to hursing compating or company.	3	
			ní .

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

$\overline{}$				<u> </u>						
	1. DECEDENT'S NAME (First, Middle, Last)		12.	9	CB.	2. DATE OF D	PAX PAX	47	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEY 6. AGE	(In yrs. last	birthdev)	IF UNDER 1 YEAR	R IF UNDER 24 HRS.	7. DATE OF B	IRTN		RTNPLACE (State or Foreign	
		83		MONTHS DAY		(Month, Day	(Year)	Co	ountry)	
	9a. FACILITY NAME (if not institution, give street and number)	03		9b. CITY, TOW	WN OR LOCATION OF DEATN			, 1908 Maryland		
R	Wesleyan Health Care Cent	ter		Dento	on			Caroline		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10. 0177	TOWN OR LOCATION				10d. INSIDE CITY		
DIRECTOR								LIMITS?		
-	Maryland Caroline	Denton 10f. ZIP CODE				1	1 TYES 2 NO			
RA	280 Camp Rd.	21629						USA		
BY FUNERAL	14 MADITAL STATUS 12 WAS DECEDENT EVED	IN ILS ADMED 42 WAS DECEMBENT			ECENDENT OF NISPAN			No- 14. R	ACE — American Indian,	
∠ ⊢	1 Never Married 2 Married FORCES? 1 YES IF YES, GIVE WAR OR	DATES X	0		specify Cuban, Maxical ES 2 NO Specify		, etc.)		Black, White, etc. Specify: White	
		T								
III.	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(GA	DO NOT USE	JSUAL OCCUPI ork done during retired.)	most of working	166. KIN		ESS/INDUSTR	ural and	
2	8th grade				Sparks' B	ros.			nent Parts	
NO	17. FATHER'S NAME (First, Middle, Last)	100	C	0,00	16. MOTHER'S NA				icite i di es	
BE COMPLETED	William Edward Sparks				Nancy	Dean S	park	S		
	19a. INFORMANT'S NAME (Type/Print)	19b	MAILING .	ADDRESS (Stre	et and Number or Rural F	loute Number, C	ity or Town,	State, Zip Code)	
2	Edward Sparks, Jr.				n Beach D	r., Ti	Ighma	an, MI	21671	
	20a. METHOD OF DISPOSITION 1 Description 2 Comments of Removal from State	Ob. PLACE (OF DISPOSE	TION (Name of	cemetery, cremetory or	1		TION — City o		
	4 Donation 5 Other (Specify)	KIC	igely	Cemet	ery Ric		Ridg	idgely, MD		
	21. SIGNATURE OF ORIGINAL SERVICE LICENSEE				egle-Helfe		Funer	al Hor	me	
	I tegle (they	_	>	106	Sunset A	ve. G	reens	boro.		
	23. PART I. Enter the diasases, or complications that cause on shock, or heart failure. List only one cause on	ed tha dat aech lina.	ath. Op n	ot antar the	moda of dylng, aucl	n aa cardlac	or reapire	tory arreat,	Approximate Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition								Onset and Death	
	resulting in death)	IN	501	VS	0/130	eas	0			
_	DUE TO (OH AS	A CUNSEU	IUENCE OF):					i	
MEDICAL CERTIFICATION	Sequentially list conditions, If eny, leading to immediate	A CONSEC	UENCE OF):						
S	cause. Enter UNDERLYING CAUSE (Disease or injury									
트	that initiated evants DUE TO (OR AS resulting in death) LAST	A CONSEC	UENCE OF):	-					
H	d.									
4	PART II. Other significent conditions contributing to death	but not re	esulting i	n the underly	ing cause given in	Part I. 24s	WAS AN AL		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
5	Organic Si	Vaci	~	SVL	droma	10	YES 2	No.	COMPLETION DF CAUSE OF DEATH?	
ME	Enterocolt	15	>	1				^	1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26 QTHER:	PLACE OF DEATH (Ch	eck only one)				
IXSI	1 YES 2 NO 1 Inpetient 2 ER/Ou			+ Nursing I	iome 5 - Raaldenca	10 10 11				
	27. MANNER OF DEATN 1 Netural 6 Pending 26a. DATE OF INJURY (Month, Day, Year)		26b, TIME	JRY	INJURY AT WORK?	26d. DESCRI	BE NOW INJ	URY OCCURE	0	
ВУ	2 Accident Investigation 3 Suicide 28e. PLACE OF INJUI	RV — At hor	me farm s		YES 2 NO	264 LOCATIO	M /Chant an	d Number or G	ural Route Number,	
8	3 Suicide 6 Could not be detarmined 286. PLACE OF INJUI	ecify)	,, .	inest, teolory, c			wn, Stata)	3 None or 74	brai riodie Norriber,	
	29a. CERTIFIER (Check ank. 1 CERTIFYING PHYSICIAN: To the best of my kno	mindan da	ath assume	d at the time.		4- 4b	.			
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis of examinet								use(a) and menner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER		57.300		29c. LICENSE NUI		SC421 1111	1-00	INEO (Month, Day, Year)	
BE	Janes letter	1	11		D3	137	6	· 9-	11-91	
10	30. NAME AND AGGRESS OF PERSON WHO COMPLETED CAUSE OF	EATN (ITER	W 27) (Type	Print)					21/20	
	James Siki	00	>	0 E	0x 49	60	en	to	N 3857	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIG				1					
	SEP 13 '91 Julia David	300m-28	ndago.							

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGII		1 2601
	1. DECEDENT'S NAME (First, Middle, Last)	The plante S	-4			2. DATE OF DEATH	DAY	3. TIME OF DEATH
	ETHEL	MAY, SHAHAN	V					77 840
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year	6.	BIRTHPLACE (State or Foreign Country)
	137-44-1926	1 DM 2 F	74 YRS.	0165.10		07 23	1917	New Jersey
~	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN O	R LOCATION OF DE	ATH		Y OF DEATH
Į Č	Wesleyan Heal	th Care Cen	ter	De	nton		Cai	roline
DIRECTOR	10e. STATE 10b. COUN	тү	10c. CITY,	TOWN OR LOCATI	ON			10d. INSIDE CITY LIMITS?
	Maryland	Caroline			Ridge:	ly		1 TYPES 2 NO
IAL I	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	114 Railroad A				21660		U.S	.A.
5	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 - NO	It yes, spe	cify Cuben, Mexice	IIC ORIGIN? (Specify n, Puerto Ricen, etc.)		I. RACE — American Indian, Black, White, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	TES' L	1 TYES	2 NO Specify	<i>!</i> :		specity: Caucasian
8	15. DECEDENT'S ED		16a. DECEDENT'S U	SUAL OCCUPATIO	N	16b. KIND OF	BUSINESS/INDUS	
COMPLETED	(Specify only highest grad Elementary/Secondary (8-12)	College (1-4 or 5 +)	life. Do NOT use	ork done during mos retired.)	u working			
MP	8 yrs.	None	НС	memake	r		Home	
COM	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Mai		
HH HH	Thomas	Hawn, Jr			Ma	4	:- :: : : : :	
0	190. INFORMANT'S NAME (Type/Print)					Route Number, City or		
	Patricia Mansh		PLACE OF DISPOSE			idgely,	MD 216	
	1 Donation 5 Other (Specify)	moval from Stata	other place) stern S				eorget	
-	21. SIGNATURE OF FUNERAL SERVICE L				D ADDRESS OF TEA		l	Delawa
	12/11	11/1/1/1/10	NE	1	-20	D	1.	Marchan
	23. PART I. Enter the diseases, or	a co	000	-u	00000	averal	Mome	it, Approximate
CERTIFICATION	immediate cause (Fine disease or condition resulting in desth) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (OR AS A		:	,			Interval Betwe
ER	resulting in deeth) LAST	d						
AL CE	PART ii. Other significant condition			the underlying	csuse given in		AN AUTOPSY	24b. WERE AUTOPSY FINDIN
	bonge m	e tastase	1				FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
: MEDIC	diet con	to lled	dia set	es				OF DEATH?
ž	DJD							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:	ACE OF DEATH (Ch	eck only one) 6 Other (Specify)		
Y PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY WO	URY AT RK? 'ES 2 NO	26d. DESCRIBE HO	W INJURY OCCU	RED
D BE COMPLETED BY PH	2 Accident arresigator 3 Sulcide 6 Could not be determined	28e. PLACE OF INJURY	— At home, term, at	reet, factory, office		26t. LOCATION (Str. City or Town, S	set end Number or tate)	Rural Route Number,
COMPLET	anni omy	SICIAN: To the best of my knowl						
BEC	29b. SIGNATURE AND TITLE OF CERTIFI	ER MD			29c. LICENSE NUI	MBER 768	29d, DATE :	SIGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON V		ATH (ITEM 27) (Type,	Print)	n De	nton.	mi	21629
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN.	ATURE	0 (-0	D -1
	AUG 29 '91	Julia Davidso	n-Randell					

9c. COUNTY OF DEATN

MD

3. TIME OF DEATN

8. BIRTHPLACE (State or Foreign

11:45 A

2. DATE OF DEATN

7. DATE OF BIRTH

01-06-191

08

30

4. SOCIAL SECURITY NUMBER

227-26-5207

HILDA PEARL STURTZ

5. SEX

1 M 2 XF

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

96. CITY, TOWH OR LOCATION OF DEATH

6. AGE (In yrs. last birthday)

YRS.

74

Pages 1, 2, 3 should permit. detached for use as the burial-transit

RYLAND 21215-0020

BALTIMOR

P.O. BOX 68760, RECORDS, DIVISION OF VITAL

9a. FACILITY NAME (If not institution, give street and number) DIRECTOR SACRED HEART HOSPITAL CUMBERLAND ALLEGANY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Grantsville, Garrett 1 YES XX NO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Star Route Box 42A 21536 USA the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, stc. 1 Never Married Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 YES XX NO Specify: BY 3 Widowed 4 Divorced white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) former employee Lazarus Clothing Store 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) Roy Edward Crowe Clara L. Wolfe BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Merrill E. Sturtz Star Route Box 42A Grantsville, MD 21536 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION -- City or Town, State DATE Restlawn Memorial Gardens 9-3 death. Page 6 m LaVale, MD directo 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY
Scarpelli Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE funeral N Cumberland, MD 21502 Lones filled in by the fi medical 23. PART. Enter the diseases, or complications that chused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. **Approximate** Interval Between IMMEDIATE CAUSE (Finel **Onset end Death** n and completely filled to burial, cremation, c the diseese or condition Carcinoma Yuarran DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within reaulting in death) traumatic event. DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially liet conditione, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate been signed by the attending physician at. of Health and Mental Hygiene prior to . Enter UNDERLYING CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 6 Injury, PART II. Other significent conditions contributing to death but not resulting to the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL shows any 1 | YES 2 | NO OF DEATH? 1 YES 2 NO PHYSICIAN: has be 23 25. WAS CASE REFERRED TO MEDICAL After this certificate has death with the State De marked, or Item 7 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO atlent 2 ER/Outpatient 3 DOA 4 🗆 N ng Nome 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED INJURY 1 Natural 5 Pending M 1 YES 2 NO BY After death 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) DIRECTOR: At hours after de item 28 is r 3 Suicide 281. LOCATION (Street and Number or Flural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Nomicide 29s. CERTIFIER

(Chack only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho IMPORTANT: If its 2 MEDICAL EXAMINER: On the basis of examin 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year, BE MIS Eury wom 2 PLETED CAUSE OF DEATH (FEW 27) (Type, Pring) 5 10 aun 32, REGISTRAR'S SIGNATURE Navidson-Randon

be notified at once.

г	Min.	~	1
ŗ	8	8 %	景
1	fter	5 5	10
	60	P F	ě
	- DO	- 5	9
	Ē	led n.	-
,	2	y fi	£
6	· E	etel	#
5	3	de all	Ne.
	ba	al,	go
2	DO:	200	ě
	8	0 9	E
	å	o da	3
í	ate	NS.	=
	in the	는 의	he
)	ert	Sie Sie	5
,	4	EE	0
	leat	att att	×
?	9	Me	3
	듣	No t	=
7	tha	20 4	E
<	SS	graff	60
1	E	동	3
	Je C	90	S
i	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after (**)	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be fleet within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exam
(9	20	E
-	Ė	ate	ter
5	AN	o S	-
	Sic	th Cer	0
5	\$	Si f	Pe
,	4	中中	ark
	NG	fte	Ē
-	S	A	.00
DIVISION OF THE MESON OF THE CONTROL	1	F	00
	A	EC	-
	OR	SE SE	To.
	7	72	-
	PID	2	-
	8	35	3
	1	E 3	E
	E	王是	00
	2	2 %	E
	-	- 44	_

	, Middle, Last)						2.	REG. NO.			3. TIME OF DEATH
	JOSEPH	INE	М.	SHAN	SKI			Sept. 6	, 199	YEAR	6:15
SOCIAL SECURITY NUMB	BER	6. SEX		s. last birthday)	IF UNDER 1 YEA			DATE OF BIRTH (Month, Day, Year)			HPLACE (State or Foreig
215367593		1 M 2 X F	83	YRS.	WOMINS CON	WOONS IN	J	uly 17,	190B		Arizona
a. FACILITY NAME (If not in	astitution, give s	street and number)			9b. CITY, TOW	N OR LOCATION O	F OEATH	1	9c. COUN	TY OF O	DEATH
Memorial H	Hospit	al			Cun	berland			A1	leg	any
RESIDENCE OF DEC	10b. COUNT	Υ		10c. CI	Y, TOWN OR LO	CATION					10d. INSIDE CITY
aryland	Alle	egany		Cu	mberla	nd					LIMITS?
De. STREET AND NUMBER					T	10f. ZIP COOE		. <u>.</u>	10g. CITIZ	EN OF	WHAT COUNTRY?
648 Baker	Stre	eet				2150	2			US	SA
I. MARITAL STATUS Never Married 2 Widowed 4 Divo		12. WAS DECEDED FORCES? IF YES, GIVE Y		NO	It yes,	specify Cuban, Me		ORIGIN? (Specify Yes uarto Rican, etc.)	or No-	14. RACI Blac Spec	E — American Indian, ik, White, etc. ity: White
15. DEC	EDENT'S EDU	ICATION	164	. DECEDENT'S	USUAL OCCUP	ATION	_	16b, KINO OF BUS	SINESS/INDI	USTRY	WILLCE
(Specify only Elementary/Secondary (0	y highest grade	completed) College (1-4 or 5		(Give kind of life. Do NOT u	work done during se retired.)	most of working					
12		ounego (1 4 of 5		lousev	vife			Home			
7. FATHER'S NAME (First, M	fiddle, Last)					16. MOTHER	NAME	(First, Middle, Meiden	Surname)		
William 3	Josia	h Feagl	es			Marg	are	et Bell	Coch	nrai	ne
e. INFORMANT'S NAME (7				19b. MAILIN	ADDRESS (Stre	et and Number or R	ural Rout	e Number, City or Tow	m, State, Zip	Code)	
Steven L.	Land	is		P.O.	Box 3	344 Cum	ber	land, Mo	1. 21	150	2
0a. METHOD OF DISPOSIT M Burial 2 Cremetic Donation 5 Other	on 3 🗆 Rem	noval from State	20b. PL of ceme H 1	ACE ANO OAT	e of olspositi	on (Name Park	i i		berl		own, Stata d, Maryla
23. PART I. Enter the d	liseasee, or		et caused the		Cum	berlan	M, b	d. 2150	2		Approximat
23. PART I. Enter the d ehock, or h MMEDIATE CAUSE (Fir disease or condition asulting in death) Sequentially list condit f any, leeding to imme	ilseasee, or neart fellure. nel	a. DUE TO	et caused the	NSEQUENCE-	Cum not enter the	berlan	M, b	d. 2150	2		Approximate Interval Bet
23. PART I. Enter the dehock, or he model, or he mediate CAUSE (Finite Seese or condition assulting in death)	ilseasee, or leart feilure.	a. DUE TO	ot caused the use on each of the second of t	NSEQUENCE (Cum not enter the	berlan	M, b	d. 2150	2		Approximate Interval Bet
23. PART I. Enter the d ehock, or h MMEDIATE CAUSE (Fis disease or condition asulting in death) Sequentially list condit f any, leeding to immerance. Enter UNDERLY CAUSE (Disease or injuried in tintiated events	ilseasee, or leart feilure.	a. DUE TO C. DUE TO d.	of caused the use on each of the same of t	NSEQUENCE (Cum not enter the 2 S T T DEF;	berlan mode of dying, A8M	D.	a. 2150 coordiac or resp truth chydl	2 Iratory arrows	out,	Approximatinterval Bet Onset and I Onset a
23. PART I. Enter the dehock, or he hock, or he manufacture (Fire issues or condition assisting in death) Sequentially list condition assisting in death) Sequentially list condition in measure. Enter UNDERLY CAUSE (Disease or injunct initiated events equiting in deeth) LASPART II. Other eignifications.	ilseasee, or leart fellure. hal tions, diate ling ury ST ent conditio	a. DUE TO DUE TO d	of caused the use on each of the same of t	NSEQUENCE (Cum not enter the 2 S	berlan mode of dying, A8M	d, M Such a	d. 2150 s cardiac or resp Trust Late Was An PERFOI 1 YES :	2 Iratory arrows	out,	Approximatinterval Bet Onset and I Onset a
23. PART I. Enter the dehock, or he shock, and the shock of the the	ilseasee, or leart fellure. hal tions, diate ling ury ST ent conditio	a. DUE TO C. DUE TO d.	et caused the use on each 200 M Por AS A CO O (OR AS A CO O deeth but r	NSEQUENCE (Cum not enter the 2 S	berlan mode of dying, A8 M ying cause give	A, M Such a	a. 2150 s cardiac or resp Tr. I. 24a. WAS AN PERFO 1 YES :	2 Iratory arrows	out,	Approximatinterval Bet Onset and 1 Onset and 1 b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CADE DEATH?
23. PART I. Enter the dehock, or he hock,	ilseasee, or leart fellure. hal tions, diate ling ury ST ent conditio	b. OUE TO d. HOSPITAL: 1 12 Inpetient 2 28a. DATE O	et caused the use on each properties of the use on each properties of the use	NSEQUENCE (NSEQUENCE (NSEQUENCE (NSEQUENCE (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cum not enter the 2 PF: In the underl OTHER: 4 Nursing ME OF 28c.	berlan mode of dying, A 8 Y	A, M Such a F A (Check A) (Check B) (2)	a. 2150 s cardiac or resp Tr. I. 24a. WAS AN PERFO 1 YES :	2 Iratory arrows	241	Approximate interval Bet Onset and I Onset
23. PART I. Enter the dehock, or he hock,	ilseasee, or leart fellure. nal tions, diate ling ury ST TO MEDICAL Pending	b. OUE TO d. HOSPITAL: 1 Planetient 2 28a. DATE 0 (Month,	O (OR AS A CO	NSEQUENCE CONSEQUENCE CONSEQUE	Cum not enter the 2 PF: In the underl OTHER: 4 Nursing ME OF 28c.	berlan mode of dying, ### A PLACE OF OEATH frome 5 Reside ### Reside ### RES 2 No.	n in Pari	a. 2150 s cardiac or resp Tr. I. 24a. WAS AN PERFOI only one)	2 Iratory arrow AUTOPSY RMED? 2 DNO INJURY OCC and Number	246	Approximatinterval Bet Onset and I
23. PART I. Enter the dehock, or he hock, or he hock of the hock o	ilseasee, or leart fellure. Itlons, tollate liste lis	b. OUE TO d. HOSPITAL: 1 12 Inpatient 2 28a. DATE 0 (Month) 28c. PLACE building	et caused the use on each use on each use on each use on each use of one of the use of t	NSEQUENCE (NSEQUENCE (NSEQUENCE (NSEQUENCE (STATE OF THE STATE OF	Cum not enter the 2 OF): In the underl OTHER: 4 OTHER: 4 OTHER: UJURY M 1 street, factory,	berlan mode of dying, ### A P	M such a F	a. 2150 s cardiac or resp Tr I. 24a, WAS AN PERFOI only one) Other (Specify) dd. DE\$CRIBE HOW Bf. LOCATION (Street City or Town, Street	2 AUTOPSY RMED? 2 DNO INJURY OCC and Number	24f	1 TYES 2 NO

TO BE COMPLETED BY FUNERAL DIRECTOR

and be notified at once.

Σ	E	i	E
SAPET IM	1	V	E
n	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after than the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the memory and within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner
	nours	or re	med
	n 24	ation,	the
DIVISION OF VILAL RECORDS, P.O. BOX 68/60,	with	crem	vent
200	ecuted	nd col	atic e
2	De ex	cian a	Lanm
2	ificate	physi ane pr	her t
5	h cert	Hygik	or of
ń	deat	Mental	lun,
2	at th	and I	ny In
3	ires th	signed	WS 3
7	v requ	t. of I	sho
AL	he lav	has	n 23
=	AN: T	ficate	r iter
7	YSICI	s cert	o 'pe
Z	HG DH	ter thi	nark
2	ENDIN	R: Af	s is
Ĕ	A ATT	RECTC ars af	m 2
5	AL OF	AL Di	If Ite
	DSPIT	JNER.	INT:
	도	HE FI	ORT
	101	5	IMP

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

296. SIGNATURE AND TITLE OF CERTIFIER

MM ME

P.

NALLIN

EUGENE

DECEDENT'S NAME (First, Middle, Last)		- 01		CALL	OF DE	AIII	1	G. NO.		Y
PET DA HODE	TENOR COIL	4.70					2. DATE OF DE	DAY	YEAR	3. TIME OF DEATH
ZELDA HORT	TENSE SCH	AD 6. AGE (In yrs. les	- hinteday)	IF UNDER 1		DER 24 HRS.	7. DATE OF BII		1991	07:15 A
	1 M 2 F				DAYS HOUF		(Month, Day,	Year)	Coun	try)
171288031	Λ	86	1.00	a: 01771				/1905		RYLAND
e. FACILITY NAME (If not institution, give					TOWN OR LOC			9c. C0	UNTY OF I	
SACRED HEART HO	SPITAL			CUM	BERLAN	D, MI)		ALLE	EGANY
Da. STATE 10b. COUNT	Υ		10c. CITY,	TOWN OF	R LOCATION					10d. INSIDE CITY
PA BEDE	ORD		HY	NDM	AN					LIMITS?
De. STREET AND NUMBER					10f, ZIP C	ODE		10g. C	ITIZEN OF	WHAT COUNTRY?
CHURCH STREET	POF	30X 324			15	5545			USA	1
I. MARITAL STATUS		NT EVER IN U.S. AR					NIC ORIGIN? (Spi		14. RAC	E — American Indian, ck, Whita, etc.
Never Married 2 Married		1 YES 2 XA WAR OR DATES	10		YES 2 X		nn, Puerto Rican, ly:	etc.)	Spec	offv:
Widowed 4 Divorced										WHITE
15. DECEDENT'S EDS (Specify only highest grad		/G	CEDENT'S L	ork done d	CUPATION uring most of w	orking	16b. KIND	OF BUSINESS/I	NDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	(+)	Do NOT use							
6		HC	OMEMA	KER						
7. FATHER'S NAME (First, Middle, Last) GEORGE K. LOY							AME (First, Middle, E WII.G)	
a. INFORMANT'S NAME (Type/Print)		1 40	- MAILING	ADDRESS			Route Number, Ch		Zin Cadal	
HERBERT H. SC	IT. CAH				HYI			15545		
	-				SITION (Name		-	20c. LOCATION		rum State
ps. METHOD OF DISPOSITION Burlel 2 Cremation 3 Ref Donetion 5 Other (Specify)	noval from State						1/91			, PA
1. SIGNATURE OF FUNERAL SERVICE L	CENSEE /									
> Wheren H	70/1						ZEIGL:			
100	2 VC	\sim								15545-06
23. PART i. Enter the diseases, or shock, or heart fellure	complications the	at caused the de	eath. Do no	ot antar	tha moda of	dying, suc	ch as cardiac o	or reapiratory	arreat,	
								73.		Approximate interval Between
								001		interval Betwe
disease or condition	MET	OSTON	CO	Los	Den	CA				interval Betwe
disease or condition	a. MET.	O (OR AS A CONSE	C D	Los	Den	CA				interval Betwe
disease or condition esulting in deeth)	DUE 10	O (OR AS A CONSE	OUENCE OF):	Den	CAI				interval Betwe
disease or condition esulting in deeth) Sequentially list conditions, f any, leading to immediate	DUE 10	O (OR AS A CONSE	OUENCE OF):	Den	CA				interval Betwe
Gequentially list conditions, fary, leading to immediate sause. Enter UNDERLYING AUSE (Disease or Injury	DUE TO	O (OR AS A CONSE	OUENCE OF):):	Den	CA				interval Between
sequentially list conditions, fany, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events	DUE TO	O (OR AS A CONSE	OUENCE OF):):	Den	CA				interval Between
sequentially list conditions, fany, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events	DUE TO	O (OR AS A CONSE	OUENCE OF):):	Den	CA				interval Between
Sequentially list conditions, f any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST	DUE TO C	O (OR AS A CONSE	OUENCE OF):):):			NC EX	WAS AN AUTOPS		Interval Betwee Onset and De S YRJ.
Sequentially list conditions, f any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST	DUE TO C	O (OR AS A CONSE	OUENCE OF):):):			NC ER			Interval Betwee Onset and De S YRJ. 5 YRJ. b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSI
dequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST	DUE TO C	O (OR AS A CONSE	OUENCE OF):):):			NC ER	WAS AN AUTOPS PERFORMED?		Interval Between Onset and De S YRS.
dequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury that initiated events esuiting in death) LAST	DUE TO C	O (OR AS A CONSE	OUENCE OF):):):			NC ER	WAS AN AUTOPS PERFORMED?		Interval Betwee Onset and De S YRJ. 5 YRJ. b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
Sequentially list conditions, fany, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST	DUE TO C	O (OR AS A CONSE	OUENCE OF):):):	derlying cau	se given in	NC ER	WAS AN AUTOPS PERFORMED?		interval Betwee Onset and Dei S 9RJ. 5 9RJ. b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
dequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury that initiated events esuiting in death) LAST	DUE TO C. DUE TO d. Ons contributing to	O (OR AS A CONSE	OVENCE OF	other	derlying cau 26. PLACE (se given in	Part I. 24a.	WAS AN AUTOPS PERFORMED? YES 2 NO		interval Betwee Onset and Dei S 9RJ. 5 9RJ. b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
decease or condition esuiting in deeth) Gequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury that initiated events esuiting in death) LAST PART II. Other algnificant conditions. S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO C. DUE TO d. HOSPITAL: 11 Inpatient 2 280. DATE C	O (OR AS A CONSECTION OF INJURY)	OVENCE OF OVENCE OF GUENCE OF resulting in	OTHER	darlying cau 26. PLACE (1: 1: 1: 1: 26. NJURY A	se given in of DEATH (C) Residence	Part I. 24a. 1 Deck only one) 8 Other (Spe	WAS AN AUTOPS PERFORMED? YES 2 NO	5Y 24	interval Betwee Onset and Dei S 9RJ. 5 9RJ. b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
Sequentially list conditions, any, leading to immediate cause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST PART II. Other algnificant conditions. S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Sequentially list conditions.	DUE TO C. DUE TO d. POS CONTributing to NO SPITAL: 1 Vinpatient 2 28e. DATE C (Month,	O (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	OVENCE OF OVENCE OF GUENCE OF resulting in	OTHER	derlying cau 26. PLACE (1: sing Home 5 [se given in F DEATH (C) Residence	Part I. 24a. 1 Deck only one) 8 Other (Spe	WAS AN AUTOPS PERFORMED? VES 2 NO	5Y 24	interval Betwee Onset and Dei S 9RJ. 5 9RJ. b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
1 U YES 2 SONO	DUE TO C. DUE TO d. HOSPITAL: 11 Inpatient 2 28e. DATE C (Month,	O (OR AS A CONSECTION OF INJURY)	OVENCE OF OVENCE OF OVENCE OF resulting is 3 □ DOA 28b. TIME	OTHER	26. PLACE (1: drig Home 5 [28c. INJUSTY A WORK? 1 YES	se given in F DEATH (C) Residence	Part I. 24a. 1 Part I. 24a. 1 Check only one) 8 Check Office (Special Describer)	WAS AN AUTOPS PERFORMED? VES 2 NO	SY 24	Interval Betwee Onset and Dei S YRJ. 5 YRJ. Ib. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

29c. LICENSE NUMBER

15545

HAHC,

,MD,

HYNDMAN,

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

		1. DECEDENT'S NAME (Fir	st, Middle, Las)			ICATE OF		2 DATE	OF DEATH			TIME OF DEATH	
		Helen	Marg	aret.	Fox	Swaf	ford		0 9			YEAR	3:20	
1	-1	4. SOCIAL SECURITY NUM		5. SEX		yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			MCE (State or Forei	
1	1	216-22-02	228	1 M 2 X F	78	YRS.	MONTHS DAYS	HOURS MIN.	(Month	Day: Year) 10-13		Country)	Virgi	
1.	د	9e. FACILITY NAME (If not	institution, give	street end number)			9b. CITY, TOWN	OR LOCATION OF D		10 13		Y OF DEAT		
2	5	Shock T	rauma	Cent	er		Baltimore			Balti				
1	3	RESIDENCE OF DE	10b. COUN	TY		10c, CIT	Y, TOWN OR LOCA	ATION					d. INSIDE CITY	
DIBECTOR	5 1	MD	Ann	e Arunde	-1		napolis	10700					LIMITS?	
4	A L	10e. STREET AND NUMBER						DI. ZIP CODE			10g. CITIZE		YES 2 NO	
0	ᇤ	23 Wagner	s Str	eet			2	21401			US			
FLINED	5	11. MARITAL STATUS		12. WAS DECEDEN	NT EVER IN U.	S. ARMED	13. WAS DE	CENDENT OF NISPAI	NIC ORIGIN	? (Specify Yea	or No— 1	4. RACE -	American Indian,	
>	ru	1 Never Married 2 3 Widowed 4 Div	_	IF YES, GIVE				pecify Cuben, Mexico S 2 X NO Specif		ican, atc.)		Black, Wi Specify: 1	White	
			CEDENT'S ED	LICATION	1.0								wnite	
FTED		(Specify or Elementary/Secondary	nly highest grad	de completed)		(Give kind of u	USUAL OCCUPAT work done during m se retired.)	ost of working		KIND OF BUS	INESS/INDU	STRY		
1 0		12	(0.2)	College (1-4 or 5	+)		Но	pusewife	9 1	House	hold			
Once.	5	17. FATNER'S NAME (First,)	Middle, Last)					18. MOTNER'S NA						
60		Wells Ala	zin F	ox				Aura I						
otifie O B		19e. INFORMANT'S NAME	(Type/Print)			19b. MAILING	ADDRESS (Street	and Number or Rurat	Route Numb	er, City or Town	, State, Zip C	code)		
must be notified		Robert Pa		wafford		968 I	Ridgewa	ay Drive	e, Ar	nnapo	lis,	M D	21401	
nst h		20e. METHOD OF DISPOSI 1 ☐ Burlet 2 XCremeti	ion 3 🗆 Rei	movel from State	20b. PL	LACE AND DATE	OF DISPOSITION /A	lame of	DATE		CATION — CH			
	1	4 Donatton 5 Other		industrial and the second	Me	tro Cr	emator			Bal	timor	re, l	MD	
examiner	П	1	1	1 11	//	/		ND ADDRESS OF FA		IIam	o D	Λ		
ă L	- 11	11/07/			/		narue	SLV FUL	lera	пош	- -			
t, the medical	1	IMMEDIATE CAUSE (Fi	neert ranure	. List only ona cat	use on eacr	n iina.	12 F		Ave a	Ann	apol	is. N	Interval Baty	
event, the		IMMEDIATE CAUSE (FI	tlons, edlete ring	a. Mult DUE TO b. DUE TO c.	iple	n iina.	12 From the management of the second	Ridgely ode of dying, euc	Ave a	Ann	apol	is. N	Approximeta Interval Baty	
or other traumatic event, the ERTIFICATION		immediate CAUSE (Fi disease or condition resulting in death) Sequentielly list condi- if any, leeding to immediate. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	tions, ediete (/iNG urry	a. Mult bue to b. Due to d. Due to d.	iple OR AS A CO	Injur ONSEQUENCE OF	12 Fnot enter the me	Ridgely ode of dying, euc d compl	Ave.	Ann	apol	is. N	Approximeta Interval Baty	
or other traumatic event, the ERTIFICATION		immediate Cause (Fi disease or condition resulting in death) Sequentielly list condi- if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inj- that initiated events	tions, ediete (/iNG urry	a. Mult bue to b. Due to d. Due to d.	iple OR AS A CO	Injur ONSEQUENCE OF	12 Fnot enter the me	Ridgely ode of dying, euc d compl	Ave.	Annacor reaple	apol:	1S, 11	Approximeta Interval Batv Onset and D	
or other traumatic event, the ERTIFICATION		immediate CAUSE (Fi disease or condition resulting in death) Sequentielly list condi- if any, leeding to immediate. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	tions, ediete (/iNG urry	a. Mult bue to b. Due to d. Due to d.	iple OR AS A CO	Injur ONSEQUENCE OF	12 Fnot enter the me	Ridgely ode of dying, euc d compl	Ave.	Annac or reaple	apol:	1S, 1st,	Approximeta Interval Baty Onset and D RE AUTOPSY FIND ILABLE PRIOR TO ILABLE PRIOR TO PELETION DF CAU	
hows any injury, or other traumatic event, the MEDICAL CERTIFICATION		immediate CAUSE (Fi disease or condition resulting in death) Sequentielly list condi- if any, leeding to immediate. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	tions, ediete (/iNG urry	a. Mult bue to b. Due to d. Due to d.	iple OR AS A CO	Injur ONSEQUENCE OF	12 Fnot enter the me	Ridgely ode of dying, euc d compl	Ave.	Annacor reaple	apol:	1S, 1 24b. WER COA	Approximeta Interval Batv Onset and D RE AUTOPSY FIND ILABLE PRIOR TO	
hows any injury, or other traumatic event, the MEDICAL CERTIFICATION		immediate Cause (Fi disease or condition resulting in death) Sequentielly list condition and the cause. Enter UNDERLY CAUSE (Disease or injusted in the cause in death) LASPART II. Other significations are caused in the cause of the cause	tions, ediete (ING ury ST	a. Mult bue to b. Due to d. Due to d.	iple OR AS A CO	Injur ONSEQUENCE OF	12 Fnot enter tha medies an	Ridgely ode of dying, euc d compl	Ave.	Anniac or reapli	apol:	1S, 1 24b. WER COA	Approximeta Interval Baty Onset and D RE AUTOPSY FIND ILABLE PRIOR TO MPLETION DF CAU DEATH?	
hows any injury, or other traumatic event, the MEDICAL CERTIFICATION		IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentielly list condition for the cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAS PART ii. Other signification 25. WAS CASE REFERRED TEXAMINER?	tions, ediete (ING ury ST	a. Mult bue to b. Due to c. Due to d	iple ORASACO ORASACO	Injur Injur ONSEQUENCE OF	12 Fnot enter tha medies an	Ridgely ode of dying, euc d compl	Ave.	Anniac or reapli	apol:	1S, 1 24b. WER COA	Approximeta Interval Batv Onset and D RE AUTOPSY FIND ILABLE PRIOR TO MPLETION DF CAU DEATH?	
, or item 23 shows any injury, or other traumatic event, the HYSICIAN: MEDICAL CERTIFICATION		IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentielly list condition and the cause. Enter UNDERLY CAUSE (Disease or injuing in death) LAS PART ii. Other significations of the cause of the cau	tions, ediete (ING ury ST	a. Mult bue to b. Due to c. Due to d. Due to d. Due to to d. Due t	iple ORASACO ORASACO ORASACO	Injur Injur ONSEQUENCE OF ONSEQUENCE OF	12 Fnot enter tha medies an	Aidgely ode of dying, euc d compl og cause given in	Ave. has cerdi	Anniac or reapli	apol: etory arres	24b. WEFAMACON DF	Approximete interval Batw Onset and D Onse	
, or item 23 shows any injury, or other traumatic event, the HYSICIAN: MEDICAL CERTIFICATION		IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentielly list condition if any, feeding to immediate. Enter UNDERLY CAUSE (Disease or injusting in death) LASPART II. Other significations of the condition of th	tions, ediete (ING urry ST Condition)	a. Miltour To Due To b. Due To d. Due To d. To Due To d. The second to t	OR AS A CO	Injur Injur ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF INJUR 29b. Tilm INJ	12 Fnot enter tha medics and sies and s	Aidgely ode of dying, euc d compl ig cause given in	Ave. h as cerdi i Cat Pert I. pack only one 8 Other 28d, DESC.	Annacor reapli	apol: etory arres urropsy dED? No	24b. WEFAMACON DF	Approximete interval Batw Onset and D Onse	
marked, or item 23 shows any injury, or other traumatic event, the BY PHYSICIAN: MEDICAL CERTIFICATION		IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Last resulting in death las	tions, ediete ring ury ST Condition MEDICAL	a. Mill to DUE TO b. DUE TO c. DUE TO d	OR AS A CO OR OR AS A CO	Injur ONSEQUENCE OF	12 Fnot enter the medics and files a	Aidgely ode of dying, euc d compl ig cause given in LACE OF DEATH (Cha	Pert I.	Annacor reapli	AUTOPSY MED?	24b, WEF AWA COM DF 1	Approximete interval Batw Onset and D Onse	
18 Is marked, or item 23 shows any injury, or other traumatic event, the ED BY PHYSICIAN: MEDICAL CERTIFICATION		IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Last resulting in death las	tions, ediete (ING urry ST Condition)	a. Mil to DUE TO b. DUE TO c. DUE TO d	OR AS A CO	In jur ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF A DOA 29b. TIMI INJ 9910: At home, ferm, s	12 Fnot enter tha medics and sies and s	COMPI Compi Grause given in LACE OF DEATH (Cha	Ave. has cerdical icat Pert I. Pert I. But only one Colly one 281. LOCA City one	Anniac or reapli	apol: etory arres wurtopsy weby in in in in in in in in in i	24b. WEF AMA COM DF 1 RED DA CT Auraj Route	Approximete interval Batw Onset and D Onse	
18 Is marked, or item 23 shows any injury, or other traumatic event, the ED BY PHYSICIAN: MEDICAL CERTIFICATION		IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Last resultin	tions, policie (ING ury ST Conditional Con	a. Mill to DUE TO b. DUE TO c. DUE TO d	iple (of as a co (Injur ONSEQUENCE OF ONSEQUENCE	12 Fnot enter tha medical estate and the second of the sec	COMPI Compi Cause given in Cace of Death (Chace of Death (C	Pert I. Pert I. Bock only one B Other 28d. DESC. City on at R	Anniac or reapli	witopsy account no important occurs of La	24b. WEF AMA COM DF 1	Approximete interval Batw Onset and D Onse	
18 Is marked, or item 23 shows any injury, or other traumatic event, the ED BY PHYSICIAN: MEDICAL CERTIFICATION		IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Last resultin	tions, ediete (ING ury ST Conditions) Pending Investigation Could not be detarmined	a. Mill to DUE TO b. DUE TO c. DUE TO d	iple (of as a co (Injur ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF At home, ferm, s CCCT	12 F not enter tha me 12 S an 13 S an 14 S an 15 S an 16 S an 16 S an 17 S an 18 S an	COMPI Compi Grause given in LACE OF DEATH (Cha	Pert I. Pert I. But only one But Other 28d. DESC. Driaut 28l. LOCA COPA to the caus	Anniac or reapli	SUPPLY OCCUL SU	24b. WEF AMA COM DF 1 RED DACT Auraj Route ne	Approximete interval Betwonset and Donest an	
18 Is marked, or item 23 shows any injury, or other traumatic event, the ED BY PHYSICIAN: MEDICAL CERTIFICATION		IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Last resultin	tions, ediete ring ury strong livestigation Could not be detarmined	a. Mult but to b. Due to b. Due to c. Due to d Due to	iple (of as a co (Injur ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF At home, ferm, s CCCT	12 F not enter tha me 12 S an 13 S an 14 S an 15 S an 16 S an 16 S an 17 S an 18 S an	COMPI Co	Pert I. Pert I. Driat 28t. LOCA City on at R to the caus	Anniac or reapli	apol: etory arres witopsy web; in o im chiumber or it La ter as stated, due to the o	24b. WEF AMA CONDET RED RED RED Cause(e) end	Approximete interval Betwonset and Donest an	
PORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION		IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) CAUSE (Disease or in) CAUSE (Disease or in) That in listed events resulting in death) LAS PART II. Other signification in the condition of the condition in the condition of the condition in the conditio	tions, ediete ring ury strong livestigation Could not be detarmined	a. Mult but to b. Due to b. Due to c. Due to d Due to	iple (of as a co (Injur ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF At home, ferm, s CCCT	12 F not enter tha me 12 S an 13 S an 14 S an 15 S an 16 S an 16 S an 17 S an 18 S an	COMPI Co	Pert I. Pert I. Pert I. Drial 28d. DESc. City on at R to the cause	Anniac or reapli	apol: etory arres wurtopsy weby in o im o im or in the color it La ter se stated, due to the color 29d, DATE S	24b. WEF AMA COM DF 1 Compared to the Compared	Approximete interval Batw Onset and D RE AUTOPSY FINOR ILABLE PRIOR TO IMPLETION DE CAUSTICATION DE CAUSTICAT	
IANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION		IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) CAUSE (Disease or in) CAUSE (Disease or in) That in listed events resulting in death) LAS PART II. Other signification in the condition of the condition in the condition of the condition in the conditio	tions, ediete (ING ury ST Condition Condition Could not be detarmined Could no	a. Mult to DUE TO b. DUE TO c. DUE TO d	iple (of as a co (Injur Injur ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF INJUR ONSEQUENCE OF ONSEQUENCE OF AT home, ferm, a Ceet ge, death occurre od/or investigation	12 Frot enter the medical state of the state	COMPI Co	Pert I. Pert I. Pert I. Drial 28d. DESc. City on at R to the cause	Anniac or reapli	apol: etory arres witopsy web; in o im chiumber or it La ter as stated, due to the o	24b. WEF AMA CONDET RED RED RED Cause(e) end	Approximete interval Batw Onset and D Onse	

			CERTIFIC	CATE OF	DEATH	REG.	NO.	
- 4	1. DECEDENT'S NAME (First, Migdle, L	-SON A.	5WAN	IKER		2. DATE OF DEAT		23.50
1	4. SOCIAL SECURITY NUMBER	3/ 1×4 2 0 F	and and	F UNDER 1 YEAR HOHTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	09	BIRTHPLACE (State or Fore Country) New York
NO.	90. FACILITY NAME (If not institution, a Anne Arundel				lis, MI			Arundel
RECTO	RESIDENCE OF DECEDENT	VINTY	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
AL DIR	10e. STREET AND NUMBER	ne Arundel	Mayo	/ Edge	water ZIP CODE		10g. CITIZE	1 ☐ YES 2√☐√1 N OF WHAT COUNTRY?
FUNERAL	4118 Cadle C	12. WAS DECEDENT EVE FORCES? 1/5/XVI	R IN U.S. ARMED	13. WAS DECI	037 ENDENT OF HISPAN Holfy Cuben, Mexica		ly Yee or No- 14	S.A. B. RACE — American Indier Black, White, atc.
ED BY	1 Never Married 2 Married 3 Wildowed 4 Divorced 15. DECEDENT'S	IF YES, GIVE WAR OF	R DATES	1 🗆 YES	ACKNO Specify	:		Specify: White
	(Specify only highest Elementary/Secondary (0-12)	grade completed) College (1-4 or 5+)		rk done during mos retired.)	st of working		F BUSINESS/INDUS	
COMPL	12 17. FATHER'S NAME (First, Middle, Las	5+	Doctor	of Med		Mil ME (First, Middle, M.		Medical
ш	Fredrick W.					Emma A		
10 8	19e. INFORMANT'S NAME (Type/Print)	PAT TRACE			nd Number or Rural F			
	Jim Seaman						er, MD	21037
Ы	1 Buriel 2 Cremation 3 L	Removal from State	of cemetary, crematory of Metro Cr	r other place)	V	1	altimo	
	21. SIGNATURE OF FUHERAL SERVICE	CELICENSEE		Harde	sty Fur	neral H		.A. polis, MD
NO	resulting in death)	DUE TO (OR A	S A CONSEQUENCE OF:		ayan			
RTIFICATI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	G	AS A CONSEQUENCE OF):					
MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond	cDUE TO (OR A	AS A CONSEQUENCE OF):	:	g couse given in	PE	AS AN AUTOPSY ERFORMED? ES 2 NO	AVAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond DIABET 25. WAS CASE REFERRED TO MEDIC EXAMINER?	d. DUE TO (OR A	h but not resulting in	tha undarlying	ACE OF DEATH (Ch	PE 1 V	ERFORMED?	AVAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conductions to the conduction of the co	d. DUE TO (OR A d. D. DUE TO (OR A d. D. DUE TO (OR A d. D. D. DUE TO (OR A d. D. D. DUE TO (OR A d.	th but not resulting in 2017 TVS	26. PL OTHER: 4 Nursing Hom OF 28c. INJ	.ACE OF DEATH (Ch	PE 1 V	ERFORMED?	1 YES 2 N
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conductions of the conduction of the co	d	h but not resulting in 2LI TVS Outpetiem 3 □ DOA (RY an) 28b. TIME (NJUI	26. PL OTHER: 6 Nursing Hom OF 28c. INJ WO 1 1	.ACE OF DEATH (Ch	PE 1 V	ERFORMED?	AVAILABLE PRIOR 1 COMPLETION OF C OF DEATH? 1 YES 2 N
D BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN Medical S Pending	d	th but not resulting in CLI TVS Dutpetient 3 DOA (RY 20b. TIME (NJU)	26. PL OTHER: 6 Nursing Hom OF 28c. INJ WO 1 1	.ACE OF DEATH (Ch	eck only one) 8 Other (Specify 28d, DESCRIBE)	ES 2 NO	AVAILABLE PRIOR COMPLETION OF C OF DEATH?
D BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF OCATN 1 Netural 5 Pending Investiges 2 Accident Investiges 3 Suicide 8 Could in determined to the conduction of the co	d	th but not resulting in 2LI TVS Dutpetient 3 DOA 28b. Time (NJUI) URY — Al home, farm, str (Specify)	26. Pt OTHER: 6 Nursing Hom M 1 1	ACE OF DEATH (Ch. 6 5 Residence URY AT RK? YES 2 NO e	eck only one) 8 Other (Specify 28d. DESCRIBE in City or Town,	ES 2 NO Y) HOW INJURY OCCU Street and Number of State)	AVAILABLE PRIOR 1 COMPLETION OF C. OF DEATH? 1 YES 2 N
E COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF OCATN 1 Netural 5 Pending Investiges 2 Accident Investiges 3 Suicide 8 Could in determined to the conduction of the co	ditiona contributing to dest AL HOSPITAL: 1 Constient 2 ERVC 28e. DATE OF INJU (Month, Day, Yes attion 28e. PLACE OF INJU building, etc. (3) PHYSICIAN: To the best of my k AMINER: On the basis of examin	th but not resulting in 2LI TVS Dutpetient 3 DOA 28b. Time (NJUI) URY — Al home, farm, str (Specify)	26. Pt OTHER: 6 Nursing Hom M 1 1	ACE OF DEATH (Ch. 6 5 Residence URY AT RK? YES 2 NO e	eck only one) 8 Other (Specific City or Town, to the cause(e) entime, data end place	ES 2 NO NO Street and Number of State) In memory of the stated one, and due to the	AVAILABLE PRIOR 1 COMPLETION OF C. OF DEATH? 1 YES 2 N
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the con	d. d. ditiona contributing to destrict the second of the	h but not resulting in 2LI TVS Dutpetient 3 DOA RY 28b. TIME (NJU) URY — At home, farm, str. Specify) nowledge, death occurred ation and/or investigation,	28. PL OTHER: 4 Nursing Hom OF 28c. INJ RY M 1 1 1 reet, factory, offic i at the time, date i, in my opinion, d	ACE OF DEATH (Ch	eck only one) 8 Other (Specific City or Town, to the cause(e) entime, data end place	ES 2 NO NO Street and Number of State) In memory of the stated one, and due to the	AMILABLE PRIOR COMPLETION OF C
E COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the con	ditiona contributing to dest AL HOSPITAL: 1 Constient 2 ERVC 28e. DATE OF INJU (Month, Day, Yes attion 28e. PLACE OF INJU building, etc. (3) PHYSICIAN: To the best of my k AMINER: On the basis of examin	th but not resulting in 2LI TVS Dutpetient 3 DOA 28b. Time (NJUI) URY — Al home, farm, str (Specify)	26. Pt OTHER: 6 Nursing Hom M 1 1	ACE OF DEATH (Ch	eck only one) 8 Other (Specific City or Town, to the cause(e) entime, data end place	ES 2 NO NO Street and Number of State) In memory of the stated one, and due to the	RED r Rural Ro l. cause(e)

AME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

mo

3947

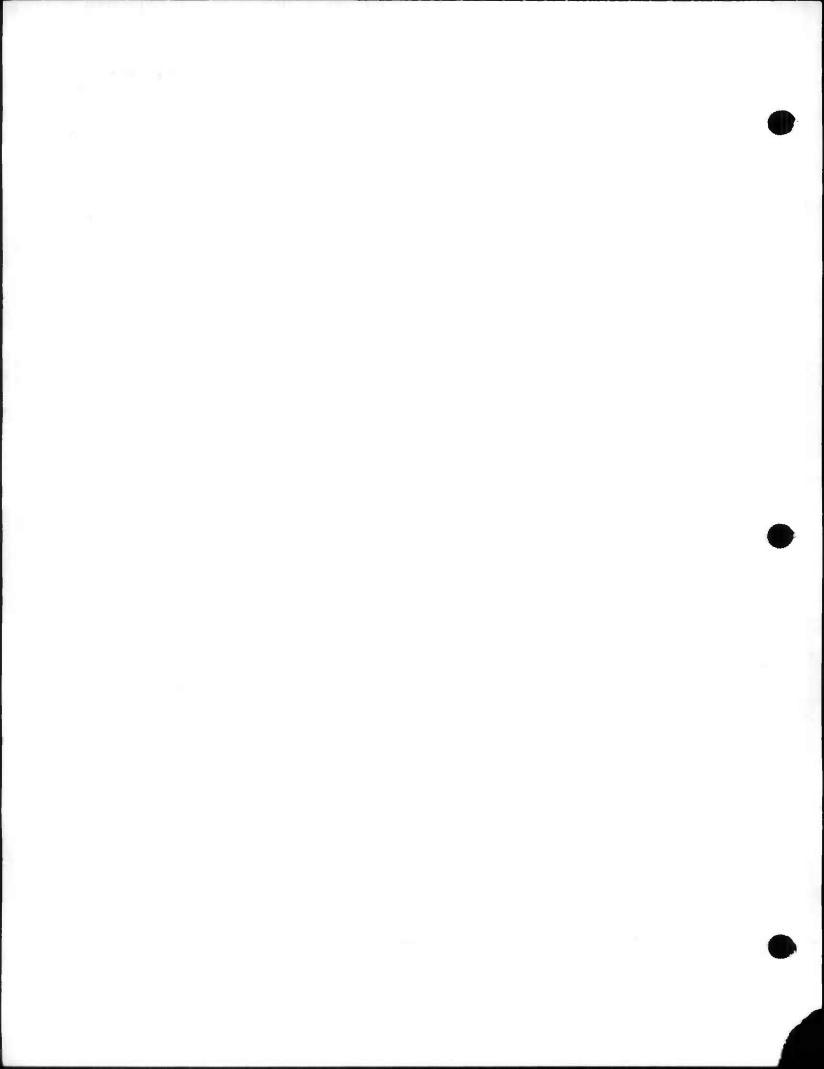
32 REGISTRAR'S SIGNATURE
JULIA DEVILON ACADAMA

Ferrara

Sherer

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 0102 A " EROY WILSON THOMAS 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign (Month, Day, Year) 5/5/1940 DAYS HOURS 1 M 2 | F 220-34-8887 YRS MD. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HADY GROVE MONTGOMER DIRECTOR RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO MD Frederick Mt. Airy 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE Page 6 may be retained by the hospital or attending physician. at director, page 5 should be detached for use as the burial-transit 13051 Penn Shop Road 21771 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE — American Indien, Black, White, atc. 2 NO FORCES? 1. YES 2
IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried 1 - YES 2 NO Specify: Black Specify: BY 3 Widowed 4 Divorced 1963-1968 COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Montgomery County College (1-4 or 5+) Elementary/Secondary (0-12) Building service mgr. Public Schools 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sun Eugene Hebron 011ie Thomas notified at BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Eugenia Thomas 13051 Penn Shop Rd., Mt. Airy, Md. 21771 þ 20a_METHOD OF DISPOSITION
113 Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State must 4 Donetion 5 Other (Specify) Resthaven Memorial Gardens Frederick, Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral death. Stauffer Funeral HOme, P.O. Box 1819 and filled in by the fu Frederick, Md. 21702 urs after medical 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fallure. List only one cause on each fine Interval Between Onset end Deeth IMMEDIATE CAUSE (Final completely filler the disease or condition reaulting in death) event, executed within burial, traumatic CERTIFICATION and Sequentially ilst conditions, if any, leading to immediate cause, Entar UNDERLYING AS A CONSEQUENCE OF prior to t by the attending physician and Mental Hygiene prior to certificate be or CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST 0 that the death injury, PART, ii. Other, significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINGINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 10 any been signed to 1 TYES 2 NO 1 | YES 2 | NO PHYSICIAN: WE Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) PHYSICIAN: The Hem After this certificate death with the State HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO tient 2 - ER/Outpatient 3 - DOA 6 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO ВУ OR ATTENDING 28e. PLACE OF INJURY — At home, farm, street, facto building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED FUNERAL DIRECTOR: within 72 hours after 4 Homicide 28 item THE CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner ee stated. HOSPITAL = TO THE HOSPITA
TO THE FUNERAL
Be filed within 72
IMPORTANT: If 2 📩 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(a) and menner as stated. THE SO LATURE AND TITLE OF CERTIFIER 29¢ LICENSE NUMBER 29d. DATE SECHED (Month, Day, Year) BE res mo 9 9

md



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1. DECEDENT'S NAME (First, Middle, Last)	9-1				(תיאו	MES)		2. DATE OF DEATH			3. TIME OF DEATH
	Dorothy E.					17	AWES	5	SEPT.	AY 3	YEAR 1991	0945 M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Is	est birthday)		R t YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTHP	LACE (State or Foreign
	0110 00 1000	1 🗆 M 2 💢 F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Dwy, Year)		Gountry)	nnsylvania
	9s. FACILITY NAME (If not institution, give :				9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	ATH 6-1-20	9c. COU	NTY OF DE	
DIRECTOR	Peninsula General	l Hospita	1			Sali	sbur			W	icomi	CO
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			T 40 - 017				y				
E					ry, TOWN	OR LOCA	ION			10d. INSIDE CITY LIMITS?		
	Maryland Somers	et	(Crisf	ield	1.0	777					YES 2 NO
A.	F 11 D					101	. ZIP COD				IZEN OF WH	IAT COUNTRY?
FUNERAL	5 W. Pear Street 11. MARITAL STATUS	12. WAS DECEDED	T EVER IN U.S. A	RMED	1 12	WAS DEC		817	IIC ORIGIN? (Specify Yes	SA		
	1 Never Married 2 Married	FORCES?	YES 2 AMAR OR DATES	NO		If yes, sp	ecity Cuba	n, Mexica	n, Puerto Rican, stc.)	or No-		- American Indian, White, atc.
ВУ	3 Widowed 4 Divorced					I 🖂 TES	2 XNO	Specify	·		Specify.	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON et of workin		16b. KIND OF BU	SINESS/INC		wille
E	Elementary/Secondary (0-12)	College (1-4 or 5		e. Do NOT u	se retired.)	ourng mo	St OF WORK	9				
M	H. S. Graduate				Hou	sewi	fe		Home			
	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NAI	ME (First, Middle, Maiden	Surname)		
BE	Frank Mille 19s. INFORMANT'S NAME (Type/Print)						_Anı	na V	orrath			
2	198. INFORMANT S NAME (N/DEPTINI)		11						loute Number, City or Tow			
	Margaret A War	field						., B	altimore,M	d. 2	1223	
	1 Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	20b.PLACE cemetary, cr	amatan, as a	dhan stand				DATE 20c. LO			
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Sal	isbu	ry C	rema NAME AN	EOTY	SS OF FAC	9/4/91 Sa	lisbu	ury,	Md. 21801
_	· 1.1. +21	1	1. 1	/	E	Brads	haw	& So	ns Funeral	Hom	е	
-	MOTHINA	racul	ewy		3	306 V	J. Ma	in S	t Crisf	ield	, MD	21817
	23. PART I. Enter the diseases, or ehock, or heert fellure.	List only one car	ise on each lin	eeth. Do r e.	not enter	the mo	de of dyl	ng, auch	an cardlec or reap	ratory em	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Can	. X	/			C					Onset and Death
	resulting in death)	a. GRA	(OR AS A CONSE	IEGA-	TIVE	-	SEPT	1106	MIA			
-		1.0	IRATION			7 1.5 1. 41	0 at 18					
ō	Sequentially list conditions, if any, leading to immediate	OUE TO	(OR AS A CONSE	OUENCE OF	F):							
S I	cause. Entar UNDERLYING CAUSE (Disease or Injury	CARE	DIORES PI	RATE	RY		ARK	CEST				İ
CERTIFICATION	that initiated events								,			
ER	resulting in death) LAST	d. COA	16 ES TIVE	E	1	FAR	7	1-A	In urs			
	PART II. Other eignificent condition	na contributing to	death but not	resulting	in the ur	derivino		luen in i	Part I. 24s. WAS AN	441000004		1
<u>8</u>							vause g		PERFOR		A	ÆRE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE
MEDICAL									t 🗌 YES 2	NO	D	F OEATH?
									-		1	YES 2 NO
Ž	25. WAS CASE REFERRED TO MEDICAL		-		_	26. PL	ACE OF DE	ATH (Che	ck only one)			
PHYSICIAN:	1 YES 2 TO NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER 4 Num	₹:			B Other (Specify)			
É	27. MANNER OF DEATH	28s. DATE OF (Month, D	INJURY	28b, TIM	E OF	28c. INJ	JRY AT		28d. DESCRIBE HOW II	JURY OCC	CUREO	
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, D	ay, rear)	INJ	URY M	1 Y	RK? ES 2	NO				_
	3 Suicida 6 Could not be	26s. PLACE O	F INJURY — At he stc. (Specify)	ome, ferm, s	street, fact	ory, office			28f. LOCATION (Street a	nd Number	or Rural Rou	te Number,
	4 Homicide datarmined								City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge, de	ath occurre	d at the t	lme, data	and place.	and dua t	to the cause(a) and man	ner sa stat	ed,	
S	one) 2 MEDICAL EXAMINE	R: On the basis of a	camination and/or	Investigatio	n, in my o	pinion, de	ath occur	d at the t	ime, data and place, an	d dua to th	a cause(a) s	nd manner as stated.
	29b. SIGNATURE AND TATLE OF CERTIFIER						29c. LICE					lonth, Day, Year)
BE-	FAUZI	KHALIL,	m)				4	864	7		9-03	
2 -	30. NAME AND ADDRESS OF PERSON WHO		SE OF DEATH (ITE	M 27) (Type,	Print)			/ /				//
	FAUZI KHAL	14 6	323 R'S SIGNATURE	M7 .	HE	RNO	N	Ro	SAX SE	URY	1	W 21801
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE							11		- 2,007
	W-6 31	guian	Devidon-	andall	-							
									-			DHMH 16 Peu 1/90

for the state of the second

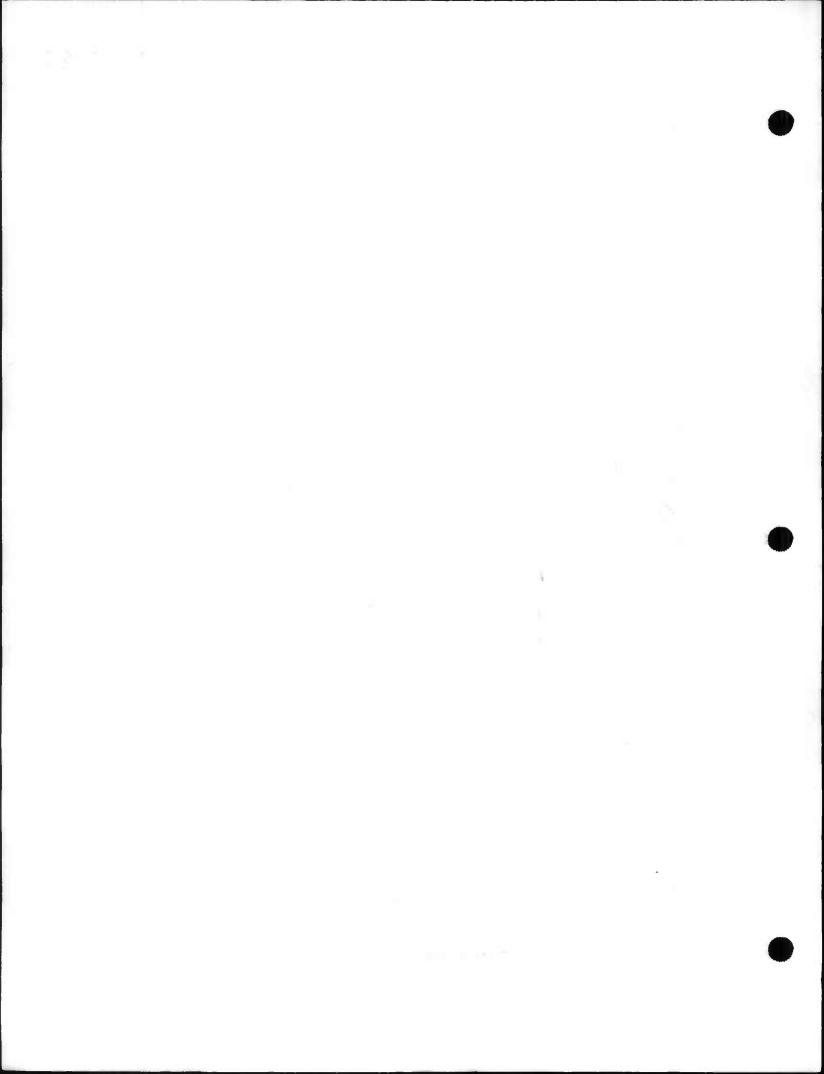
31. DATE FILED (Month, Day, Year)

SEP 1 0 1991

32. REGISTRAR'S SI

					91	26025
FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND NEATE OF DEATH	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Les	, .	₹. T#	-ALHEIMER	2. DATE OF DEATH MONTH DAY	YEAR 5	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	110	UNDER 1 YEAR IF UNDER 24 HRS. INTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04-05-1918	Country)	yland
99. FACILITY NAME (If not institution, give Harbor Hospit RESIDENCE OF DECEDENT		98	Baltimor		Mary.	
10e. STATE 10b. COU	ne Arundel	10c. CITY, T	own or Location Severna Pa	rk		d. INSIDE CITY LIMITS? YES 2 🖔 NO
100. STREET AND NUMBER 573 Jumpers H	ole Road	Severna	Park 211		CITIZEN OF WHA	1,000,000
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexicar 1 YES 2 N NO Specify.	n, Puerto Rican, etc.)	Black, W Specify:	American Indien, hite, etc.
15. DECEDENT'S El (Specify only highest gra Elementary/Secondery (0-12)	DUCATION ide completed) College (1-4 or 5+)	life. Do NOT use n	k done during most of working ettred.)	18b. KIND OF BUSINESS	INDUSTRY	
12+ 17. FATHER'S NAME (First, Middle, Last)		Bus D	river 18. MOTHER'S NAI Ru	ME (First, Middle, Malden Suman		Transit A
19a. INFORMANT'S NAME (Type/Print) Mrs. Emma Tha	1 heimer		DORESS (Street and Number or Rural R 3 Jumpers Ho	loute Number, City or Town, State	, Zíp Code) everna	21146 Park, MD
20e. METHOD OF DISPOSITION 7/5 Neuriel 2 Cremetion 3 Re 4 Doneston 8 Other (Specify) 21. SIGNATURE OF FUPERAL SERVICE	emoval from State	20b. PLACE OF DISPOSITI	ON (Name of cametery, cramatory or veterans Ce 22. NAME AND ADDRESS OF FACE Barranco &	20c. LOCATION	o – City or Town, OWNSVI Cal Hol	State
23. PAGE 1. Enjoy the diseases, control of the control of the condition resulting in death)	e. Lie only one cause on	each line.				Approximate Interval Between Onset and Dasth
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A. DUE TO (OR A. DUE TO (OR A.	1 50	latic Carci	Melletus		
PART II. Other eignificant condit	lons contributing to dealer the failure Mass		tha undarlying cause givan in	Part I. 24a. WAS AN AUTOF PERFORMED? 1 YES 2 NO	C C D	REE AUTOPSY FINDINGS ALLABLE PRIDE TO OMPLETION DF CAUSE F DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Chi			
27. MANNER OF DEATH 1 Natural & Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Yea	RY 28b. TIME (OF 28c, INJURY AT	28d. DESCRIBE HOW INJURY	OCCURED	
3 Suicide 6 Could not determined	be building, etc. (S	JRY — At home, ferm, str Specify)	eet, factory, office	2af. LOCATION (Street and Nu City or Town, State)	mber or Rural Rou	te Number,
CONSTRUCTION OF THE PARTY OF TH			at the time, date and piece, end due in my opinion, death occured at the			nd manner ee stated.
296. SIGNATURE AND TITLE OF CERTI	a Hon	se staff	29c. LICENSE NUI	ABER 29d.	DATE SIGNED (A	fonth, Day, Year)
30. NAME AND ADDRESS OF PERSON			S. Hanover St	, Baltimin	i, Mo	

Moi



T OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE S HERE OF ROLLT

						-				
1	1. Decedent's NAME (First, Middle, Lest) Darlene Elain	e Taylor	1			MONT		07 - 4	400	0735
	4. SOCIAL SECURITY NUMBER 217-46-4828		GE (In yrs. lest birthday) 46 YRS.			III. (Mon	OF BIRTH	. (BIRTHPLAC Country)	CE (State or For
	9a. FACILITY NAME (If not institution, give st	-	10 1113.	Oh OVEV -	OWAY OR ! OCCUPANT	07	17/4	9c. COUNTY		L, FL
B	ANNE ARUNDED		L CTA		OWN OR LOCATION APOLIS	OF DEATH				UNDE
7	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	10c CI	TY, TOWN OR	LOCATION				104	. INSIDE CITY
DIR	MD Ann	e Arundel		napol	is				15	LIMITS? YES 2 1
ERAL	1885 Bowman C	ourt			21401			USA	OF WHAT	COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	ES 2 NO	If y	AS DECENDENT OF H	faxican, Puerto			Black, Wh	American India illa, atc. Vhite
ETEO	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done dui	UPATION ring most of working	16	. KIND OF BU	SINESS/INDUST		
╏	Elementary/Secondary (0-12)	1 College (1-4 or 5+)			cretary		Healt	h/Med	ical	
COMPL	17. FATHER'S NAME (First, Middle, Last)			-	16. MOTHER	'S NAME (First,			4 414	
BE C	Forrest Elwoo	d Warnick			Hel	en N	araru	k		
5 B	19a. INFORMANT'S NAME (Type/Print)				Street and Number or					
	Clarence Chic	o Taylor,			an Cour					
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ram	oval from State	of cemetary, cremator	v or other place	ce)	DA		CATION — City		
	4 ☐ Donation 6 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Hillcre		Metery AME AND ADDRESS	OF FACILITY	An	napol	1S.	MD
	>T. 1	de la	2	Ha	rdesty	Funer				
	23. PART I. Enter the disease, or o	complications that car	ked the death Do	not enter t	Ridgel	v Ave	. Ann	apoli	s. N	Approxima
	ehock, or heert fellure. IMMEDIATE CAUSE (Final	Liet only one cause	on each line.					natory arread	,	Interval Be
	disease or condition resulting in deeth)	a. Met	astatic	(D)	reast (Buch	1			14
_		DOE TO (OR	AS A CONSEQUENCE	OF):						1
CERTIFICATION	Sequentially list conditione, if any, leeding to immediate	bDUE TO (OR	AS A CONSEQUENCE	OF):			-			
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	c								
E	that initiated events resulting in deeth) LAST	DUE TO (OR	AS A CONSEQUENCE	OF):						
Ä	Testifully in deetily CAST	d								
OI										
	PART II. Other aignificent condition	ns contributing to dea	th but not resulting	In the und	erlying cause glv	en in Part i.	24a. WAS AI	AUTOPSY		
	PART II. Other algnificent condition	ns contributing to dea	th but not resulting	In the und	erlying cause giv	en in Part i.	24a. WAS AI PERFO	RMED?	CO	MPLETION OF C
EDICAL	PART II. Other eignificent condition	ns contributing to dea	th but not resulting	In the und	erlying cause glv	en in Part I.	PERFO	RMED?	AVA COI OF	MALABLE PRIOR MPLETION OF (DEATH?
MEDICAL		ns contributing to dea	th but not resulting	in the und	erlying cause glv	en in Part i.	PERFO	RMED?	AVA COI OF	RE AUTOPSY FI
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:		OTHER:	28. PLACE OF OEA	TH (Check only t	PERFO 1 YES	RMED?	AVA COI OF	MILABLE PRIOR MPLETION OF C DEATH?
MEDICAL	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL: 11 Inpatient 2 = ER 28e. DATE OF INJ	/Outpatient 3 DOA	OTHER:	28. PLACE OF OEA	TH (Check only delence S □ Other	PERFO 1 YES (re) (Specify)	RMED?	AM COI OF 1 [MALABLE PRIOR MPLETION OF C DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL:	/Outpatient 3 DOA	OTHER:	28. PLACE OF OEA	TH (Check only of lence \$ \subseteq Ott	PERFO 1 YES (re) (Specify)	RMED? 2 NO	AM COI OF 1 [MILABLE PRIOR MPLETION OF C DEATH?
D BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	HOSPITAL: 10 Inpatient 2 - En Inpatient	/Outpetlent 3 DOA JRY 28b. Ti jber/ JURY At home, farm	OTHER: 4 Nursin	28. PLACE OF OEA: ing Home 5 - Residence. INJURY AT WORK? 1 - YES 2 - I	TH (Check only stence \$ Ott	PERFO 1 YES one) or (Specify) ESCRIBE HOW	RMED? 2 NO INJURY OCCUR	AM COO	NLABLE PRIOR OF C DEATH? YES 2 1
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 ER 28e. DATE OF INJI (Month, Day, Y	/Outpetlent 3 DOA JRY 28b. Ti jber/ JURY At home, farm	OTHER: 4 Nursin	28. PLACE OF OEA: ing Home 5 - Residence. INJURY AT WORK? 1 - YES 2 - I	TH (Check only stence \$ Ott	PERFO 1 YES one) or (Specify) ESCRIBE HOW	RMED? 2 NO INJURY OCCUR	AM COO	NLABLE PRIOR OF C DEATH? YES 2 1
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	HOSPITAL: 10 Inpatient 2 - En Inpatient	/Outpatient 3 DOA JRY 28b. Ti R JURY At home, farm (Specify)	OTHER: 4 Nursi	28. PLACE OF OEA	TH (Check only to dence \$ \subseteq Ott Ott 28d. Of the Check only only only only only only only only	PERFO 1 YES 1 YES Per (Specify) ESCRIBE HOW CATION (Street yor Town, State	INJURY OCCUP	AMCOI OF 1 [NLABLE PRIOR MPLETION OF (DEATH? YES 2
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	MOSPITAL: 11 Inpatient 2 ER 28e. DATE OF INJ 28e. PLACE OF IN building, stc.	/Outpatient 3 DOA JRY 28b. Ti R JURY At home, farm (Specify)	OTHER: 4 Nursi	28. PLACE OF OEA	TH (Check only to dence \$ \subseteq Ott Ott 28d. Of the Check only only only only only only only only	PERFO 1 YES 1 YES Per (Specify) ESCRIBE HOW CATION (Street yor Town, State	RMED? 2 NO INJURY OCCUP and Number or)	1 [NLABLE PRIOR MPLETION OF (DEATH? YES 2
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	MOSPITAL: 11 Inpatient 2 ER 28e. DATE OF INJ 28e. PLACE OF IN building, stc.	/Outpatient 3 DOA JRY 28b. Ti R JURY At home, farm (Specify)	OTHER: 4 Nursi	28. PLACE OF OEA	TH (Check only of tence \$ 0 Other of tence \$ 0 Othe	PERFO 1 YES 1 YES Per (Specify) ESCRIBE HOW CATION (Street yor Town, State	RMED? 2 NO INJURY OCCUP and Number or)	1 [MLABLE PRIOR MPLETION OF C DEATH? YES 2 1
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 11 Inputlent 2 - ER 28e. DATE OF INJ. (Month, Day, Y 28e. PLACE OF IN. building, stc.	/Outpatient 3 DOA JRY 28b. Ti Ber) JURY — At home, farm (Specify) knowledge, death occuration and/or investigat MD	OTHER: 4 Nursin	28. PLACE OF OEA	TH (Check only of tence \$ 0 Other of tence \$ 0 Othe	PERFO 1 YES 1 YES Per (Specify) ESCRIBE HOW CATION (Street yor Town, State	and Number or and to the c 29d, DATE S	1 [MLABLE PRIOR MPLETION OF COLOREST PRIOR MPLETION

A commercial

•
BOX 68760,
BOX
P.0
RECORDS,
OF VITAL
DIVISION
DIVIS

8

TO BE COMBIETED BY ELINEDAL	TO BE COMMITTED BY BUYOLDIAN. MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for use as the burial-transit perm	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm
if death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

1. DECEDENT'S NAME (First, Middle, La	THE Phil	中小	LUEP	WA	CHTER		2. DATE OF MONTH Sept	F DEATH	1991	/FAR	8:10 A.
4. SOCIAL SECURITY NUMBER 218-24-9771		AGE (In yrs.	last birthday) YRS.	IF UNDER 1 Y	YEAR IF UND	ER 24 HRS.	7. DATE O	BIRTH Paril	917	Country)	Maryland
90. FACILITY NAME (If not institution, gi	rial Hospit	al			Freder		DEATH		9c. COUNT	of DEAT	
Maryland F			10c. CIT	Y, TOWN OR	LOCATION E	₹idge					d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 14046 Hoovers	Mill Road				10f. ZIP CO	2177	8		10g. CITIZE		T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 K IF YES, GIVE WAF 1940 to 1	EVER IN U.S. YES 2 [OR DATES	ARMED NO	If y	AS DECENDENT yes, specify Cu YES 2 XN	ben, Mexic	an, Puerto R	(Specify Yes Ican, atc.)	or No— 1	Black, V	American Indian, Thite, atc. White
15. DECEDENT'S (Specify only highest g	EDUCATION	16a.	DECEDENT'S (Give kind of ville. Do NOT us Steam	vork done dur se retired.)	ring most of wo	rking	16b.		S. GO		ment
17. FATHER'S NAME (First, Middle, Last) Millard R. Wach								liddle, Maiden			
	ADDRESS /										
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Flouric Number, City or Town, State, Zip Code) 11016 Hoovers Mill Road, Rocky Ridge, Md. 21778 20a. METHOD OF DISPOSITION 116 Burlet 2 Cremation 3 Removel from State 116 Burlet 2 Cremation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name DATE of DISPOSITION (Name Property Cremation, or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or To											
Mrs. Helen M. Wa	namoval from State	20b. PLA	14046	Hoor For Dispose For other plant Temori	vers Misition (Name	ill F	load,	Rocky	Ridge CATION - CH	ty or Town	, State
Mrs. Helen M. We 20s. METHOD OF DISPOSITION 1	namoval from State	20b. PLA	14046 ce and date ary crematory a ven	HOON E OF DISPOS OF Other play TemOT	vers M sition (Name fal Gal AME AND ADD Keeney	rdens	DATE 9-17 ACILITY Basfo	Rocky -91 F	Ridge cation — cr rederin	ick,	Maryland
Mrs. Helen M. We 20s. METHOD OF DISPOSITION 1	camovel from State C. C. Jasfe Or complications that or In the complex constant of the complex cons	20b. PLA Reschief	14046 CE AND GEORGE OO21 daath. Do rina.	E OF DISPOS For other plans Period III	vers Minimum (Name field Gal Gal AME AND ADDRIVE CENCY 106 Eache mode of the mode of the state of the mode of the mode of the mode of the state of the mode of the state of th	rdens ress of F	Coad, DATE S 9-17 ACILITY Basfo	Rocky 20c. to	Ridge cation - cr reder: neral Freder	iv or Town ick, Home	Maryland Maryland Md. 217 Approximate interval Between
Mrs. Helen M. We 20a. METHOD OF DISPOSITION 1 Devriet 2 Cremetton 3 Fe 4 Donation 5 Other (Specify) 21. SIGNATURE of FUNERAL SERVICE 23. PART I. Enter the diseases, shock, or heart failument of the service of the s	camovel from State C. C. Jasfe Or complications that one. List only one cause S. DUE TO (O	20b. PLA RESCH MO caused the e on aach ii	CE AND DATE OF THE PROPERTY OF	22. Name of the state of the st	vers Minimum (Name field Gal Gal AME AND ADDRIVE CENEY 106 Eache mode of the mode of the state of the mode of the state of the mode of the state of	rdens ress of F	Coad, DATE S 9-17 ACILITY Basfo	Rocky 20c. to	Ridge cation - cr reder: neral Freder	iv or Town ick, Home	Maryland Maryland Md. 2170 Approximate interval Between
Mrs. Helen M. We 20a. METHOD OF DISPOSITION 1 M Burlet 2 Cremation 3 F 4 Donation 5 Other (Specify) 21. SIGNATURE of FUNERAL SERVICE 23. PART I. Enter the diseases, shock, or heart falls (IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	emovel from State C. C. Jack or complications that ore. Liat only one cause s	20b. PLA RESCH MO caused the e on each li	14046 CCE AND COOPER OVER 10 TO THE COOPER C	S HOOT I CONTINUE TO THE PROPERTY OF THE PROPE	vers Minimum (Name field Gal Gal AME AND ADDRIVE CENEY 106 Eache mode of the mode of the state of the mode of the state of the mode of the state of	rdens ress of F	Coad, DATE S 9-17 ACILITY Basfo	Rocky 20c. to	Ridge cation - cr reder: neral Freder	iv or Town ick, Home	Maryland Maryland Md. 2170 Approximate interval Between
Mrs. Helen M. We 20a. METHOD OF DISPOSITION 1 Deuriet 2 Cremation 3 Fe 4 Donation 5 Other (Specify) 21. SIGNATURE of FUNERAL SERVICE 23. PART I. Enter the diseases, shock, or heart failt. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	emovel from State C. C. Jack Or complications that ore. List only one cause s	20b. PLA RESCH MO causad tha e on aach li DR AS A CON-	daath. Do rina.	S HOOT I CONTINUE TO THE PROPERTY OF THE PROPE	vers Misition (Name fal Gai AME AND ADDR Keeney 106 Ea the mode of	rdens rdens ress of r and st Ch	load, DATE S 9-17 ACILITY Basfonurch ch sa card	Rocky 20c. to	Ridge CATION — CH Preder The real Freder Track of the character Track of th	Home rick,	Maryland Maryland Md. 2170 Approximate Interval Betwee Onset and Dear
Mrs. Helen M. We 20a. METHOD OF DISPOSITION 1 Devial 2 Cremation 3 Fe 4 Donation 5 Other (Specify) 21. SIGNATURE of FUNERAL SERVICE 23. PART I. Enter the diseases, ahock, or heart failt. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	amovel from State E LICENSEE C. C. Jack or complications that care. List only one cause s. DUE TO (0) b. DUE TO (0) c. DUE TO (0) d. Hospital:	20b. PLA RESUM Causad tha a on sach if OR AS A CONSTRUCTION OR	14046 CE AND DATE AND ATTENDED TO THE PROPERTY OF THE PROPERTY	E OF DISPOS FOR OTHER 22. NA R 1 CON OTHER 1 COTHER OTHER OTHER	vers Misition (Name fall Gall Gall Gall Gall Gall Gall Gall	rdens rdens ress of r and st Ch dying, au	DATES 9-17 ACILITY Basfonurch ch sa card	Pocky 20c. LO 20c. LO 21 F ord Fu Standard Fu Standard Fu 24a. Was An PERFOR 1 YES 2	Ridge CATION — CH Preder The real Freder Track of the character Track of th	Home rick,	Maryland Maryland Md. 2170 Approximate Interval Betwee Onset and Dear I O G J ERE AUTOPSY FINDING WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
Mrs. Helen M. We 20a. METHOD OF DISPOSITION 1	DUE TO (O d	20b. PLA 20b	dath. Do rina. SEQUENCE OF SE	OTHER:	vers Misition (Name fal Gal Gal Gal Gal Gal Gal Gal Gal Gal G	rdens RESS OF F AND St Ch dying, au F DEATH (C. Residence	DATE DATE S 9-17 ACILITY Basfo DITCh Check only on 28d. DES	Pocky 20c. Lo 21 F ord Fu St., lac or reapi 24a. WAS AN PERFOI 1 YES 2	Ridge CATION — CH Preder The real Freder Track of the character Track of th	Home rick, Home rick, st,	Maryland Maryland Maryland Approximate interval Betwee Onset and Deat I O Grant Malacte Prior To OMPLETION OF CAUSE F DEATH? YES 2 NO

AVE

ENFRANCE, my

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

THE HOCK JOLL TO ATT

BY

SZ. REGISTRAR'S SIGNATURE

July Davidson-Randale

(Month, Day, Year) 1 G 1991

Open .

HOME TO BE A

Title in overa 122 and not of the

ETIT MESSAGE

rior to I . I best I !

234

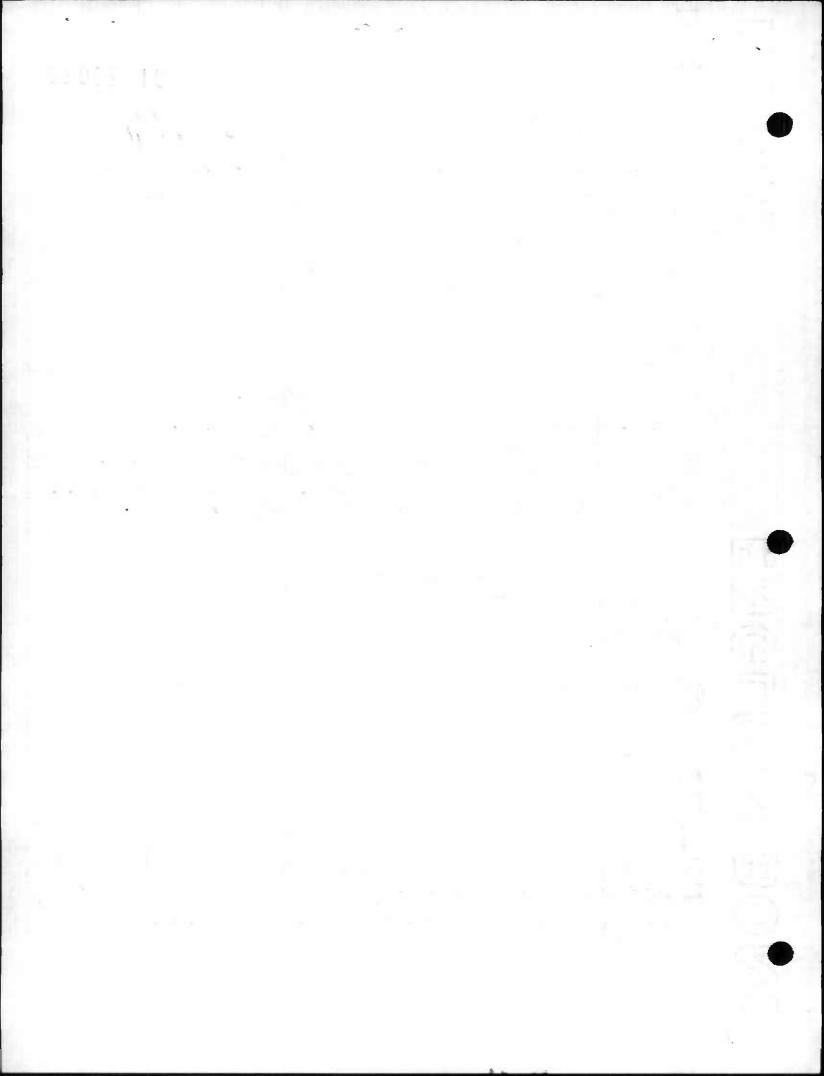
on from a silence of the first masters that we have been been

a thirty was a street out of the

31. DATE FILER Month Day, Year 91

32. REGISTRAR'S SIGNATURE
Sucha Davidson Randall

	1 - FOR STATE REGISTRAR	STATE OF MAR		PARTMENT OF H	IEALTH AND ME	NTAL HYGIEN REG. NO.	E '	20020
	1. DECEDENT'S NAME (First, Middle, Last) TANE	M.		STER		DATE OF DEATH DATE	4 193	3. TIME OF DEATH
	212342022	1 🗆 M 2 🂢 F	AGE (In yrs. last birthd	S. MONTHS DAYS	HOURS MIN.	Month, Day, Year)	34 K	BIRTHPLACE (State or Foreign Country) Centucky
OR	96. FACILITY NAME (If not institution, give s Mercy Hospital	treet and number)			or Location of DEATH	н	9c. COUNTY	OF DEATH
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 106. STATE 10b. COUNTY Maryland H	arford		CITY, TOWN OR LOCA nurchville				10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	3137 Snake Lane			10	21028		10g. CITIZEN US	OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 [] IF YES, GIVE WAR	YES 2 NO	If yes, sp	CENDENT OF HISPANIC ecify Cuben, Mexican, F 3 2 3 NO Specify:			RACE — American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind	NT'S USUAL OCCUPATI d of work done during me OT use retired.) PMaker	ON sat of working	16b, KIND OF BUILDING		TRY
BE CON	17. FATHER'S NAME (First, Middle, Last) Robert Thomas	Conner			16. MOTHER'S NAME Martha	(First, Middle, Meiden C. Born		
TO E	199. INFORMANT'S NAME (Type/Print) Edwin H. Webster				end Number or Rural Acu ne, Church			
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State		DATE OF DISPOSITION	Gardens 9		cation — chy Sel Air	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE WAR COT	west	Howar	nd address of facility d K. McCor Cokesbury	mas III F		Home, P.A.
					LIKESHIIV	BU WILL GALL	THE MAN TO THE	7.11119
	23. PART I. Enter the disease, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceuse	on each line.	Do not enter the mo	ode of dying, such e	e cerdiec or reep	iratory arrest	, Approximate interval Between Onset and Death
ATION	ahock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate	a. DUE TO (OR	on each line.	Tory O	ode of dying, such a	e cerdiec or reep	iratory arrest	Approximate interval Between
ERTIFICATION	ahock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	a	On each line. As a consequence The Tok	To use of the more of the more of the office	ode of dying, such e	e cerdiec or reep	iratory arrest	Approximate interval Between
: MEDICAL CERTIFICATION	shock, or heert fellure. iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a	AS A CONSEQUENCE	To use of the model of the control o	mest	Cours	AUTOPSY RMED?	Approximate interval Between
MEDICAL	shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	B. DUE TO (OR	AS A CONSEQUENCE AS A C	Do not enter the me	Die of dying, such e	rt i. 24a. WAS AN PERFO!	AUTOPSY RMED?	Approximate interval Between Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death
PHYSICIAN: MEDICAL	shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 SHO 27. MANNER OF DEATH 1 Newtral 6 Pending	B. DUE TO (OR C. DUE TO (OR d	AS A CONSEQUENCE AS A C	Do not enter the me OF): DE OF): DE OF): 26. P OA 4 Nursing Hor NURSY 28c. IN NURSY 28c. IN NURSY 28c. IN NURSY 28c. IN	eg ceuse given in Pa	rt i. 24a. WAS AN PERFO!	I AUTOPSY RMED?	Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	ahock, or heert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 JANO 27. MANNER OF DEATH	B. DUE TO (OR DUE	AS A CONSEQUENCE AS A C	Do not enter the me OF): DE OF): DE OF): 26. P OA 4 Nursing Hor NURSY 28c. IN NURSY 28c. IN NURSY 28c. IN NURSY 28c. IN	LACE OF DEATH (Check me 5 Residence 8 JURY AT ORK? YES 2 NO	irt i. 24a. WAS AN PERFO! 1 YES :	I AUTOPSY RMED? 2 □ NO	Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	ahock, or heert feilure. iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DAN 27. MANNER OF DEATH 1 Nextrai 6 Pending Investigation 3 Suicide 6 Could not be datarmined 29e. CERTIFIER (Check only)	B. DUE TO (OR DUE	ath but not result! R/Outpetient 3 DC R/Outpetien	Do not enter the me OF): DE OF): Ing in the underlying 28. P OTHER: DA 4 Nursing Hori NJURY M 1 Imm. street, factory, offi	ELACE OF DEATH (Check me 5 Residence 8 JURY AT ORK? YES 2 NO ce 2 a and place, and due to	int i. 24a. WAS AN PERFOI 1 YES : only one) Other (Specify) 8d. DESCRIBE HOW 6f. LOCATION (Street City or Town, State	I AUTOPSY RMED? 2 \(\text{NO} \) INJURY OCCUR and Number or a	Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	ahock, or heert feilure. iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DAN 27. MANNER OF DEATH 1 Nextrai 6 Pending Investigation 3 Suicide 6 Could not be datarmined 29e. CERTIFIER (Check only)	B. DUE TO (OR DUE	ath but not result! R/Outpetient 3 DC R/Outpetien	Do not enter the me OF): DE OF): Ing in the underlying 28. P OTHER: DA 4 Nursing Hori NJURY M 1 Imm. street, factory, offi	ELACE OF DEATH (Check me 5 Residence 8 JURY AT ORK? YES 2 NO ce 2 a and place, and due to	int i. 24a. WAS AN PERFO 1 YES :: conly one) Other (Specify) 8d. DESCRIBE HOW 18f. LOCATION (Street City or Town, State the cause(s) and mene, data and place, as	I AUTOPSY RMED? 2 NO INJURY OCCUR and Number or indicated and due to the c	Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO



p 21203-3146

Σ.	Ξ	9/3	
	ä	8	
Ħ.	f	3-	4
5	40	8	
š	ě	-F	
BALLIMORE, M	а.	To .	
j	eath	Ale	
T n	0	F 10	
_	afte	J E	
	SIZ	1 9	
	5	80	
	1	Hon Hon	
	鲁	a B	
o o	*	를 B	
4	ted	8 1	
2	Secu	日前	
_	8	5 5	
5	0	icis icis	
ó	cat	E D	
	P	Dien	
ز	9	西子	
7	eath	atte nta	
ñ	Je d	き	
	# #	A P	
ξ	#	多年	
3	ires	Sign	
u	nba.	50	
I	×	2 H	
ļ	96	D as	
4	F	ate	
>	AN	Tiffe S	
L	Sic	9 =	
)	E	A SI	
DIVISION OF VITAL RECORDS, P.O. BOA 13140,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-55 nours after death. Page 6 imay be in	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directory page is the first within 72 hours after clearly with the State Deut, of Health and Mental Hygiene prior to burial, cremation, or removal.	
2	9	H 10	
<u>n</u>	E	E #	
>	A CH	IR IN	
	0	0 8	
	A	A S	
	SS	M F	
	王	田子	
	E	THE	
	2	22	2

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

į	1. DECEDENT'S NAME (First,	Middle, Last)	ROBE	T.	WHI	TE		2. DATE OF DE MONTH 08-	21-91	YEAR	3. TIME OF DEATH 6:45 P M	
	4. SOCIAL SECURITY NUMBER 220-32-8002		5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEAR		7. DATE OF BII (Month, Day, 10-14	Year)	Count	IPLACE (State or Foreign ny) Cyland	
e B	9a. FACILITY NAME (If not in 6813 Senec	a Driv	The second second	ne)			N OR LOCATION OF D	EATH	100000	unty of c	DEATH	
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY			10c. CITY	, TOWN OR LO					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 6813 Ser	eca Di	rive				10f. ZIP CODE 21863		10g. C	USA	WHAT COUNTRY?	
B≼	11. MARITAL STATUS 1 Never Married 2 3 Divo		12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. AT I YES 2 X WAR OR DATES	RMED NO	If yes	DECENDENT OF HISPA apecify Cuban, Maxic (ES 2 NO Speci	en, Puarto Rican,		Specify: White		
COMPLETED	(Specify only highest grade completed) Elamentary/Secondary (0-12) Collaga (1-4 or 5+)				live kind of w Do NOT use	e retired.)	ATION most of working		siness/industry ruction			
BE COM	17. FATHER'S NAME (First, M Clinton	J. Whi	ite					Taylor				
5	Rebecca H.	White	(wife)		Sam	e as #	10 a b c			Zip Code)		
	20s. METHOD OF DISPOSIT 1 Burial 2 Crematic 4 Donation 5 Other	(Specify)		a nertto	laca)	e Memo	cemetery, cremetory or rial Park		Crisfi	-		
	21. SIGNATURE OF FUNERA		1.Bu	I been	ر	Br	adshaw & . 6 W. Main	Sons Fu			ID 21817	
	23. PART i. Enter the d shock, or h iMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fBilure.	List only one ca		huo	nau	mode of dying, au	+			Approximete interval Between Onset and Deeth	
CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diste ING Iry	Out Out	OR AS A CONSE	QUENCE OF				cleal	Cor	coc	
MEDICAL CE	PART II. Other significa	ent condition	ns contributing to	o death but not	resuiting i	in the underl	ying cause given in		WAS AN AUTOPS PERFORMED? YES 2 NO	Y 24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN:	25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:				B. PLACE OF DEATH (C	heck only one)				
Y PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	Pending Investigation	1 Inpatient 2	ER/Outpatlant F INJURY Day, Year)	28b. TIM	E OF 28c	Home 5 Residence INJURY AT WORK? YES 2 NO		ecify) E HOW INJURY (CCURED		
TED BY	2 Accident 3 Suicide a 4 Homicide	Could not be detarmined	28a. PLACE building	OF INJURY — At h	oma, farm, s	street, factory,	office	281. LOCATION City or Tox	N (Street and Numeron, State)	ber or Rural	Floute Number,	
COMPLET	TOTALIN OTHY						date and place, and du				(a) and manner as stated.	
TO BE C	29b. SIGNATURE AND THE	rea	un	pose			29c. LICENSE NU	IMBER	294. 0	P/22	Mayer, Day Year)	
F		P. Lis					e Drive -	Suite	206 - S	2180	oury, MD	
	31. DATE FILED (Month, Day,	7 91	32, REGISTE	AR'S SIGNATURE	Manda	92						

Line was made with a present this

Distribution description — Sanda Internation Sanda San

Sunnyeldes James | Park | Utlafiald, Mi

Sredniew & Sons Puneral Nove

X

×

The Editorial works attached the will and the contract of the same

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	Ċ	BALTHMORE	BALTHMORE, MARYLAND 21215-0020	215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are seen. Plate in the investment by the hospital or attending physicis	hours after	or count. Page 5 mile	be retained by the hospital or	attending physicia
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the attended for use as the burial-the find within 72 hours after neath with the State Deut, of Health and Merital Hydiene prior to burial, cremation, or removal.	or remo	Per Speral Gines, p	oe 5 should be detached for un	se as the burial-t
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examination be notified at once.	medica	examine and	se notified at once.	

1 - STATE REGISTRAR				OF DEATH	REG.				
1. DECEDENT'S NAME (First, Middle, L	Rose F. We	eimer			2. DATE OF DEAT MONTH 9/2/91	TH DAY	YEAR	3. TIME OF DEATH 12:52P	
4. SOCIAL SECURITY NUMBER 198-01-1717D	5. SEX 6. A	GE (in yrs. last birthday) YRS.		YEAR SF UNDER 24 HRS. MAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes 4/28/18	d nr)	Country	PLACE (State or Foreign 11and	
90. FACILITY NAME (If not institution, § 6101 Bradley L			96. CITY, TO	OWN OR LOCATION OF E		9c. COU	NTY OF OE		
RESIDENCE OF DECEDENT 10e. STATE 10b. CO		10c. CI	TY, TOWN OR			1111	nee c	10d. INSIDE CITY	
Maryland Pr:	ince George's		Clir	10f. ZIP COOE		10g. CIT	IZEN OF W	1 ★ YES 2 NO	
6101 Bradley 1	lane	ED IM U.S. ADMED	1 12 MM	20735 s decembent of hispa	NIC OBIONS (Parall		S.A.	— American Indian,	
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 Y	ES 2 XNO	If y	es, specify Cuben, Mexic YES 25 NO Spec	an, Puerto Rican, etc		Black, Specif	White, etc.	
15. DECEDENT'S (Specify only highest (Elementary/Secondary (0-12)		ille. Do NOT	work done dur use retired.)	ing most of working	16b. KIND O	F BUSINESS/INI	DUSTRY		
17. FATHER'S NAME (First, Middle, Las		Hou	sewif	16. MOTHER'S N	AME (First, Middle, Mi				
David Warn:	LCK	19b. MAILIN	G ADDRESS (Doro		enbakei			
Mary Marcella V				ey Lane, (735	
20s. METHOD OF DISPOSITION 3 Burlel 2 Cremetton 3 C 4 Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	of cemetary, cremator	Du;	metery Me AND ADDRESS OF F	al Home	vilto	stb		
23. PARTI. Enter the diseases, shock, or heart fell IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Congo J.	as a consequence	+ 1	Tailer	ch as cardiac or	respiratory ar	rest,	Approximate interval Betwee Onset and Deat	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	AS A CONSEQUENCE							
PART II. Other significent cond	litions contributing to dea	th but not resulting	In the und	erlying cause given i	PE	AS AN AUTOPSY PRORMED?	24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDIC	AL			26. PLACE OF DEATH (C	Check only one)				
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/		OTHER:	g Home 5 Residence	8 Cher (Specify	1)			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investiga	28e. DATE OF INJU (Month, Day, Ye		IME OF 2 NJURY M	8c. INJURY AT WORK? 1 YES 2 NO	26d. DEŞCRIBE I	IOW INJURY O	JURY OCCURED		
3 Suicide 8 Could no 4 Homicide determin	building, atc.	IURY — At home, farm (Specify)	, street, factor	y, office	281. LOCATION (S City or Town,		er or Rural R	oute Number,	
(Original office)	PHYSICIAN: To the best of my i) end menner ee stated.	
29b. SIGNATURE AND TITLE OF CER	TIFIER // V			29c. LICENSE N	UMBER	29d, DA	TE SIGNED	(Month, Day, Year)	
House 5	16001	2		1)20	325				
30. NAME AND ADDRESS OF PERSO Harvey I. Kat				1. #201 Cli	32.5	>	9/3/9		

11777 FL

emparation live good standard

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

who retained by the hospital or attending physici	age FSRoud be detached for use as the burial-	d notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may 6e retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, age: Pstrough be detached for use as the burial-the find within 72 hours after death with the State Dent of Health and Mental Hydlene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must b notified at once.

MTLDRED SOCIAL SECURITY NUMBER 14-32-3302 A. FACILITY NAME (If not institute the continuation of the conti	5. SEX							THOM	H DA	OZ Y	EAR	
14-32-3302 a. FACILITY NAME (If not institute of the company of th	5. SEX					WI	LT	Au	gust 2	5, 199	1	12:30P
e. FACILITY NAME (If not institute of the companies of th		6. AGE	(In yrs. las	st birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE	OF BIRTN h, Day, Year)			LACE (State or Foreign
emorial Hosp	1 🗆 M	2 K F	57	YRS.	MONTHS	DAYS	HOURS MIN.	Augu	ist 16	1934	Country)	Md.
RESIDENCE OF DECE					9b. CITY	TOWN C	R LOCATION OF	DEATH		9c. COUNTY	OF OE	ATN
		dical C	ente	r	Cun	nber.	land			Alleg	any	
De. STATE 10	DENT Db. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	ION				11	IOd. INSIDE CITY
Md.	Allegany			W	este	rnpo	rt.					LIMITS?
De. STREET AND NUMBER					0000	_	. ZIP CODE			10g. CITIZE		IAT COUNTRY?
RFD 1	Box 71-A	Mill Ru	n Rd.				2156	2		US		
I. MARITAL STATUS		DECEDENT EVER	IN U.S. AF	MED			ENDENT OF NISP			or No 14	. RACE -	- American Indian,
Never Married 2 A Ma	IF YE	S, GIVE WAR OR		NO			2 NO Spe		Rican, atc.)		Specify	White, etc.
☐ Widowed 4 ☐ Divorce												White
	ENT'S EDUCATION ghest grade completed		16a. DE	CEDENT'S	USUAL O	CCUPATIO during mo	ON st of working	16	. KIND OF BUS	SINESS/INDUS	TRY	
Elementary/Secondary (0-12 Unknown) College	(1-4 or 5+)	We	Hous					Homo			
7, FATHER'S NAME (First, Midd	for Least)			nous	GMII	е	18. MOTNER'S	NAME (Close)	Home			
Josei							1000	zel	Rounds			
Da. INFORMANT'S NAME (Type		_	19	h MAILING	ADORES	S (Street a	and Number or Run				ncie)	
Paul Wilt							A, Wes					
METHOD OF DISPOSITION		1	Ob. PLACE	AND OAT	E OF OISP	OSITION	(Name	DA	F 20c. LO	CATION — CH		n, Stata
Buriel 2 Cremation Donation 6 Other (S)		State	Sinc	crematory air	Memo	rial	Park 8	-27-9	1 Cr	oss,W	-	
1. SIGNATURE OF FUNERAL		11		1		NAME AL	NO ADDRESS OF	FACILITY	-			
1/1/11	20	1500	00	1/2			1-Warni					1 04560
23. PART I. Enter the allse			7	7/								ld.21562
	rt failure. List only				not anter	the mo	ue or uying, s	uch ss car	diac or respi	natory sries	,	Approximate interval Between
MMEDIATE CAUSE (Final disease or condition		Cari										Onset and Das
reaulting in death)	8	DUE TO (OR AS	A CONSE	OHENCE O								0943
		DOE 10 (011 AC	A CONSE	OVERUE O	т.,.							
Sequentially list condition from the sequentially list condition from the sequential seq		DUE TO (OR AS	A CONSE	QUENCE O	F):							+
ause. Enter UNDERLYING	G											
CAUSE (Disease or injury hat initiated events		OUE TO (OR AS	A CONSE	OUENCE O	F):							
resulting in death) LAST	d											
PART II Other algnificant	conditions contril	outing to death	but not	reguiting	in the u	nderivin	a cause alven	in Part i	24a. WAS AN	VPROTILL	24b	WERE AUTOPSY FINDING
Rual	Jail.						g caeso given		PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Riold	Deai	- Dla	11	M	sce.	1.1			1 TYES 2	P ₩	1 2	OF OEATH?
regint	pou	negov	ne.	115	sec.	PJ		_			1	1 YE\$ 2 NO
5. WAS CASE REFERRED TO I	MEDICAL		_		_	26 P	LACE OF DEATN	Check only	2001		_	
EXAMINER?	HOSP			. 🗆	OTHE	R:		- 10 - 10	- Commercial			
7. MANNER OF DEATN		DATE OF INJUR		26b. TIA		_	NO 5 Residence	-	er (Specify)	IN ILIBA OCCI	PEO	
1 Natural 5 Pe	nding	(Month, Day, Year		IN.	JURY	WC	YES 2 NO	100.0	JONIDE HOW	MOONT OCCO	TILD	
a Carteta	restigation 28s	PLACE OF INJU	RY At b	ome, farm.	street, fac			281.1.0	CATION (Street	and Number o	- Rural Re	ute Number
	ould not be termined	building, atc. (S)	pecify)	,,	0001, 120	acty, come	•		or Town, State)		110707 710	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9a. CERTIFIER												
(Check only	YING PHYSICIAN: To											Unit between the same
	VA	Desire of examine	non and/or	Investigation	on, in my	opinion, c	estn occured at	ine time, de	a and piece, a	nd due to the	cause(a)	and manner as stated.
96. SIGNATURE AND TITLE O	CENTIFIER						29c. LICENSE I			29d. DATE	SIGNEO	Month, Day, Year)
	m	mo		Pag a=			733.	580		8	126	17/
O. NAME AND ADDRESS OF F	TENSON WHO COMPL	ETED CAUSE OF	DEATH /ITE	EM 27) /Type	a Drint)							

	First, Middle, Last) Stev				ODS		2. DATE OF DEATH		3. TIME OF DEATH
4. SOCIAL SECURITY N		5. SEX		. last birthday)	F UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6 1	
219-17-057	8	1 M 2 - F		G YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (# no	ot institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF D	9-6-19		NTY OF DEATH
ROUTE #	936			3 1	LC	NACONI	NG		LEGANY
RESIDENCE OF D	-	TV.							BEGANI
Md Md	Alle	•		Mid	Land Loca	TION			10d. INSIDE CITY LIMITS? 1. YES 2 NO
Box 43, 0	'Maras	Avenue			10	7. ZIP CODE 21542		10g. CITIZ	ZEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 X Never Merried 2 3 Widowed 4 C	_	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED	If yes, sp	CENDENT OF HISPAL secify Cuben, Mexico 3 2 X NO Specifi	NIC ORIGIN? (Specify on, Puerto Rican, etc.)		14. RACE — American Indian, Black, White, etc. Specify. White
15. E (Specify	DECEDENT'S EDU	JCATION e completed)	18e.	DECEDENT'S	USUAL OCCUPATION	ON	16b. KINO OF E	USINESS/IND	USTRY
Elementary/Secondar		College (1-4 or 5)		ork done during me e retired.)	ost or working			
14.		0	- 2	Studen			Colle		
17. FATHER'S NAME (First George Wm						18. MOTNER'S NA	ME (First, Middle, Maid	en Surname)	
190. INFORMANT'S NAME		,					ou Albrig		
Linda Lou(nt)Woods		Box 4	ADDRESS (Street)	as Ave	Route Number, City or To Midland, M	own, State, Zip	Code) 542
20e, METNOO OF DISPOS 1 XBuriel 2 Creme	ation 3 - Ren	noval from State		CEAND DATE O	F DISPOSITION (N	ame of	OATE 20c. I	LOCATION — C	City or Town, State
4 Donation 5 Ot	her (Specify)		ME. 1	lew C	emetery	9-9	-91 Mos	COW Mi	ills,Md.
21. SIGNATURE OF FUNE	PIRE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY EICHDOTH—MCKENZIE FUN								
	- 27	Nelse			Lonac	oning, Mo	enzie Fur 1. 21539	eral H	Home
23. PART Enter tha	a disease, or r heert fellura. Finel	complications the List only one cau a	(OR AS A CON	SEQUENCE OF	Lonac ot anter the mo	coning, Mo	enzie Fur 1. 21539	eral F	Home
23. PART Lenter the ehock, point of the ehock,	a diseasea, or r heert fellura. (Finel ditiona, mediete LYING njury AST	complications the List only one cau a	(OR AS A CON	SEQUENCE OF	Lonac ot anter the mo	coning, Md	curry Lenzie Fun 1. 21539 h as cardlec or ras	eral F	Home Approximate Interval Batween
23. PART Enter the shock, primer the shock the shock that initiated events	a diseasea, or r heert fellura. (Finel ditiona, mediete LYING njury AST	complications the List only one cau a	(OR AS A CON	SEQUENCE OF	Lonac ot anter the mo	coning, Md	Pert I. 24s. WAS A PERFO	eral F	Home Approximate Interval Batween
23. PART J Enter the ehock, or immediate CAUSE (disease or condition resulting in death) Sequentially list condition, leading to immediate. Enter UNDER CAUSE (Disease or list initiated events resulting in death) L. PART II. Other alignifications are selected to the condition of the condition	a diseasea, or r heert fellura. (Finel dittona, mediete LYING njury AST	a. DUE TO c. DUE TO d	(OR AS A CON	SEQUENCE OF	Lonac ot anter the mo	coning, Md	Pert I. 24a. WAS A PERFE	ipretory arre	Approximate Interval Batween Onset and Dasti
23. PART LEnter the shock, primer that in the shock primer that initiated events resulting in death) Lenter that initiated events resulting that the shock primer	a diseasea, or r heert fellura. (Finel dittona, mediete LYING njury AST	complications the List only one cau a	(OR AS A CON	SEQUENCE OF	Lonac ot anter the mo	coning, Md da of dylng, suc ZWO	Pert I. 24e. WAS A PERF	ipretory arre	Approximate Interval Batween Onset and Dasti
23. PART Enter the ehock, point of the part of the ehock, point of the ehock, point of the ehock, point of the ehock, point of the ehock of the eh	a diseasea, or r heert fellura. Finel ditiona, mediete LYING njury AST TO MEDICAL	Complications the List only one cau a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D. (Month,	(OR AS A CON (OR AS A CON (OR AS A CON ER/Outpetlent INJURY y, Year)	SEQUENCE OF	Lonacot anter tha mo	coning, Moda of dylng, suc	Pert I. 24a. WAS A PERFE	in AUTOPSY PRIMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\subseteq \text{NO} \)
23. PART Enter the ehock, point of the ehock	a diseasea, or r heert fellura. Finel ditiona, mediete LYING njury AST Condition To MEDICAL Pending investigation Could not be	Complications the List only one cau a. DUE TO b. DUE TO c. DUE TO d	(OR AS A CON-	SEQUENCE OF SEQUEN	Lonacot anter tha mo	coning, Moda of dylng, suc	Pert I. 24e. WAS A PERFE	IN AUTOPSY PRIMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 19 YES 2 NO
23. PART Enter the ehock, Dimmediate CAUSE (disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Example CAUSE (Disease or in that initiated events resulting in death) L. PART II. Other algniff 25. WAS CASE REFERRED EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATN 1 Natural 5	a diseasea, or r heert fellura. (Finel dittona, mediete LYING njury AST D TO MEDICAL Pending investigation	Complications the List only one cau a. DUE TO b. DUE TO c. DUE TO d	(OR AS A CON- (O	SEQUENCE OF SEQUEN	Lonacot anter tha model of anter tha model of anter tha model of anter tha model of anter that model of an	coning, Moda of dylng, suc	Pert I. 24a. WAS A PERFE YES ook only one) 6 Other (Specify) DRIVER	IN AUTOPSY ORMED? I NAUTOPSY ORMED? I NAUTOPSY OCCUPANT A d and Number of each	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 19 YES 2 NO

PLETEO CAUSE OF OEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

(Month, Day, Ybar) 0 9 1991

111

PENN STREET BALTIMORE, MARYLAND

DNMN-16 Rev 1/89

well and the less to the

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to end within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIF

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

91-4529-510 FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO	_		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TI	ME OF DEATN
Henry	T.	Wh:	ite. Jr		08 06	199	EAR	:45
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	T.		(State pr Foreign
216-48-5705	1 / .	+∠ YRS.	WONTHS DAYS	HOURS MIN.	(Manth Day, 26ac) -	49	Country)	rd.
9a. FACILITY NAME (If not institution, give s Route 1 Box 252	street and number)		Westov	OR LOCATION OF D	EATN		OF DEATH	
RESIDENCE OF DECEDENT			WESLOV	EI		Some	rset	
Md SOM	r nerset		TOWN OR LOCAT					NSIDE CITY LIMITS?
10e. STREET AND NUMBER				f. ZIP CODE		40 017170	OF WHAT	YES 2 NO
Rt.1 Box 252				2 0052			SA	OUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT YVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	13. WAS DEC	ENDENT OF NISPAI ecity Cuban, Maxica 2 NO Specif	NIC ORIGIN? (Specify Yes in, Puarto Rican, etc.) y:	or No.— 14	RACE — Ar Black, White Specify: B	
15. DECEDENT'S EDU (Specify only highest grade	CATION	18a. DECEDENT'S U	SUAL OCCUPATION	ON	16b. KIND OF BUS	INESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		rk done during mo retired.)	Vetran	Nav			
17. FATNER'S NAME (First, Middle, Last)		D 13	abieu					
Henry T. Whi	te Sr.			Ester	ME (First, Middle, Maiden D. Johns			
19a. INFORMANT'S NAME (Type/Print)	1				Route Number, City or Town		de)	-
Ester White		Rou			Westover			
1 Buriel 2 Cremation 3 Rem. 4 Donation 5 Other (Specify)	oval from Stata C6	b. PLACE AND DATE OF COTTAGE	GFOVE	nma of	8-12-91	CATION - CITY Wes	tove, st	
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE				ral Home			
•			PO B	ox 1574	Salisbu	rv.Md	218	01
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	A CONSEQUENCE OF):	RDIOVASO	CULAR DIS	SEASE			
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
PART II. Other significent condition	a contributing to deeth i	out not resulting in	the underlying	cause given in	Part I. 24s. WAS AN / PERFORI	WED?	AVAILA COMPI OF DE	AUTOPSY FINDING BLE PRIOR TO LETION OF CAUSE ATH? 'ES 2 NO
25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Che	ock only one)		<u> </u>	
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Out	petient 3 DOA	THER:					
27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME (OF 28c (N.1)	5 XRasidenca	8 U Other (Specify) 28d. DESCRIBE NOW IN	ILIDY COOLS	E0.	
1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WO	RK?	LOG. DEQUNISE NOW IN	JUNY OCCUR	בט	
2 Accident Accident 3 Suicide 8 Could not be determined	26e. PLACE OF INJURY building, etc. (Spe	(— At home, farm, stre			28f. LOCATION (Street at City or Town, State)	nd Number or F	Rural Route No	mber,
29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	fledge, death occurred	at the time, data	and place, and due	to the cause(a) and many	ner an stated		
2 MEDICAL EXAMINER	R: On the basis of exemination	n and/or investigation,	In my opinion, de	eath occured at the	time, data and place, and	dua to the ca	use(a) and m	anner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	a mal	\		29c. LICENSE NUM	BER	29d. DATE SI	GNED (Month,	Day, Year)
30. NAME AND ADDRESS OF PERSON WING	COMPNETED CAUSE OF DE	ATN (ITEM 27) (See 5	int	O.C.M	E.	▶ 08	07	1991
7/	cke MP			reet Pa	ltimore Ma	revel on a	1 2120	1
31. DATE FILEDY PROPING ON PROPING	32. REGISTRAR'S SIGN	ATURE Pandel		rece, Da	TEIMOIE MA	ryrailC	2120	1

T SYSTEM	1. DECEDENT'S NAME (First, Middl Robert		Wats	on		2. DATE OF	11-941	YE	3. FIMELOF DEATH
	4. SOCIAL SECURITY NUMBER 063-09-5735		6. AGE (In yrs. last	YRS. MONTHS	DAYS HOURS MIN.		Pay, Year) 4-14	N	BIRTHPLACE (State or Foreign Country) EW YORK
TOR	99. FACILITY NAME (If not institution 2900 Shipma	ster Way	1 06		napolis	DEATH		Anne	Arundel
DIRECTOR	Md . A	.A. CO.		10c. CITY, TOWN O	PLOCATION POlis				10d. INSIDE CITY LIMITST 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2900 Ship	master Way	y # 1 0	6	21401		1	US. CITIZEN	A A
ВУ	11. MARITAL STATUS 1 Never Married 2 Merrie 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARK 1 YES 2 N WAR OR DATES	IO N	VAS DECENDENT OF HISPA I yes, specify Cuban, Mexi- YES 2 X NO Special	an, Puerto Ric		No- 14.	RACE — American Indian, Black, White, atc. Specify: White
PLETED		T'S EDUCATION est grade completed) College (1-4 or 5	(GA	cedent's usual oc tive kind of work done of Do NOT use retired.) Retail	luring most of working	1000	Antiq		TRY
BE COMPL	17. FATHER'S NAME (First, Middle, Robert	A. Wats		r.		nnie			Marion
101	196. INFORMANT'S NAME (Type/Pri Champ Fifer				(Street end Number or Rura pmaster W				
	20a. METHOD OF DISPOSITION 1		of cemetary.	crematory or other pi	lace)	DATE		TION — CHY	e Md.
	21. SIGNATURE OF FUNERAL SEP **Datruck** 23. PART I. Enter the disease	A arnda	et ceused the de	22. (NAME AND ADDRESS OF Hardesty 2 Ridgely	Funer Ave	Ann.	Md.	
	23. PART I. Enter the disease	es, or complications the	use on each line.	22. 1 neth. Do not enter	NAME AND ADDRESS OF Hardesty 2 Ridgely	Funer Ave	Ann.	Md.	
ERTIFICATION	23. PART I. Enter the disess shock, or heart immediate CAUSE (Final disease or condition	a. Due to Due to c.	use on each line.	eeth. Do not enter Source of:	NAME AND ADDRESS OF Hardesty 2 Ridgely the mode of dying, as	Funer Ave	Ann.	Md.	t, Approximate Interval Betw
Ö	23. PART I. Enter the disease shock, or heart immediate CAUSE (Final disease or condition resulting in death) Sequentielly ilst conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Pro in DUE TO d. DUE TO d.	O (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION	DUENCE OF):	NAME AND ADDRESS OF I Hardesty 2 Ridgely the mode of dying, ea	Funer Ave ich as cardle Pal	Ann.	Md. tory arrest	t, Approximate Interval Betw
	23. PART I. Enter the disease shock, or heart immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant or Death of the backless	a. Pre in DUE TO d.	O (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION	DUENCE OF):	NAME AND ADDRESS OF HARDESTY 2 Ridgely the mode of dying, ex	Funer Ave Ich as cardla	Ann. c or respira	Md. tory arrest	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?
	23. PART I. Enter the disease shock, or heart immediate CAUSE (Final disease or condition resulting in death) Sequentielly ilst conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant or the ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO d. DUE TO d. DUE TO DICAL HOSPITAL: 1 Inpetient 2 280. DATE O	O (OR AS A CONSECTION OF INJURY)	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): OTHER DOA OTHER A Num Zeb. Time OF	NAME AND ADDRESS OF HAR DESTY 2 Ridgely the mode of dying, et A MACLER V 28. PLACE OF DEATH (31. 31. 32. 33. 34. 34. 35. 36. INJURY AT	Funer Ave Ich as cardla Poll Poll Check only one) 6 6 Other (Ann. c or respira	Md . tory arrest	24b. WERE AUTOPSY FINDS AWAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO
	23. PART I. Enter the disease shock, or heart immediate CAUSE (Final disease or condition resulting in death) Sequentielly ilst conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant or LAST 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 AND 27. MANNER OF DEATH 1 Refural 5 Pend 2 Accident Inves 3 Suicide 6 Could	DICAL HOSPITAL: 1 Inpatient 28e. DATE O (Month, tigation d not be	O (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	DUENCE OF): Treaulting in the un OTHER	NAME AND ADDRESS OF Hardesty 2 Ridgely the mode of dying, so A MACLER V 26. PLACE OF DEATH (3: ling Home 5 - Residence 28c. INJURY AT 1 YES 2 NO	Part I. 2 Check only one) 6 G Other (2ed. DESC	Ann. c or respira 4a. WAS AN AL PERFORM I VES 2 E	Md. tory arrest	24b. WERE AUTOPSY FINDS AWAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO
	23. PART I. Enter the disease shock, or heart immediate CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant or the country of the count	DICAL HOSPITAL: 1 DICAL HOSPITA	O (OR AS A CONSECTION OF INJURY — At ho, at a Conse	DUENCE OF): DOWN A OTHER OF INJURY M DOWN, form, street, fact	NAME AND ADDRESS OF Hardesty Ridgely the mode of dying, st A WALLER V 28. PLACE OF DEATH (3: sing Home 5 - Residence 28c. INJURY AT WORK? 1 YES 2 NO NOTY, office	Part I. 2 Check only one) 6 Other (28d. DESC 2er. LOCAT Chy or	Ann. c or respira 4a. WAS AN AN PERFORM I YES 2 E Specify) RIBE HOW INJ	Md . tory arrest	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUTO OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the disease shock, or heart immediate CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant or the country of the count	DICAL HOSPITAL: 1 DICAL HOSPITA	O (OR AS A CONSECTION OF INJURY — At ho, atc. (Specify)	DUENCE OF): DUENCE OF): DUENCE OF): Teaulting in the un OTHER DOA OTHER DOA OTHER THE OF INJURY M DOM, ferm, street, fact	NAME AND ADDRESS OF Hardesty Ridgely the mode of dying, st A WALLER V 28. PLACE OF DEATH (3: sing Home 5 - Residence 28c. INJURY AT WORK? 1 YES 2 NO NOTY, office	Part I. 2 Check only one) 6 G Other (28d. DESC 28f. LOCAT chy or	Ann. c or respira Yes. WAS AN AI PERFORM I VES 2 Specify) RIBE HOW INJ TON (Street ent Rown, State)	Md . tory arrest	24b. WERE AUTOPSY FINDS ANALABLE PRIOR TO COMPLETION OF CAUTO OF DEATH? 1 YES 2 NO

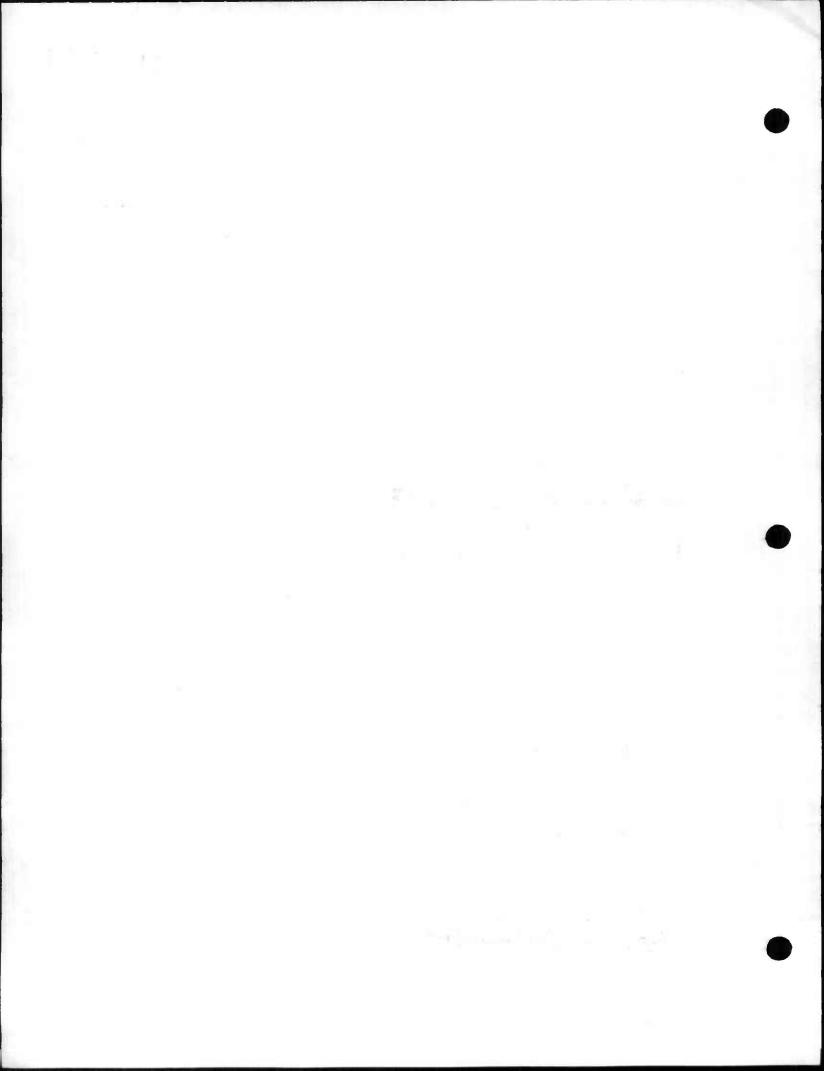
- THE R. P. LEWIS CO., LANS. LANS.

TO BE COMPLETED BY FUNERAL DIRE

ı	lai o	Ď	
1	ospid	ched	d
-	the h	deta	Onc
	d by	D De	20
	staine	shoul	tiffe
-	be re	ge 5	e no
	may	ж, ра	st b
)	9 90	lirecti	E
	F.	eral o	nine
	deat	e fund	exan
)	after	by the	Icai
	hours	or re	med
	124	y fille	the
	withir	pletel	ent,
	uted	loom mal.	ic ev
	ехес	to bu	ımat
	ite be	Sicia	tra
	rtifica	ng ph	ther
	th ce	endir Hyd	0
	e dea	he att	uny,
	nat th	and and	n y
	the th	igned	S ar
	requi	een s	show
	ME	Dept.	23
	The	cate	item
	CIA	the S	10
	PHYS	this	rked
	DING	After	Em :
	TEN	TOR:	28 19
	JR AT	HREC DUIS	ше
	TAL	AL D	II II
	OSPI	UNER	INT
	포포	HE FI	ORT/
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Debt, of Heatth and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: Il Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
1. DECEDENT'S NAME (First, Middle, Last)		7 7 1			2. DATE OF D	EATH	3. TIME OF DEATH			
MAX	C	W	EBER		MONTH ()9	09	91 09:00 AM			
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH	8. BIRTHPLACE (State or Foreign			
547-07-2483		3 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day,	9-1908	England			
9a. FACILITY NAME (If not institution, give str	reet and number)	96	CITY, TOWN	OR LOCATION OF DI	EATH		TY OF OEATH			
NORTH ARUNDEL H	OSPITAL ASS	OCTATION	GI.F	EN BURNIE A.A. COUN						
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			OWN OR LOCAL							
Maryland Anne	Arundel						10d. INSIDE CITY LIMITS?			
10e. STREET AND NUMBER	Arunder		rna Pa	ark I. ZIP CODE		10g CITIZ	1 YES 2 NO			
603 McKinway	CITIZEN OF WHAT COUNTRY?									
11. MARITAL STATUS	everna Pa	N U.S. ARMED	13. WAS DEC	21146 ENDENT OF HISPAI	NIC ORIGIN? (Sp.	ecify Yee or No-	S.A. 14. RACE — American Indian.			
1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES	2NO	If yes, sp	ecify Cuban, Maxica 2 NO Specifi	in, Puerto Rican,	etc.)	Black, White, atc. Specify:			
15. DECEDENT'S EDUC			1				Caucasian			
(Specify only highest grade of	completed)	18a. DECEDENT'S USU (Give kind of work life. Do NOT use rei	done during mo	ON ast of working	18b. KINO	OF BUSINESS/INDL	JSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)			ef Pilo	t. Ma	jor Air	clinos			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			Tines			
William O. Webe	er				Briggs					
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street a			y or Town, State, Zip (Corle			
Mrs. Leigh H. W	leber					ark, MI				
20e. METHOD OF DISPOSITION 20 Burial 2 X X Tremetion 3 A Remo	201	D. PLACE AND DATE OF D	ISPOSITION /Na	me of		20c. LOCATION — C				
4 Donation 5 Other (Specify)		Metro	Crema	atory		Baltim	nore, Maryla			
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE / /	2 0		O ADDRESS OF FA						
CAMOD CO	How	Samos	Barı	canco &	Sons	Funeral	. Home 2114			
23 PARY I. Enter the diseases, or co	emplications that cause	d the deeth. Do not o	enter the mo	da of dylng, suc	h as cardiac o	severn or reepiratory arre	at, Approximata			
mock, or heart failure. L	ist only one couse on a	ech lina.					Interval Betwee			
disease or condition	Phous	nonia					Online and Date			
	DUE TO (OR AS	CONSEQUENCE OF):								
Sequentielly liet conditions,										
If any, leading to Immediate cause. Enter UNDERLYING	OUE TO (OR AS	CONSEQUENCE OF):								
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS /	A CONSEQUENCE OF:								
reaulting in death) LAST		North Court of								
PART II. Other significant conditions	contributing to death b	out not resulting in th	na underlying	g causa given in	Part I. 24a.	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDING: AVAILABLE PRIOR TO			
					1 []	YES 2 NO	COMPLETION OF CAUSE OF DEATH?			
					_	/	1 TES 2 NO			
25. WAS CASE REFERRED TO MEDICAL										
EXAMINER?	HOSPITAL:		HER:	ACE OF DEATH (Che		95				
27. MANNER OF DEATH	1 Inpatient 2 ER/Outs 28e. DATE OF INJURY	28b. TIME OF		● 5 ☐ Rasidenca		HOW INJURY OCCU	IDEA			
Netural 5 Pending	(Month, Day, Year)	INJURY	WO	RK?	200. DEGCHIBE	. HOW MICHT OCC	THEO			
2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	— At home, term, street			281. LOCATION	(Street and Number o	r Rural Route Number,			
4 Homicide determined	building, etc. (Spec	cny)			City or Town	n, State)				
29a. CERTIFIER 1 CERTIFYING PHYSIC	AN: To the best of my know	ledge, death occurred at	the time, data	and place, and due	to the cause(s)	and manner as states				
							cause(s) and manner as ataled.			
29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NUM			SIGNED (Month, Day, Year)			
Alla 4	4				1900	▶9-	- 9 - 9 /			
30. NAME AND ADDRESS OF PERSON WHO										
KRISTAN K. SINC				, SW, #2	O1/GLEN	N BURNIE,	MARYLAND 210			
SEP 10 1991	. 32. HEGISTIANS STA	ATHRESZ.								



de		9
2		76
P		7
B		ĕ
25		10
9		-
: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de		e marked or liem 23 shows any injury or other traumatic event, the medical examiner must be notified at on
0,		E
90		E
è		-
50		=
5		E
9	-	1
=	8	e
5	ma	5
=	-	ě
8	0 .	=
=	ion	ě
5	mal	
ple	je.	Ea
E	-	8
0	ińa	2
and	5	E
an	2	5
.C.	5	E
1	0	-
6	9	Ě
iệ	2	2
le le	一元	ē
at	E	2
#	≊	=
3	B	7
8	5	E B
5	ear	95
S	I	8
99	0	등
S	ept	2
2	ā	=
ate	tate	3
ific	S	-
Ser.	4	-
S	#	100
5	3	4
fter	att	5
×	P	

	1 - STATE REGISTRAR	STATE OF MARY		CATE OF			REG. NO.	=	
18	1. DECEDENT'S NAME (First, Middle, Last) Tames	, wa	1 Ker	Sr.		2. DATE	OF DEATH DA	' Ø	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 413 - 30 - 4199	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24	MIN. 7. DATE	OF BIRTH th, Day, Year) 02-26	(BIRTHPLACE (State or Foreign Country) ennessee
6	9a. FACILITY NAME (If not institution, give str		101	9b. CITY, TOWN C	OR LOCATION	OF DEATH	02 20	9c. COUNTY	OF DEATH
C BB	Anne Arunda RESIDENCE OF DECEDENT	/ / / realco	1 Center	71,0	7	0113		Ann	e prinde/
DIRE	100. STATE 100. COUNTY	. A		gewate:					10d. INSIDE CITY LIMITS? 1 YES X X NO
	10e. STREET AND NUMBER	<u>Arundel</u>		101	ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	1420 Hallie Sti	12. WAS DECEDENT EVER	IN U.S. ARMED	_	21037	HISPANIC ORIGI	N? (Specify Vee	USA	RACE — American Indian,
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES	S 2 NO DATES	If yes, sp		Mexicen, Puerlo		VI 110— 14.	Black, White, etc. Specify: White
OMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S I (Give kind of w life. Do NOT use Staff	ork done during mo retired.)	st of working	16	U.S.	Mari	
ed at onc	17. FATHER'S NAME (First, Middle, Lest) John Calvin Wal	lker		(#4 g E to a * 5		nie Ma			
TO B	190. INFORMANT'S NAME (Type/Print) Marcia M. Walke	er		ADDRESS (Street &					MD 21037
must be	20a. METHOD OF DISPOSITION 10 Burlal 2 Cremation 3 Remo	oval from State	ob. PLACE AND DATE of cometary, crematory Veterans	OF DISPOSITION or other place)	(Name	OA'	TE 20c. LO	CATION — City	or Town, State
examiner must be notified at once. TO BE COM	21. SIGNATURE OF FUNERAL SERVICE, LIC	arnel 1	· · · · · · · · · · · · · · · · · · ·	Harde	D ADORESS	Funera	al Hon	ne , I	P.A.
any injury, or other traumatic event, the medical	23. PART I. Enter the diseases, or complications that caused the dasth. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CEF	PART II. Other significent condition	s contributing to death	but not reculting i	n the underlyin		ven in Best i	24a, WAS AN	ALFTOROV	24b. WERE AUTOPSY FINDINGS
ME	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Dulmonary fibrosuphysewa Acuto pulmonary embolism						PERFOR	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	utpatient 3 DOA	OTHER:	2000	ATH (Check only of Idence 8 - Ott			
marked, or BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending 2 Decident Investigation	28s. DATE OF INJUR (Month, Day, Year			ORK? YES 2		SCRIBE HOW I	NJURY OCCUR	IED
28 Is	2 Accident investigation							and Number or i	Rural Route Number,
IMPORTANT: If Item O BE COMPLE	one)	CIAN: To the best of my known or the basic of examinar							ause(s) and manner as stated.
TO BE	296. EXCHATURE AND TITLE OF CHITCHER	Kinn			29c. LICEN	592	8	29d. DATE 81	MONEO (Morith, Day, Year) - 06 - 1991
	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	ANNA	POLI	5, N	ID :	214	0(
	31. DATE FILED (MONTH, Day, Year) SEP 0 9 1991 4	32. REGISTRAR'S SI	GNATURE						

shoping it is to got the 1978

burial-transit permit. Pages 1, 2, 3 should

detached for

DALLIMORE, MARYLAN	TO THE HOSPITAL OR ATTENOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
Ĺ	the	e d	i o
F	B	bi	P
₹	taine	Shor	tiffe
2	9	6.5	00
ñ	ay b	bao	b
5	E 3	tor,	Sinc
Ξ	age	dire	10
=	A. P.	era	H H
A K	deat	\$	exan
٥	fter	the	100
	ILS 3	Te Te	edic
	90	led ,	E
	п 24	ly fil	Ě
5	Mithi	plete	ent,
	ted	al, c	3
9	noe	Pund	atic
<	96	r to	Ē
ב	ate t	prio	r tr
	rtific	o pl	the
	h ce	Hydin	10
o o	dead	enta	'n,
í	the	A Th	Ē
	that	ed b	any
)	Jires	sign	WS
Ë	regu	of of	sho
1	law	Jept Dept	23
THE PECONDS, T.O. BOX 601, 60,	The	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem.
>	SIAN	rtific he S	10
5	NS.	ith t	ed,
	E PH	中中	ark
)	OIN	Affe	E
	TEN	TOR:	80
	RAT	REC.	E
1	0 7	100	Ite
	PITA	ERA III 72	12
	HOS	FUN	TAN
	光	무용	OR
	10	2 3	IMP

223

9

VICAOLAS

31. OATE FILED (Month, Day, Year) SEP 25 1991

25

p. Fo? 15

a Davidson

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Tournouse

ms

que

91 26037 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR CHARLES ANTHONY 9-22-1991 1:29 P 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F 138 05 0126 8-2-1907 Conn 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Frederick Memorial Hospital Frederick Frederick County ton STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Frederick County MD Walkersville 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOF 10g, CITIZEN OF WHAT COUNTRY? 8788 Inspiration Court 21793 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Bleck, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2XX Merried 2 NO BY 1 YES 2 NO Specify 3 Widowed 4 Divorced No White no 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) teb. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp ᇤ Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) STEPHEN ANTHONY BE MARY CONRAD 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Doris Anthony Wife 8788 Inspiration Ct, Walkersville, MD 21793 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Donation 5 Other (Specify) 21. SUMATURE OF FUNERAL SERVICE LICEN Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 9/24/91 655 W. Baltimore St, Balto., MD 21201 PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failura. List only ona cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death diseasa or condition Laudeo-renal resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Vasella 7 Seegor CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) It any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 00A OTHER: I YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Oay, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending м 1 YES 2 NO BΥ 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, tectory, office building, etc. (Specify) 3 Sulcide 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Nomicide E 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end placa, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year)

19

23

Leave the wind have the

BALTIMORE, MARYLAND 21215-0020	TO THE HIGH CHARLE OF THE HOUNG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicis	TO THE FINE MEDIATION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the humans		
ANE	the hosp	detache		once.
MARYL	etained by	should be		MPORTARY MARINES IS marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ZE, N	ay be n	Dage 5		t be no
MOF	age 6 m	director.		er mus
ALTI	Jeath. P.	funeral		xamine
8	s after (by the	be filed with a process of death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	dicai e
	24 hour	filled in	ion, or	he me
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	1 within	mpletely	. cremat	vent, 1
(89	executed	and co	o burial,	natic e
BOX	ate be	ysician	prior to	r traun
0.	certific	ding pt	Hygiene	r othe
S, F	e death	the atter	Mental	ıjury, o
ORC	that th	ned by t	Ith and	any in
REC	requires	een sign	of Hea	shows
AL	he law	e has b	le Dept.	m 23
II \	CIAN: 1	ertificat	the Stal	or ite
NON	G PHYS	er this c	ith with	narked,
SIO	ENDIN	DIR: Aft	eap Jet	S IS
2	1	DIRECT	Sours &	Am /
	1	WER.	di un	7
	里里	HE	F po	NET OF
	0 1	0	De fi	물

	1 - STATE REGISTRAR	STATE UF I	WARYLAND /	RTIF	ICATE	OF H	DEAT	AND M	IENTAL HYGIEN REG. NO.	_	1	20038
	1. DECEDENT'S NAME (First, Middle, Last) HELEN L. BAN								2. DATE OF DEATH DA		YEAR 1991	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 265-02-1911	5. SEX	6. AGE (In yrs. lest	YRS,	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTN (Month, Day, Year) 6-27-06			LACE (State or Foreign
TOR	90. FACILITY NAME (If not inetitution, give	street and number) LIT HOME - of	TLE SIST	ERS		TIMO		ON OF DEA		311 335	INTY OF DE	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN C	OR LOCAT	ION					10d. INSIDE CITY
		TIMORE		BA	LTIM	ORE						LIMITS?
FUNERAL	100. STREET AND NUMBER 637 ORPINGTON RO	AD				101	2122			10g. CIT		IAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDEN	TEVER IN U.S. ARM YES 2 X N WAR OR DATES	MED O		If yes, spe	ENDENT O	F NISPANIO	C ORIGIN? (Specify Yes , Puerto Ricen, atc.)		14. RACE -	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 -4 YR. Bus. C	(Given)	re kind of t	USUAL OF WORK done of retired.)	CCUPATIO	IN st of workin	g	16b. KIND OF BUS	OMEMA		
CO	17. FATNER'S NAME (First, Middle, Last)						18. MOTN	IER'S NAM	E (First, Middle, Meiden	Surname)		
BE	THOMAS LAPP 190. INFORMANT'S NAME (Type/Print)	ING						ELEN				
2	MARY BANNANTINE			MAILING 15					PT. E, BALT			0. 21229
	20e. METNOD OF DISPOSITION 1 Burial 2 Cremation 3 Ren 4 Donation 8 Other (Specify)	noval from State	20b. PLACE A	NO DATE O	of DISPOS	T T	me of	Com	9-26 St.	CATION —	City or Town	n, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CEMBEE	3	nee	HU	BBAR	D ADDRES	NERA	L HOME, IN	VC.		
CERTIFICATION	23. PART I. Entar the diseases, or ahock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentielly list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CO CONSECUTION AS A CON	Cash's Vasculih's DISEQUENCE OF):						atory sn	rest,	Approximate Interval Between Onset and Death	
PHYSICIAN: MEDICAL C	PART II. Other significant condition		death but not re			derlying	ceuse g	iven in P	art I. 24a. WAS AN / PERFORI	WED?	a c	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;				-	ACE OF DE	ATN (Checi	k only one)			
IYSI	1 TYES 2 NO 27. MANNER OF DEATN	1 🗆 Inpatient 2 🗆	ER/Outpatient 3		-	ing Nome		ildence 6	Other (Specify)			
	1 Natural 5 Pending	28s. DATE OF (Month, De		26b. TIMI		WOF	IRY AT		28d. DESCRIBE NOW IN	JURY OC	CURED	
LETED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF building.	F INJURY — At hometc. (Specify)	e, farm, a	treel, fecto				281. LOCATION (Street or City or Town, State)	nd Number	or Rural Rou	ite Number,
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYS 2 MEDICAL EXAMINE								the cause(s) end mens			nd manner es stated.
O BE	29b. SIGNATURE AND TITUE OF CERTIFIE	al le	Day				29c. LICE	336	ER 2	29d. DATI	e signed (M	Sonth, Day, Year)
	DR. KOMAL DANG	- ST. A	GNES MED	27) (NPO, I CAL	CEN'	TER	- BAI	LTIMO	ORE, MD	2122	9	
	31. DATE FILED (Month, Day, Year) SEP 25 1991	32. REGISTRA	R'S SIGNATURE		TKEII	AV	enue	· oul	LCE 1/200		-	

00000 12

James I want

Kill parties again to

SAC TOURS SE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

he hos	detach	Duce.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
retain	5 short	notifi
ay be	page	t be
De 6 m	rector	MUS
th. Pa	eral d	miner
er dea	the fur val.	i exa
urs aft	in by	edica
24 ho	filled ion, or	he m
within	pletely	ent, 1
cuted	d com	tic ev
be exe	or to t	anma
tificate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	her tr
th cert	ending I Hygi	or o
he dea	the att	njury,
that t	ed by	any i
quires	in sign	SW01
an wei	as bee	23 st
t: The	cate his	Item
SICIAN	the S	, O.
S PHY	r this	arked
NDIN	R: Afte	is m
ATTE	S afte	28
T OR	L DIRE	Item
SPITA	NERA Thin 72	Ë
모	HE FU	ORTA
0	6 5 E	M.

	HEGIOTRAN			Enile	TICALE	UF	DEAL	П	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) AUSTIN HOWART								2. DATE OF D MONTH	DA	1991	YEAR	3. TIME OF DEATH
	212-26-3963	1 XXM 2 1 F	6. AGE (In yrs. la:	ast birthday) YRS.	MONTHS	DAYS	IF UNDER :	SAIN.	7. DATE OF BI (Month, Day, 11-27	HTH	28	MAR MAR	YLAND
TOR	92. FACILITY NAME (II not institution, give street 1833 EAST COLLINGING RESIDENCE OF DECEDENT		VE APT	B	96. CITY, TOWN OR LOCATION OF DEATH DUNDALK						9c. COU	NTY OF OE	ALTIMORE
DIRECTOR	10a. STATE 10b. COUNTY	BALTIMORE		10c. CIT	TY, TOWN OR	LOCATI	TION DUND	DAIK					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					101.	ZIP CODE				10g. CIT		HAT COUNTRY?
FUNERAL	7833 EAST COLLING			B	1	\perp		2122				и.	S.A.
B	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 () IF YES, GIVE WA	T EVER IN U.S. AF XXES 2 1 AR OR DATES KÜREA	lare	11/3	yes, spec	ENDENT OF scify Cuban, 2 NO	n, Maxican,	C ORIGIN? (Sp., Puarto Rican,	ecify Yes atc.)	or No—	14. RACE Black, Specify	- American Indian, White, atc. WHITE
TEO	15. DECEDENT'S EOUCA' (Specify only highest grade co	completed)	(G	ECEDENT'S Give kind of w	S USUAL OCC work done dur	CUPATION uring mos	N st of working	g	16b. KIND	OF BUS	INESS/INC	DUSTRY	
COMPLETED	6TH GRADE	College (1-4 or 5+)	'		BRARY	AS:	SISTA	WT	BAI	TIM	ORE S	SUN	
	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAME	E (First, Middle,	, Maiden S			
BE	AUSTIN H. BAKER. S	SR.	16	AL MAILING	ADDRESS	Orași și			Y SHEA		7		
유	MURIEL L. BAKER												, MD 21222
	20a. METHOD OF OISPOSITION 1 M Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		20b. PLACE	ANDDATEC	OF DISPOSITI	TION (Name	me of 9 - 2	23-19	DATE 91	20c. LOC	CATION —	City or Tow	n, State MARY LAND
	21. SIGNATURE OF PUNERAL SERVICE LICENTAL AND	1. Fre	List	1	1 79	922	WISE	AVE	RAL HO	OME (OF DU	INDAL	K INC. 21222
	23. PART I. Enter the diseases, or conshock, or heert feilure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in desth)	ist billy blie caus	t coused the da se on sech line ryposul (OPAS A CONSEC Prace)	a.	not enter th	tha mod	de of dyin	ng, auch	ss cardiac p	or raspir	ratory arr	rest,	Approximata intarval Batween Onset and Death
CERTIFICATION	Sequentially liet conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	Descelor AS A CONSEC	EOUENCE OF	F):	tus	,						
MEDICAL	PART il. Other eignificent conditions	contributing to d	leeth but npt r	raaulting i	n the unde	erlylng	cause giv	ven in Pa		WAS AN A PERFORM YES 2	MED?	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					~e 01/	OF DE	- Wheel					
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	3 🗆 DOA	OTHER:		S Real		Conty one)	-14.1			
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,	INJURY ly, Year)	28b. TIME INJU	IE OF 28	WOR	JRY AT RK? ES 2	2	28d. DESCRIBE		JURY OCC	CURED	
	3 Suicide 6 Could not be distarmined	28a. PLACE OF building, et	INJURY — At holetc. (Specify)	me, farm, st	treet, factory	, office		2	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				rte Number,
OMP	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA EXAMINER:	AN: To the best of m	ny knowledge, de amination and/or	ath occurre	d at the time	n, date a	ind place, a	and due to	the cause(a) a	and mann	ner as state	ed. e cause(s) a	ind manner as stated.
BE C		Hana	_					280°			29d. DATE	SIGNED (A	forth, Day, Year)
		COMPLETED CAUSE	and the same of th	127) (Type, Rd.	Print) Bo	elt.	MA	RYL	MO	21	224	<i>f</i> .	
	SFP or 1001	32. REGISTRAR											

P Record in

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

all permit. Pages 1, 2, 3 should

direc		
funeral		
the the	ovaí.	-
5	Геп	
filled	on, or	
L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direc	al, cremation	Heart 50 to marked as the contract to the same series of the contract to
and c	burle 0	Alban
sician	prior to	4
nding phy	Hygiene	no abban
the atte	Mental	· ·
3	and	-
signed	Health	-
een	0	1
has b	Dept	00
ficate	State	LAG
certi	the	-
this	with	ALC: A
Affer	death	1
JOR:	after	300
DIREC	hours	Take .
_		

	91-5480-510 1 - STATE REGISTRAR	STATE OF	MARYLAND C		RTMENT O				MENTAI	L HYGIEN		91	26040
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH
	John	Ε.			Bullar	62			MONTH	f DA		91	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER 1 Y		IF UNDER	24 HRS.		OF BIRTH	19	-	2:49 PM HPLACE (State or Foreign
	392-14-8727	1 D M 2 D F	72	YRS.	MONTHS D	AYS I	HOURS	MIN.	(Month	, Day, Year)	4.0	Count	ry)
	9e. FACILITY NAME (If not institution, give s	street end number)	12	-	96 CITY TO	WN OR	LOCATIO	N OF DE		29-19	19	Wig	
DIRECTOR	1 W. CONWAY S	96. CITY, TOWN OR LOCATION OF DEATH Baltimore						90, 000	NIY OF E	DEATH			
l m	10e. STATE 10b. COUNT			10c, CIT	Y, TOWN OR L	OCATIO	ON .	-					10d. INSIDE CITY
1 5	Maryland	Baltimore								LIMITS?			
	10e. STREET AND NUMBER	_ Da	TCTIIIO	IP CODE						XX YES 2 NO			
101.219													WHAT COUNTRY?
N N	11. MARITAL STATUS						212					S.A.	
	1 Never Merried 2 Married	12. WAS DECEDEN	YES 2 MAR OR DATES	RMED NO	If ye	s, speci	ify Cuban	1. Maxica	n. Puerto R	? (Specify Yee tican, atc.)	or No-	14. RACI Blac	E — American Indian, k, White, etc.
B	3 Widowed 4 Divorced				¹₺	YES 2	□ NO	Specify	r.	, .,		Spec	thy:
	15. DECEDENT'S EDU	W.W.I			1								Nhite
COMPLETED	(Specify only highest grade	completed)		Give kind of	Work done during the retired.)	PATION og most	of working	9	16b.	KIND OF BUS	INESS/IND	USTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5	*)						1 .				
N N	unknown			Nurs	e	-				Hospi	tal		
S	17. FATHER'S NAME (First, Middle, Last)					1	18. MOTH	ER'S NA	ME (First, N	fiddle, Malden	Surname)		
H	Harry E. Bul	llard								Heck			
2	19e. INFORMANT'S NAME (Type/Print)		1	96. MAILING	ADORESS (St	reet end	Number	or Rural F	Route Numb	er, City or Town	, State, Zip	Code)	
	Charles E. Chl	an		7200	Bela	ir	Roa	ad	Bal	to, M	d. 2	2120)6
	20e. METHOD OF DISPOSITION t □ Burlet 25€5€ Termation 3 □ Rem	ount from State	20b. PLACE	ANDDATE	OF DISPOSITIO	N (Name	of		OATE		CATION -		
	4 Donation 5 Other (Specify)	Ovan Ironi Stata	- Gree	ematory or o	ount	Cre	mat	ort	7	Ra 1	timo	ro	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGEE			22. NAM	E AND	ADDRES	S OF FAC	CILITY	IDai	CIMIC)IC	mu,
	1/11/2/2	1 1	7-117.	7						FUne			
	23. PART I. Enter the diseases, or o	///	0015		21	34	Wil	low	Sp	ring	Road	1 2	1222
CERTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	a. ARTERI DUE TO		OTIC	F): F):	OIO	VAS	CUL	AR I	DISEA:	SE		Interval Batween Onset and Death
5	DART II Other elgoiticant condition		2 4 4 4										
🕺	PART II. Other significant condition	s contributing to	death but not	rasulting	in tha under	lying c	ause gi	ven in l	Part I.	24a. WAS AN / PERFORE	MED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICA										1 - YES 2	NO		COMPLETION OF CAUSE OF DEATH?
Z										Inqui	iry		1 YES 2 X NO
ä										-			
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					8. PLAC	E OF OE	ATH (Che	ck only one)		-	
PHYSICIAN:	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER: 4 Nursing	Home	5 X R.	Idence	B 🗆 Other	(Specify)			
È	27. MANNER OF DEATH	28e. OATE OF		28b. TIM	E OF 28c	, INJUR	Y AT			CRIBE HOW IN	JURY OCC	URED	
	1 Naturel 5 Pending	(Month, D	ay, Year)	INI	URY t	WORK	? 5 2 🗆	NO					
ВУ	3 Sudelde	28e. PLACE O	F INJURY — At h	ome, ferm, s	treet, fectory.	offica			281 LOCA	TION (Street or	nd Number	or Primi S	loute Mumber
	4 Homicide 8 Could not be	building,	atc. (Specify)		,				City o	r Town, State)	ra manipar	OF FIGURES F	oute Number,
	29e. CERTIFIER						_						
N N	(Check only	CIAN: To the beet of	my knowledge, d	eath occurre	ed at the time,	date en	d place,	end due 1	to the caus	e(e) end menr	ner ee state	rd.	
COMPLET	one) 2 MEDICAL EXAMINE	H: On the basis of e	remination end/or	Investigatio	n, in my opinic	on, deat	h occure	d at the t	time, date o	end place, end	due to the	ceuse(s) end manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER					2	9c. LICEN	ISE NUM	BER		29d. DATE	SIGNED	(Month, Day, Year)
TO B	Nonald & Wrig					10	o.c	. M . I	E.	[0.9	2	3 1991
F	30. NAME AND ADDRESS OF PERSON WHO		SE OF DEATH (ITE	M 27) (Type,	Print)		V . C		- e		03		5 1551
	DONALD G. WRIGH	HT M.D.	11	1 Pa	nn St	ro	a+	Ra	1. im	ore A	/arer	lan	d 21201
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE		_	166		Da.	1 L TII	OTE I	ial y	1 all	4 21201
	SEP 25 199	31 guila	Davidson	Rande	120								

77.1111

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Ŋ	,	ı
p		
	once.	
	7	
	notified	
	Pe	ı
	must	
ď.	examiner	
or remova	medical	
ation.	the	
Crem	rvent,	
after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
Hygiene	r other	
雪	6,	
d Mer	min	
th an	апу	
of Hea	hows	The second secon
pt.	30	
e De	n 2	
State	100	
the	0	ĺ
With	rked,	
death	ma	1
after	28 Is	

1. DECEDENT'S NAME (Fit	at the second					OF	DEAT	Н		REG. NO	D	1.	7.00 AF 4-1-1
	Char	rles	harles i	A. bo	ub				MONTI	OF DEATH	19	YEAT / 3	7 20%
4. SOCIAL SECURITY NUI	IBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER		IF UNDER	-		OF BIRTH		6. BIRTHPL Country)	ACE (State or Foreign
220-10-800	4	1 XM 2 - F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	6	12	1910	Mary	land
9a. FACILITY NAME (# not	institution, give a	street and number)			9b. CITY	, TOWN O	LOCATIO	ON OF DE	ATH		9c. COUN	ITY OF DEA	тн
St. Joseph's Hospital					Т	owso	n						
10a. STATE	10b. COUNTY				r, TOWN (OR LOCATE	ON				od, INSIDE CITY		
Maryland	aryland Balto.					Arm					LIMITS?		
10e. STREET AND NUMBE	R					101.	1. ZIP CODE				10g. CITI	ZEN OF WH	AT COUNTRY?
11302 010	d Carri	age Road						2105	7			U.S.	A.
11. MARITAL STATUS 1 Never Married 2 (3 Wildowed 4 Di	-	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 V			13. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Mexican, 1 VES 2 NO Specify:			n, Puerto Rican, etc.)		ee or No	14. RACE — American Indian, Black, White, atc. Specify:	
	ECEDENT'S EDU		18a. D	ECEDENT'S	USUAL O	CCUPATIO	N		16b	. KIND OF B	USINESS/IND		ite
(Specify of Elementary/Secondary	(0-12)	College (1-4 or 8	+)	Bive kind of version Do NOT us	vork done se retired.)	auring mos	t of workin	ng .					
		7	Ass	sista	nt P	rinc	ipal			Educa	tion		
17. FATHER'S NAME (First,	Middle, Last)						16. MOTI	HER'S NA	ME (First,	Middle, Maide	n Sumame)		
Edward C.								Grac		Beckl			
19a. INFORMANT'S NAME			16	b. MAILING	ADDRES:	S (Street ar	d Number	or Rural F	Route Num	ber, City or To	wn, State, Zip	Code)	
Mrs. Anna Doub Same as 10 e 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometary, cremetary or 20c. LOCATION — City or Tow													
204 METHOD OF DISPOS THE Burlet 2 Crema		noval from State	other p	vace)					0 /00		OCATION -		
Dulaney Valley Mem. Grdns 9/23/91 Timonium, Maryland 21. SIGNATURE OF UNEMAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
· ¿a	1	I. fan	1		R	uck	Tows	on F	uner	al_Ho	York :	ne	1204
23. PART I. Enter the ahock, or IMMEDIATE CAUSE (I disease or condition resulting in death)	heert feliure.	a. ACU	TE	AN	TE	RO	LA	ing, auci	2A	diac or rea	MY	oat, OCA1	Approximate interval Between Onset and Death
	nediate	b. INF	OX C	C	N	NCEPHALDO					14 14	RR	EST
Sequentially list conditions, leading to immoduse. Enter UNDERL CAUSE (Disease or in that initiated events resulting in deeth) LA	ijury	DUE TO											
If any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initieted events	ST	d	death but not	reaulting	in the u	nderlying	ceuse	given in	Part I.		N AUTOPSY ORMED? 2 NO	6	/ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH? YES 2 NO
If any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initieted events resulting in deeth) LA PART II. Other aigniffs.	ST Cant condition	d	death but not	reaulting	othe	26. PL			Part I.	PERFO	ORMED?	6	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immoduse. Enter UNDERS or Interest of that initiated events resulting in death) LA PART II. Other aignifit 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 [cant condition TO MEDICAL Pending	d	□ ER/Outpetlent	3	OTHE	26. PL R: rsing Home 28c. INJI	ACE OF D	DEATH (Ch	eck only o	PERFC 1 VES	ORMED?	1	OMPLETION OF CAUSE OF DEATH?
If any, leading to imm cause. Enter UNDERI CAUSE. (Disease or it that initiated events resulting in deeth) LA PART II. Other aignifit 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 [cant condition	HOSPITAL: 1 Inpution 2 28e. DATE 0 (Month, inc.)	□ ER/Outpetlent	3 DOA 26b. TIM	OTHE 4 - Nu IE OF IURY M	26. PL RI: rsing Homa 28c. INJI WOI 1 Y	ACE OF D 5 Ro JRY AT RK? ES 2 [DEATH (Ch	8 Other	PERFO 1 VES 1 (Specify) SCRIBE HOW	ORMED? 2 NO / INJURY Oc.	CURED	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO

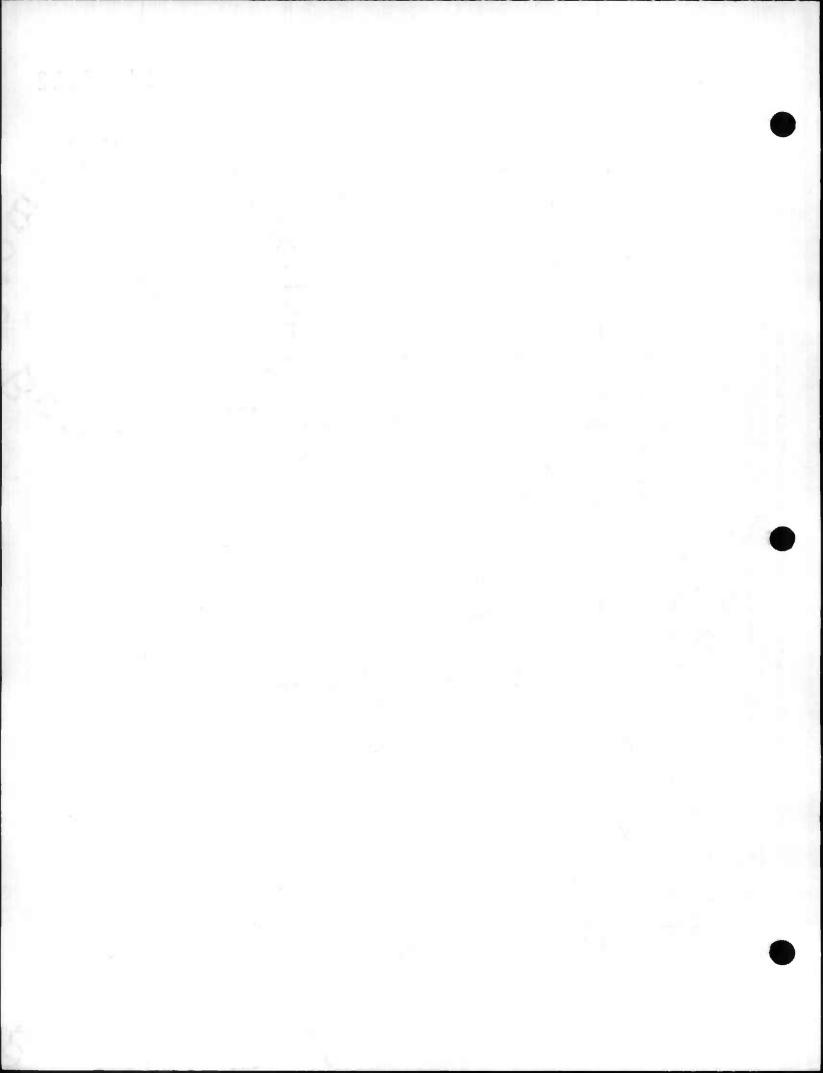
ST.

DHMH-16 Rev 1/89

MOSWO

,	nit. Pages 1, 2	
21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within \$\infty\$ within \$\infty\$ within \$\infty\$. And the fine of the fine of the funeral director, page 5 should be detached for use the fine of the funeral director, page 5 should be detached for use the fine of the fine of the funeral director. The fine of	4
BALTIMORE, MARYLAND 21203-3146	nay be retained by the host	it be notified at once.
BALTIMOR	ours after death. Page 6 m d in by the funeral director,	medical examiner mus
13146,	and completely filled	natic event, the
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	death certificate be e attending physician	ury, or other traun
RECORDS	aw requires that the s been signed by the	3 shows any Init
I OF VITAL	G PHYSICIAN: The I	m with the state La
DIVISION	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an incomplete leath. Page 6 may be retained by the hospital or an incomplete filled in the luneral director, page 5 should be detached for use the control of	be filed within 72 hours after death with the state begit, of reads any failure, or other traumatte event, the medical examiner must be notified at once.

	HEGISTINAN		OL.		VALL	. 01	2-0		THE	.G. 140.			
1	DECEDENT'S NAME (First, Middle, Leet) Margaret Dick								C MONTH 100 CAY 1001 YEAR				3. TIME OF DEATH 10:30 AM M
	4. SOCIAL SECURITY NUMBER	<u> </u>					irthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				7. DATE OF BIRTH 6. BIRTHPLACE (
	125-05-7000	1 □ M 2 💢 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	January	29, 19	909	09 Md.	
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY,	TOWN	R LOCATION	ON OF DE	ATH			INTY OF D	
8	Manor Care Rossvil	lle			R	ossvi	.lle				Baltimore		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT				Y. TOWN O								10d. INSIDE CITY
DIRE) J	33					LIMITS?
FUNERAL DIRECTOR	4329 Blakely Avenue					101	21236					USA	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			NO If yes, specify Cuban, Mexic				n, Mexica				14. RAC Blac WII	E — American Indian, k, White, atc.
	15. DECEDENT'S EDU				USUAL O				16b. KIN	D OF BUS	INESS/IN		
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Ma	ive kind of Do NOT u	work done (se retired.)	during mo	at of working	ng					
COMPLETED	12	8+		Teacher					Balt	timore	e Cit	y Sch	∞ls
00	17. FATHER'S NAME (First, Middle, Last) James K. Dick								ME (First, Middle et Mather		n Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)		19	h MAILING	ADDRESS	3 /Straot			Route Number, C		State 7	in Code)	
2	Edwin T. Dick						ltimore,						
	20e. METHOD OF DISPOSITION 1		SITION (No				1991 TOWSON, Md.				own, State		
	21. SIGNATURE OF FUNERAL SERVICE LI	CONSEE Hadde	V				d J.		Inc. 530	05 Ha	rford	Road	21214
	23. PART 1. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate Interval Between Open and Death												
-	resulting in dasth)	Cardio-pulmonary Arrest Due to (or as a conseduence of): Sopolic											
ATION	Sequentially list conditions, if eny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Sepsis Due to (or as a consequence of): Caugarene O Elbow - Ischemic Ukcy Due to (or as a consequence of):									to l			
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST												
: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PREFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDING ANALIZEDED TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
IAP	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF	DEATH (C	heck only one)		· ·		
PHYSICIAN:	1 VES 2 NO	HOSPITAL:	☐ ER/Outpatient :	3 🗆 DOA	4 XNU		ne 5 🗆 R	lesidence	6 Other (Sp	ecify)			
ВУ РН	27. MANNER OF BEATH 1 Natural 6 Pending 2 Accident Investigation		F INJURY Day, Year)	28b. TH	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DEŞCRIBE HOW INJURY OCCURED				
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 29a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.										e(a) and menner as stated.		
BE	29b. SIGNATURE AND TITLE	au	ME	2			29c. LIC	CENSE NU	539	/	29d. D/	7 -	23-9/
70	Mohammed Khan MD 5601 Loch Raven Blvd. Baltimore, Md. 21239												
- 1	31. DATE FILED (Month, DE PRO	TO BEGIST	RAR'S SIGNATURE	Jan	2	00.							



BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician,	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should oval.	al examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1. OECEDENT'S NAME (Fir	st, Middle, Lest)	omas		, L.	E	ver	1	2. DATE OF DEATH MONTH	DAY -	YEAR 91	3. TIME OF DEATH
4. SOCIAL SECURITY NUM 216-16-63		5. SEX 1 M 2 F	6. AGE (In yr	rs. last birthday) YRS.	IF UNDER 1	DAYS HOU	INDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year, 07 17	24	Count	HPLACE (State or Foreign ry) ARYLAND
ST. XXX	XX JOS	street and number) SEPH HOSP	ITAL		9b. CITY,	TOWS	ON	EATH	9c. COU	ALTI	DEATH
MARYLAND	10b. COUNT	TY		10c. CIT	.,	LTIMO	RE		15		10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBE 847		GTON STR	EET			101, ZIP	CODE 21211		10g. CIT		WHAT COUNTRY? USA
11. MARITAL STATUS 1 Never Married 2 [3 X Widowed 4 Di	_	12. WAS DECEDED FORCES?	T YES 2	NO	11	yes, specify		NIC ORIGIN? (Specify an, Puerto Rican, etc.) fy:		14. RACI Blac Spec	
	ECEDENT'S EDI only highest grad (0-12)			Give kind of a life. Do NOT us HOUS	work done di se retired.)	uring most of	working	18b. KIND OF	BUSINESS/INI	DUSTRY	WHITE
17. FATHER'S NAME (First, NORM		ТНСОТЕ				18.		AME (First, Middle, Mail	,	. 7	
19a. INFORMANT'S NAME CAROL R		.G		Parket Contract				Route Number, City or BALTO			11
21, SIGNATURE OF FUNE	PAL SERVICE L	ICENSEE		Y REDEI	22. N	CEMET	DDRESS OF F	ACILITY	BALTIM	,	
21. SIGNATURE OF FUNER 23. PART I. Enter tha	diseases, Dr heart failure	complications the List only one ca	at caused the use on each of the organization	Y REDET	EMER 222. N A 3 not enter	CEMET NAME AND AL	N SEIT OLAND of dying, au	Z, JR. FU AVENUE, E ch as cardiac or re	NERAL	HOM:	E
23. PART I. Enter tha ahock, or IMMEDIATE CAUSE (I disease or condition	diseases, or heart failure	complications the List only one ca	at caused the use on each of the control of the con	Y REDEI	P:	CEMET NAME AND AL	N SEIT OLAND of dying, au	Z, JR. FU AVENUE, E ch as cardiac or re	NERAL	HOM:	E . 21211 Approximate Interval Between
23. PART I. Enter the ahock, or IMMEDIATE CAUSE (f disease or condition resulting in death) Sequentially list condition from the cause. Enter UNDER! CAUSE (Disease or in that initiated events	diseases, or heart failure Final ditions, nedlata LYING alory	complications the List only one ca	at caused the use on aschool (OR AS A CO	Y REDET	EMER 22. N A 3 not enter Lut F):	CEMET NAME AND AI. AI.AI 818 Returned to the mode of t	DODRESS OF FOR SEIT OLAND of dying, au	Z, JR. FU AVENUE, F ch as cardiac or re	NERAL	HOM: MD Trest,	Approximate interval Betwee Onset and De 2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
23. PART I. Enter the ahock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list concili any, leading to immicause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death)	diseases, or heart failure Final dittions, nedlata Lylury AST	complications the List only one can be DUE to DUE t	at caused the suse on aech of on as a co	Y REDET	EMER 22. N A 3 not enter Lut F): F): In the und	CEMET NAME AND AI. AI.AI 818 Re the mode of the mode o	USE GIVEN IN SEIT OLAND of dying, sur	Pert I. 24a. WAS PER 1 YES	INERAL BALTO. Bapiratory as BAN AUTOPSY FORMED? S 2 \(\text{NO} \)	HOM: MD Trest,	Approximate interval Betwee Onset and De
21. SIGNATURE OF FUNET 23. PART I. Enter the shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list opnor if any, leading to Imm cause. Enter UNDERL CAUSE (Disease or Ir that Initiated events resulting in death) L./ PART II. Other significations of the condition of the cause. Enter UNDERL CAUSE (Disease or Ir that Initiated events resulting in death) L./ 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident	diseases, or heart failure Final dittions, nedlata Lylury AST	complications the List only one can be put by the true of the can be contributing to the can be can	at caused the use on each of the control of the con	Y REDET The death. Do in line. P: OTHER A DIVINY M	CEMET NAME AND AI . AI.AI 818 R(the mode of the mode	USE GIVEN IN SEIT OLAND of dying, sur	AVENUE Poh as cardiac or reconstruction of the second seco	S AN AUTOPSY FORMED? S 2 NO	HOM: MD Trest,	Approximate interval Betwee Onset and De	

21200

TOWSON, MD-

HUSPITAL,

T. JUSEPH

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

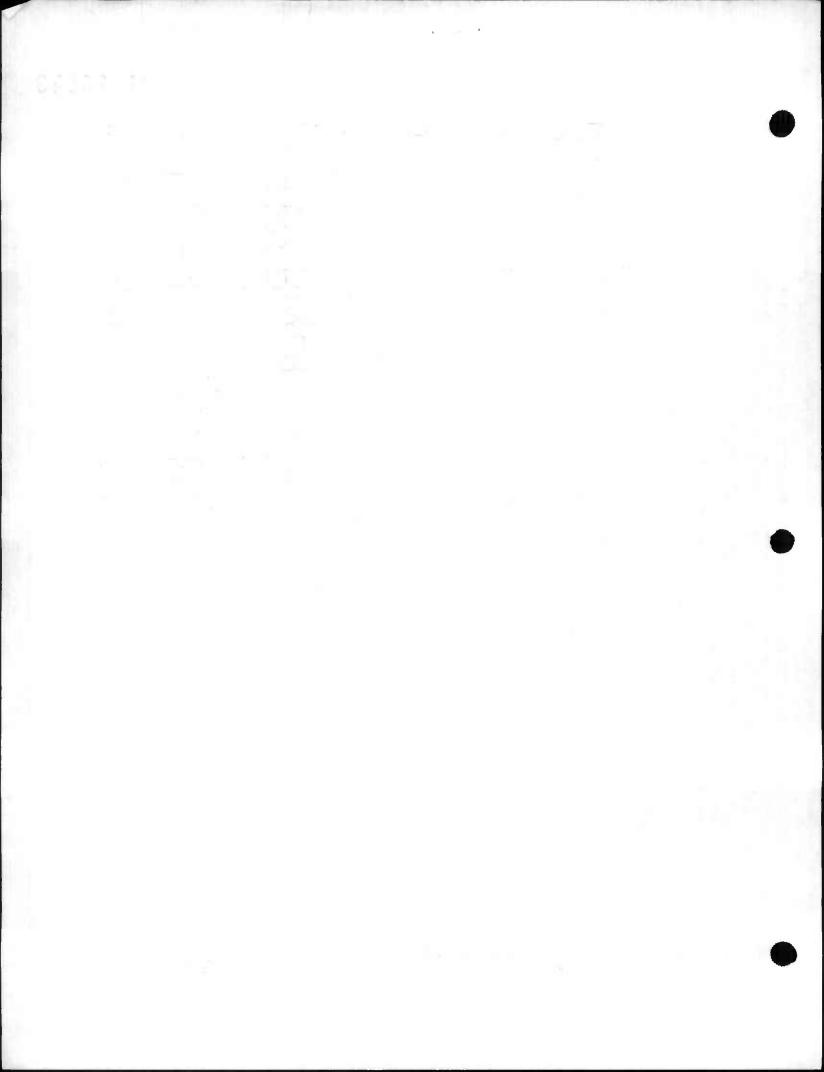
WATIVIDAD D-DE LEON, CO.

31. DATE FILED (Month, Day, Vear)

22. REGISTRAR'S SIGNATURE

ia Davidson-Randell

31. DATE FILED (MONTH, Day, Yola)
SEP 25 1991



DIVISION DE VITAL RECORDS, P.O. BO.	TO THE HOSPITAL OR ATTERDAY PRINCIPAL The law requires that the death certificate be	TO THE FUNERAL DIRECTION ATTAC TO CONTRACT has been signed by the attending physicia	thin 72 hours after west with a State Dept. of Health and Mental Hygiene prior	INDOORTANT IS Now the To the March of the Control o
	TO THE HOSPITAL	TO THE FUNERAL	be filed within 72	ILIBOOTANT: 16

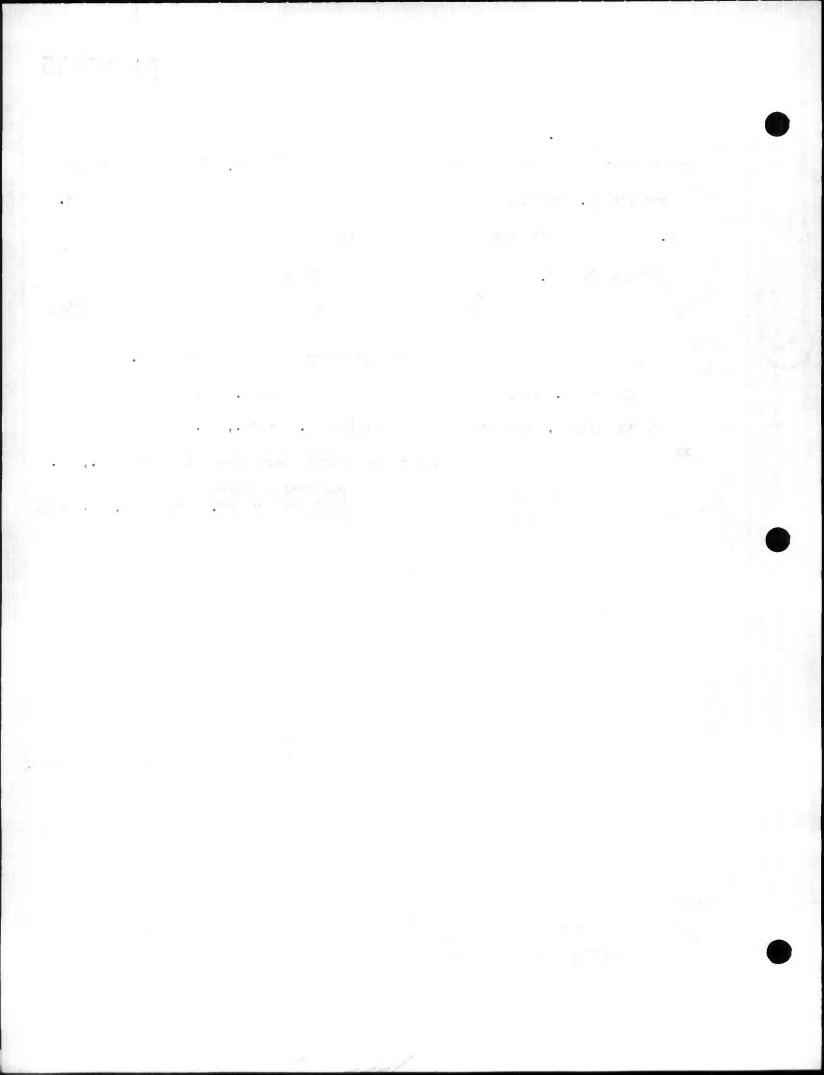
	1 - FOR STATE OF MARYL REGISTRAR	AND / DEPART CERTIFIC	MENT OF	HEALTH AND		_	1 26044
	JAMES PATRICK FAME		CATE OF	DEATH	2. DATE OF DEATH		YEAR 2315 P M
	212-03-9706 19KM20 = 8%	2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	9	BIRTHPLACE (State or Foreign Country) MARY CAND
TOR	9a. FACILITY NAME (If not institution, give street and number) ST. AGNES HOSPITAL RESIDENCE OF DECEDENT		BALT	OR LOCATION OF I	-	9c. COUNT	TY OF DEATH
L DIRECTOR	10a. STATE 10b. COUNTY	BA	TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 XES 2 \(\text{NO} \) NO
FUNERAL	100. STREET AND NUMBER			21229		U	EN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO ATES	1 YES	S 2 NO Spec	ANIC ORIGIN? (Specify ten, Puerto Rican, etc.)	fes or No-	4. RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 12th	Give kind of wor life. Do NOT use baker	rk done durina mi	ON ost of working		USINESS/INDU	
111	17. FATHER'S NAME (First, Middle, Lest) JAMES FARRELL			18. MOTHER'S N	AME (First, Middle, Meid	en Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street)		Route Number, City or To		Code)
	JAMES P. FARRELL, JR				aples, Flo		33964
Hear	1 During 2 Cremation 3 Ramoval from Stata cem	petery, cremetory or othe oudon Pa	er place)				ty or Town, State
examiner must be	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	MAN I A	HOWAR	D H. HUE	BBARD FUNE AVE, BALT	RAL HON	ME, INC. MD. 21229
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	the death. Do not ech line. Heart Fair consequence of: Milial Str. consequence of: Lie Heart consequence of:	ilus Losis		ch as cerdiac or rea	piratory arres	Approximate Interval Between Onset end Death
MEDICAL	PART II. Other significant conditions contributing to death but Prumo via Hypertusion	it not resulting in	the underlying	g ceuse given in	Part I. 24a. WAS A PERFC	N AUTOPSY DRMED? 2 ☑ NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 > NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. Pt	ACE OF DEATH (C)	neck only one)		
YSI	1 ☐ YES 2 NO 1 M topatient 2 ☐ ER/Outpa		THER:		6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME O	OF 28c. INJ		28d. DESCRIBE HOW	INJURY OCCU	RED
	3 Suicida 6 Could not be datarmined 28e. PLACE OF INJURY building, etc. (Specification of the datarmined)	— At home, term, stre			281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beet of my knowle EXAMINER: On the beets of axamination	idga, death occurred a and/or investigation,	at the time, data in my opinion, d	and place, and due	to the cause(s) and me	enner as stated.	cause(s) and manner as stated.
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER LOCALIE A. Buch for Dr. Luis Zun 130. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	niga		29c. LICENSE NUI	MBER		IGNED (Month, Day, Year)
	Saint Agnes Hospital, Baltin	TH (ITEM 27) (Type, Pri	int)				
	SEP 25 1991 Julia Davidson-Ran	TURE ndelle					

himals .:

31. DATE FILED (Month, Day, Year)

	1. DECEDENT'S NAME (F	irst, Middle, Lest) F		FIN	IKLE						e of DEATH	ማበ.	1991	3. TIME OF DEATH
	4. SOCIAL SECURITY NU		5. SEX 6. AGE (In yrs. Is							OF BIRTH	20,			
	217 20 0263	3	1 [](M 2 [] F	65	YRS.		DAYS	HOURS		Dec	* 26°1	925	Coup	aryland
	9a. FACILITY NAME (# no	t institution, give					CITY, TOWN OR LOCATION OF D					9c. COUNTY OF DEATH		DEATH
TOR	Franklin RESIDENCE OF D	Sq. Ho	spital			Bal	tim						nore Co.	
DIRECTOR	100. STATE Md.	10b. COUNT	ltimore Essex								10d. INSIDE CITY LIMITS? 1 YES 2 The			
3AL	10e. STREET AND NUMBE	ER	10f. ZIP CODE						E			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNER	285 Lar	meley R						212						USA
BY	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 D		IF YES, GIVE	NT EVER IN U.S. AR I PYES 2 DA MAR OR DATES	MED	H.	yes, spe	ecify Cubi	OF NISPANIO an, Maxican, Specify:	ISPANIC ORIGIN? (Specify Yea or No—laxican, Puerto Rican, etc.) 14. RACE — American India Black, Whita, etc. Specify: White				ck, White, etc.
TED	15. D (Specify of	ECEDENT'S EDU	ICATION completed)	(G	ive kind of w	USUAL OCC			na	16	b. KIND OF BUS	SINESS/IN	DUSTRY	
PLET	Elementary/Secondary	(0-12)	College (1-4 or 5	Hin	Do NOT us	retired.) Insp					Ste	eel (Co.	
E COMPL	17. FATHER'S NAME (First,		Finkle								Middle, Meiden Neal	Surneme)		
TO BE	19e. INFORMANT'S NAME		Docth	196	MAILING	ADDRESS (Street a	nd Number	or Rural Ro	oute Num	nber, City or Town	n, State, Zij	p Code)	
_	W1111am 20a. METNOD OF DISPOS		, Brother				_		pal	-	, Md.			
	XXX Buriel 2 Creme	tion 3 🗆 Ram	loval from State	20b. PLACE A	matory or of	her place		rial	Park	0A1				Co. Md
	4 Donation 5 Other (Specify) Meadowridge Nemorial Park 9/21/91 Howard Co., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	· Marce	10	ecinfor	luck,		1 1	79371	70711	neki	Harry	aral H	ame	PΔ	
	23. FART I. Enter the	corriblications the		eth Don		74	07 E	aster	n A	ve. B	alti	more	, Md. 212	
	23. FART I. Enter the shock, or IMMEDIATE CAUSE (I disease or condition resulting in death)	meert tellure.	Sepsi	ot ceused the de Use on eech line		ot enter th	74	07 E	aster	n A	ve. B	alti	more	Approxime
NC	iMMEDIATE CAUSE (I disease or condition resulting in death)	Finel	Sepsi a. Sepsi Due to Pneum	ot coused the de Use on each line S (OR AS A CONSEC Onia	OUENCE OF	ot enter th	74	07 E	aster	n A	ve. B	alti	more	Approxime
ATION	IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list cond if any, leading to imm	Bitions, nedicte	Sepsi a. Sepsi Due to Pneum	of coused the deuse on each line	OUENCE OF	ot enter th	74	07 E	aster	n A	ve. B	alti	more	Approxime
FICATION	IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list cond if any, leading to imm ceuse. Enter UNDERL CAUSE (Disease or in	litions, nediete	Sepsi a. Due to Pneum Due to	ot coused the de Use on each line S (OR AS A CONSEC Onia	OUENCE OF	ot enter th	74	07 E	aster	n A	ve. B	alti	more	Approxime
ERTIFICATION	IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list condition if any, leading to immiceuse. Enter UNDERL	Bitions, nediete Ying	Sepsi a. Due to Pneum Due to	of coused the deuse on each line S (OR AS A CONSECTION OF AS A CONS	OUENCE OF	ot enter th	74	07 E	aster	n A	ve. B	alti	more	Approxime
S	immediate Cause (i disease or condition resulting in death) Sequentially list condification if any, leading to immiceuse. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) La	Ritions, rediete Ying lijury	Sepsi Due to Pneum Due to Due to Due to d.	of coused the deuse on each line S (OR AS A CONSECTION ON THE CONSECTION OF AS A CONSE	DUENCE OF	ot enter the property of the p	141	07 E.	aster ing, such	n A	Ve B	altin	more	Approxime Intervel Be Onset and
AL CE	IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list cond if any, leading to immoduse. Enter UNDERL CAUSE (Disease or in that initiated evente	Ritions, redicte YING signry LST	Sepsi Due to Pneum Due to Due to Due to d.	of coused the deuse on each line S (OR AS A CONSECTION ON THE CONSECTION OF AS A CONSE	DUENCE OF	ot enter the property of the p	141	07 E.	aster ing, such	n A	Ve Bidlec or respiration of the Bidle of respiration of the Bidle of t	alti: ratory ar	more	Approxime Intervel Be Onset and Onse
AL CE	IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated evente resulting in death) LA PART II. Other signifit	Ritions, redicte YING signry LST	Sepsi Due to Pneum Due to Due to Due to d.	of coused the deuse on each line S (OR AS A CONSECTION ON THE CONSECTION OF AS A CONSE	DUENCE OF	ot enter the property of the p	141	07 E.	aster ing, such	n A	Ve Bidlec or respin	alti: ratory ar	more	Approxime Intervel Be Onset and Onse
MEDICAL CE	IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list condif any, leading to immiceuse. Enter UNDERL CAUSE (Disease or in that initiated evente resulting in death) LA PART II. Other signification	Hitions, redicte ying flury list cent conditions	Sepsi Due to Pneum Due to Due to Due to d.	of coused the deuse on each line S (OR AS A CONSECTION ON THE CONSECTION OF AS A CONSE	DUENCE OF	ot enter the property of the p	141	07 E.	aster ing, such	n A	Ve Bidlec or respiration of the Bidle of respiration of the Bidle of t	alti: ratory ar	more	Approxime Intervel Be Onset and Onse
MEDICAL CE	IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list condif any, leading to immiceuse. Enter UNDERL CAUSE (Disease or in that initiated evente resulting in death) LA PART II. Other signification.	Hitions, redicte ying flury list cent conditions	Sepsia. Sepsia. Due to Pneum Due to c. Due to d.	of coused the deuse on each line S (OR AS A CONSECTION (OR AS A CO	DUENCE OF	ot enter the property of the p	140	O? E; de of dy	aster ing, such	as cen	Ve Bidlec or respiration of the second secon	alti: ratory ar	more	Approxime Intervel Be Onset and Onse
MEDICAL CE	IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list condif any, leading to immiceuse. Enter UNDERL CAUSE (Disease or in that initiated evente resulting in death) LAPART II. Other significations of the condition of the	Hitions, redicte ying flury list cent conditions	Sepsia. Sepsia. DUE TO PREUM DUE TO C. DUE TO d. HOSPITAL: 1 A Inpatient 2	of coused the deuse on each line S (OR AS A CONSECTION ON TO CONSECTION OF AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION	DUENCE OF	ot enter the other than the under th	140 ne modernying priying 28. PL	de of dy ceuse (aster Ing, such	as cerr A as cerr i.	24a. WAS AN. PERFORI 1 YES 2	AUTOPSY MED?	more reet,	Approxime Intervel Be Onset and Onse
AL CE	IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list cond if any, leading to immiceuse. Enter UNDERI CAUSE (Disease or in that initieted evente resulting in death) LA PART II. Other signification of the condition of t	Hitions, redicte ying flury list cent conditions	Sepsia. Bue to Pneum Due to Due to d. Due to d. Hospital: 2 26a. Date Of (Month, D.)	of coused the deuse on each line S (OR AS A CONSECTION (OR AS A CONSE	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DOA 266. TIME	OTHER:	28. PL. 9 Normal WOT	de of dy de of dy ACE OF D	aster Ing, such given in Pa	as cerr A as cerr i.	24a. WAS AN PERFORM 1 YES 2	AUTOPSY MED?	more reet,	Approxime Intervel Be Onset and Onse
BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list condification, leading to immiceuse. Enter UNDERI CAUSE (Disease or in that initiated evente resulting in death) LA PART II. Other signification of the condition of	Hitions, lediete ying structure. Cent condition Cinoma To MEDICAL	Sepsia. Sepsia. Due to Pneum Due to Due to d. Due to d. Hospital: 1A inpetient 2 [26e. DATE OF (Month, D.) 28e. PLACE OF 2	of coused the deuse on each line S (OR AS A CONSECTION (OR AS A CONSE	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DOA 266. TIME	OTHER:	28. PL. 9 Normal WOT	de of dy de of dy ACE OF D	given in Paragraphic States (Check States St	as cerr A as cerr i.	24a. WAS AN. PERFORI 1 YES 2	AUTOPSY MED?	Z4b	Approxime intervel Be Onset and Onse
BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list cond if any, leading to immiceuse. Enter UNDER CAUSE (Disease or in that initieted evente resulting in death) LA PART II. Other signification of the condition of th	Hitions, heddete ying start to medical ying start to medical to medical investigation. Could not be determined	BODE TO B. DUE TO B. DUE TO C. DUE TO d HOSPITAL: 1 A inpetient 2 26e. DATE OF (Month, D. 28e. PLACE OF building, D.	of coused the deuse on each line S (OR AS A CONSECTION (OR AS A CONSE	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIME INJ. TIME IN	ot enter the content of the content	26. PL g Noma Sc. No.11 WO 1 You	de of dy de of dy ACE OF D	given in Position of the state	as cerr Part i. Other City City City City Con to the case of th	24a. WAS AN PERFORM 1 YES 2 ATION (Street et or Yown, State)	AUTOPSY MED? No	24b	Approxime intervel Be Onset and Onse
PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list cond if any, leading to immiceuse. Enter UNDER CAUSE (Disease or in that initieted evente resulting in death) LA PART II. Other signification of the condition of th	Ilitions, teddete ying livestigation Could not be determined	Sepsia. Bue to Pneum Due to	of coused the deuse on each line S (OR AS A CONSECTION (OR AS A CONSE	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIME INJ. TIME IN	ot enter the content of the content	26. PL g Noma Sc. No.11 WO 1 You	de of dy de of dy ACE OF D given in Position of the state	as cer as	24a. WAS AN PERFORM 1 YES 2 ATION (Street et or Yown, State)	AUTOPSY MED? NO AUTOPSY MED? No AUTOPSY MED? No AUTOPSY MED? No Autopsy 24b CURED r or Rural F	Approxime Intervel Be Onset and Onse		

32. REGISTRAD'S SIGNATURE
91 Julia Davidson-Randall

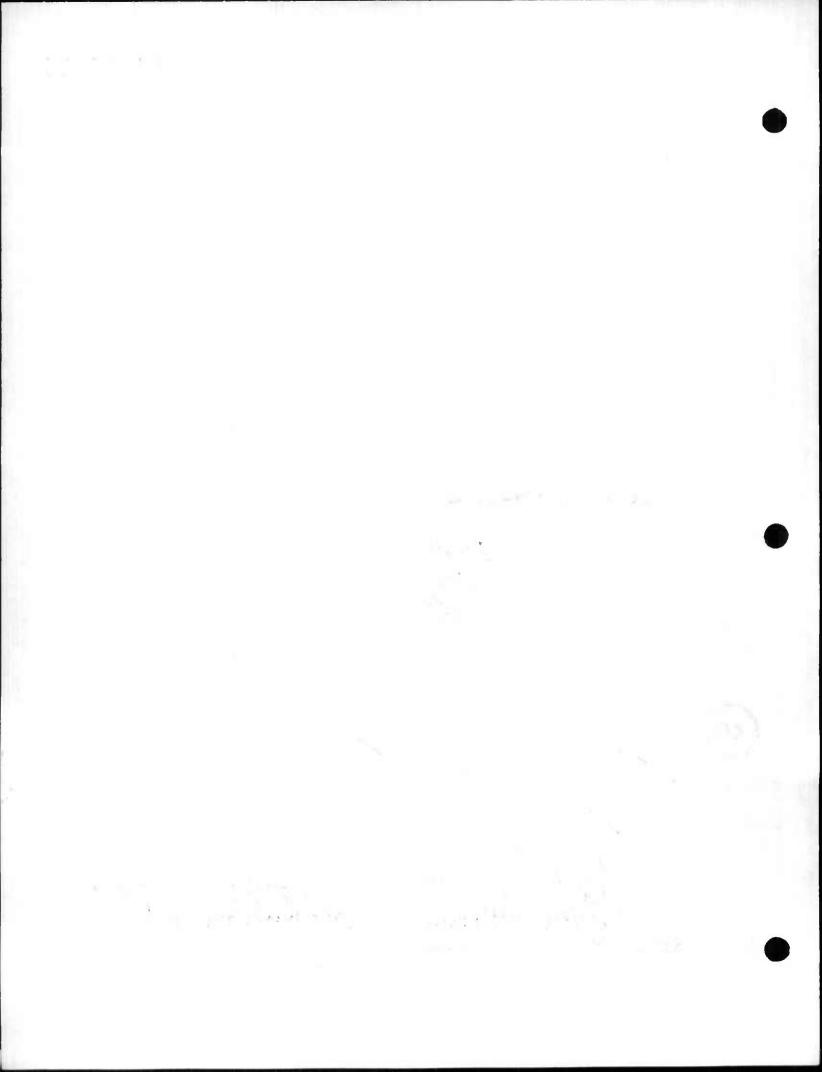


TO THE HOSPITAL OR ATTENDING PRASSIONAL THE CHARLES THE OFFICIAL OF THE FUNETAL DIRECTOR. After this certained by the attending physician.

TO THE FUNETAL DIRECTOR: After this certain and the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the certain and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, a little shown any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR	RTMENT OF	HEALTH AND F DEATH			26046
	1. DECEDENT'S NAME (First, Middle, Last)	K. FLEIS	SHMX		F DEATH	REG. NO. 2. DATE OF CEATH MONTH DO 9 - /9		3. TIME OF DEATH 43P M
	4. SOCIAL SECURITY NUMBER 370-01-1760A 9a. FACILITY NAME (# not institution, give str	1 M 2 □ F 94	rs. last birthday) YRS.	IF UNDER 1 YEA MONTHS DAY	HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 2-4-1897	<u> </u>	BIRTHPLACE (State or Foreign Country) MARYLAND
DIRECTOR	NORTH OAKS RETI							OF DEATH TIMORE
	MARYLAND BALTI	MORE						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	725 MT. WILSON I				21208		10g. CITIZEN U	OF WHAT COUNTRY? SA
BY	11. MARITAL STATUS 1 Never Married 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? XX YES 2 IF YES, GIVE WAR OR DATES WWT NAVY	R □NO S	II yea, 1 🗀 Y	specify Cuban, Mexic ES 2 X NO Speci	NIC ORIGIN? (Specify Yea an, Puerio Rican, etc.) fy:		RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind of a	USUAL OCCUPA work done during se retired.)		MD. STAT		INDUSTRIES
BE CO	17. FATHER'S NAME (First, Middle, Last) SAMUEL FLEIS	SHMAN			FAN	ME (First, Middle, Maiden NIE KANN	,	
10	19a. INFORMANT'S NAME (Type/Print) MR. LEE FLEISHMAN	1	196. MAILING 7410	ADDRESS (Street SUDBROC	ok and Number or Rural OK RD. BA	Route Number, City or Town	21208	le)
	20e. METHOD OF DISPOSITION 1			of disposition ther place) UNT CRE			CATION — City BALTO.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE Jewis	,	22. NAME	AND ADDRESS OF FA	STOWN RD.,		BROS., INC.
CERTIFICATION	23. PART I. Enter the diseases, or control of the property of	DUE TO (OR AS ACO	NEEQUENCE OF	F):):	node of dying, auc	h as cardiac or reepi	ratory erreat,	Approximete Intervel Batween Onset and Death
MEDICAL	PART II. Other significant conditions	contributing to deeth but n	not reaulting i	n the underly	ing ceuse given in	Part I. 24e. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SIGIAM		HOSPITAL: 1 □ Inpetient 2 □ ER/Outpetier	M 3 🗆 DOA	OTMER:	PLACE OF DEATH (Ch			
Y PHYS	27. MANNER OF DEATN 1. Netural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	26b. TIMI	E OF 28c. I	NJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURE	D
TED BY	2 Accident Investigation 3 Suicida 6 Could not be 4 Nomicide detarmined	26s. PLACE OF INJURY — a building, atc. (Specify)	At home, farm, a			261. LOCATION (Street a: City or Town, State)	nd Number or Ru	ural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICI CHECK ONLY ON THE CHECK ON THE CHECK OF TH	IAN: To the best of my knowledge	e, death occurre	d at the time, de	te and place, and due death occured at the	time, data and place, and	ner se stated.	use(a) and menner as stated.
TO BE C	29b. SIGNATURE AND TI		m		29c. LICENSE NUI			NED (Month, Day, Year)
F	30. NAME AND ADDRESS OF CHISPN WHO	Het ema	(ITEM 27) (Type,	Print)	77 Reso	ferstorm	BI	
	SEP 25 1991 Su	22. BEGISTHAR'S EIGHATUR	RE					



DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The

	should		
	2.3	1	
	40		
	I PRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2.3 should		
	rmit		
	sit De		
· IIDI	-trans		
ne Kin	urial		
2	the b		
DI GOLD	e as		
5	or us		
april de	hed fi		
5	Jetaci		once
6	be		at o
200	hould		ffled
3	5 5		Tot
2	pag .		st be
,	rector		E
200	al di		mer
-	fune		Mex
	y the	Joval.	cal e
	in th	ren	hedi
	filled	on, 0	he n
	etely	ета	nt, t
	отр	al, cr	eve
	and c	pau,	natic
	ician	ior to	Taur
	phys	ne pr	her t
	guipu	Hygie	r ot
	after	enta	7, 0
	y the	N Du	를
	ned t	ith a	any
	n Sign	f Hea	OWS
	s pee	pt. o	3 sh
	te has	te De	3т 2
	tificat	e Sta	or He
	S cer	th th	3d, 0
and	er thi	IM U	IT: If Item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.
	R: Aft	ar dea	S
	ECTO	s afte	1 28
	E	hour	Her
1000	EHAL	72	11.11

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 3. TIME OF DEATH BEG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH SEPT OSE OX 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, You 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS 215-12-3534 1 M 2 K F YRS. JULY 25, 1920 MARYLAND 9a. FACILITY NAME (If not institution, give street and nu 9 POMONA SOUTH, APT. 9h CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 16c. CITY, TOWN OR LOCATION BALTIMORE 10a. STATE MARYLAND 10b. COUNTY 10d. INSIDE CITY BALTIMORE 1 TES 2 KNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9 POMONA SOUTH, APT. 21208 USA 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yea, specify Cuban, Maxican, Puarto Rican, etc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Black, White, aic. FORCES? 1 YES 1 Never Married 2 X Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES BY Specify. WHITE 3 Widowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete (Give kind of work done life. Do NOT use retired.) Elamentary/Secondary (0-12) College (1-4 or 5 +) 12 SCULPTOR ART 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) FREDERICK ZUCK BE FANNIE BLOCK 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MR JERRY FOX 9 POMONA SOUTH, APT. 7 BALTO. MD 21208 MacMETHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Stata DATE HEBREW YOUNG MENS 9-22-91 4 Donation 5 Other (Specify) BALTO, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215 23. PART I. Entartha diseases, or complications that caused the death. Do not antar the mode of dying, such as cardisc or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line. Interval Between DUE TO (OH AS A IMMEDIATE CAUSE (Final Onset and Death disease or condition 3 wes resulting in death) AS A CONSEQUENCE OF etastatic adanuco PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events DUE TO (OR AS A CONSPONENCE OF) resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 24s. WAS AN AUTOPSY COMPLETION OF CAUSE 1 TYES 2 OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO S Rasidence 6 - Other (Specify) 4 Nurs 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 1 Natural 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending 2 🗌 NO BY 1 TYES Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. BIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 3768 ean mo 5 30. NAME AND ADDRESS PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) South ane. Giverne 32. REGISTRAR'S SIGNATURE Davidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MPORTA

星星

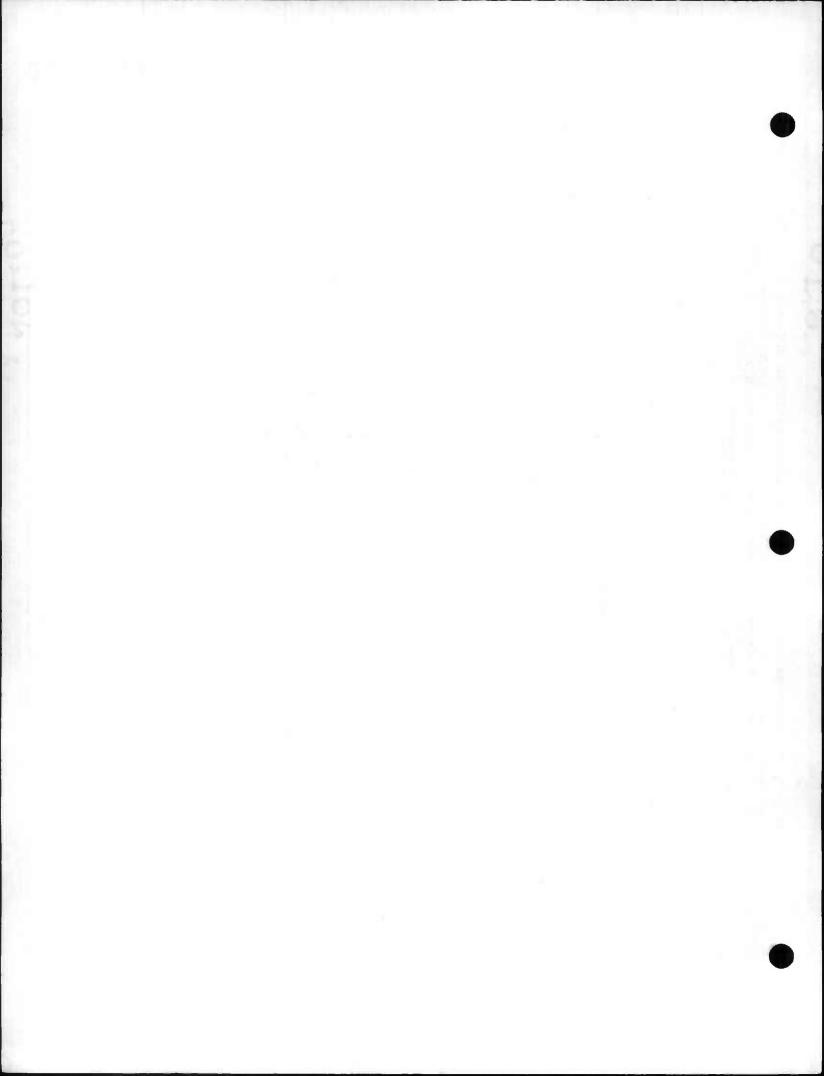
25 - x-

	æ		
	permit.		
r requires that the death certificate be executed within 2- nours after death. Page 6 may be retained by the cooperator or attending physician.	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa		
ing (the		
attend	ISE BS		
0.1	tor c	a	1
OBB	hed	7	I
學	deta		
6	d be		
etained	shoul		
pe u	ige 5		
may	or, pa		
ge 6	lirect		
F.	eral c		
deat	e fun	-1	
after	by th	mova	
OURS	u p	or re	•
1.7	fille	Jon.	
within	pletely	cremai	
patri	E00	rial,	
exec	and	ng o	
Pe	ician	rior 1	
ficat	F	one p	
cert	Ming	Hygie	•
leath	atte	mtal	
the	/ the	d Me	
that	ed by	th an	
uires	sign	Heat	
red	рееп	0	

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (Paul	C	ervas					MONTH			YEAR 3.	TIME OF DEATH
- 9	4. SOCIAL SECURITY N		5. SEX	6. AGE (In yrs.	_	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	Septe		1991	6. BIRTHPL	ACE (State or Foreign
	234-28-2092	· · · · · · · · · · · · · · · · · · ·	1 M 2 D F	71	YAS.	MONTHS	DAYS	HOURS	MIN.	(Month	Day, Year)		Country)	
	9a. FACILITY NAME (# r	not institution, give		/		9b. CIT	Y, TOWN	OR LOCATION	ON OF D	March EATH	21.19		Virgi	
DIRECTOR	3210 Bayon		9			Baltimore					City			
בר	RESIDENCE OF	10b. COUN	ITY		10c. C	TY, TOWN	OR LOCA	ATION					10	d. INSIDE CITY
5	Marvland				Ba	ltimor	p						1	LIMITS?
1	10e. STREET AND NUM							of. ZIP COD	E			10g. CITIZ	EN OF WH	AT COUNTRY?
Į.	3210 Bayonne	Avenue						21214					LS.A.	
FUNERAL	11. MARITAL STATUS 1 Never Married 2	Married		NT EVER IN U.S. 1 YES 2 WAR OR DATES	NO	13.	If yes, s	pecify Cuba	n, Mexica	en, Puerto F	? (Specify Yea lican, stc.)	or No-	Black, V Specify:	- American Indian, Vhite, etc.
B	3 Widowed 4	Divorced	IF YES, GIVE	WAN ON DATES			I L TE	S 2 XNO	Specif				White	
ED		DECEDENT'S EL		16a.	Give kind o	f work done	during m	ION nost of working	ng	16b.	KIND OF BUS	SINESS/INDL	JSTRY	
COMPLEI	Elamentary/Seconda	rry (0-12)	College (1-4 or 5		itte. Do NOT									
3	17. FATHER'S NAME (Fir	st. Middle, Last)		1 Se	lf Emp	Gm	cer	16. MOT	HER'S NA	AME (First, A	(300CET) Aiddle, Maiden			
	Frank	, ,,,,,	Paul	Ger	vac			-	ances				ello	
7 05	19a. INFORMANT'S NAI	ME (Type/Print)	T GILLI			IG ADDRES	S (Street				oer, City or Tow			
5	Mrs. Virgini	a Laleke	r		9 F. I	lickan	Road	d Bal	to N	M 212	220			
	20s, METHOD OF DISP		moval from Stata	20b. PLA	CE OF DISP or place)	OSITION (A	lame of c					CATION — C		
	4 Donation 5 C		LICENSEE	Most	Holy					ACH ITY	Bal	ttilmone	Mary.	land
	4 Donation 5 Other (Specify) Most Holy Redeemer 9-25-91 Baltimore, Maryland 21. Signature of Funeral Service Licensite Light Control 22. Name and address of Facility Leonard J. Ruck, Inc.													
_		Paul L. Hartsock, Jr. 5305 Harford Rd. Balto, Md. 21214												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final													
	disease or condition		. Cr	ROIAL	Aa	TESS								5 min
	Testing in dealing		PUE TO	O (OR AS A CON	SEQUENCE					1	1			1
Z	Sequentially list co	nditions,	О	HCRUSCON AS A COM		515	OF	Co	1500	An 1	188586	5		YEARS
¥	if any, leading to in cause. Enter UNDE		500 11	0 (011 NO X 001	IOLOGIAGE	0. 7.								
H	CAUSE (Disease or that initiated events		CDUE TO	O (OR AS A CON	ISEQUENCE	OF):								
CERTIFICATION	resulting in death)	LAST	d											1
	PART II. Other algr	ificant condit	iona contributing t	o death but n	ot resultin	g in the u	ınderiyi	ing cause	given la	Part I.	24s. WAS AN			VERE AUTOPSY FINDING
2	P.	CTAL	CHNCCIS								PERFO			WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	A	NKYLO	SI-1 ST	202046	DS-									TYES 2 NO
			0											
PHYSICIAN:	25. WAS CASE REFERE EXAMINER? 1 YES 2 N		HOSPITAL:	□ FRIO de ette		ОТНЕ	ER:	PLACE OF I						
HYS	27. MANNER OF DEATH		1 Inpetient 2	OF INJURY	28b. 1	IME OF	28c. II	NJURY AT	lesidence	-	SCRIBE HOW	INJURY OCC	CURED	
ВУ Р	Natural 2 Accident	6 Pending		Day, Year)		NJURY		WORK? YES 2	NO					
0	3 Sulcide	8 Could not	pe building	OF INJURY — A g, etc. (Specify)	it home, farr	n, street, fa	ctory, of	fice			ATION (Street or Town, State		or Rural Ro	ute Number,
LETE	4 Homicide	determined												
APL	29a. CERTIFIER (Check only one)		YSICIAN: To the best											
COMPI	2 🗆		IINER: On the basia of	axamination and	d/or investig	ition, in m	opinion				and place, a			
BE	29b. SIGNATURE AND	-	FIER					-	ENSE N			29d. DATI	E SIGNED	Month, Day, Year)
2	30. NAME AND ADDRE		WHO COMPLETED CA	USE OF DEATH	(ITEM 27) (T	rpe, Print)		D	319	20			4 -1	177
	Charles Ye			s Hopkin			500 N	. Wolf	e Sta	reet B	altimon	e, Md.		
	31. DATE FILED (Month	Day, Year)	39. BEGISTI	AR'S SIGNATUR	DE				2 001	200 0		-,		
	是島	25 18	191 Juli	· Varida	N-None	4 19								
	AA													DHMH-16 Re-



3. TIME OF DEATH

REG NO

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

	8
	c
,60	of saidhin
(687	annual character
3	2
). B(differente
ب	90
9	dand
S	44
2	that
REC	Chairman
1	3
4	The
=	130
MINISTON OF VITAL RECORDS, P.O. BOX 68760,	DE ATTENDING BUYCHAM. The law comition that the death confidence he considered within 2s for
2	NDING
77	ATTA
	a

DAY 22 4:207 " Marie E Grill 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 10/05/08 DAYS HOURS 1 🗌 M 2 🎘 F MIN. Maryland YRS. 212-03-6262 use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital Baltimore City 10e. STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY Maryland City Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21213 3521 Brendan Avenue U.S.A. 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY Specify: White 3. Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INOUSTRY for Elementary/Secondary (0-12) College (1-4 or 5+) detached Administrative Assistant C & P Telephone Co. 17. FATHER'S NAME (First, Middle, Last) IB. MOTHER'S NAME (First, Middle, Meiden Sumeme)
Catherine Schneider Edward Francis Stanton director, page 5 should be to BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 9016 Carlisle Avenue Baltimore, MD. Iouis Edward Lottes 21236 9 20b. PLACE AND DATE OF DISPOSITION (Name of 09/25/9 LATE 20e. METHOD OF DISPOSITION

1 X Burlel 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, State must Gardens of Faith Cemetery 4 Donation 5 Other (Specify) Baltimore, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Dippel Funeral Home, Inc. n by the funeral or removal. martin 7110 Belair Road Baltimore, MD. 21206 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximata shock, or heart fallure. List only one cause on each line. Interval Between 0 IMMEDIATE CAUSE (Final completely filled rial, cremation, Onsat and Death the disease or condition resulting in death) Respuratory Jaylore DUE TO (OR AS A CONSCOURING OF) event, bunal, ARDS traumatic CERTIFICATION and Sequentially list conditions, ending physician an Hygiene prior to b DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Aspiration meumonie 0 the atten Mental H shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NAO OF OEATH? 1 TES 2 NO peen 0 Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL Item 26. PLACE OF DEATH (Check only one) certificate h **EXAMINER?** HOSPITAL: OTHER: 1 TYES 2 THO 1 Nonpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) the 6 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? this c 26d. OESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO After t B 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) S 3 Sulcide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 6 Could not be DIRECTOR: after 28 4 Homicide hours item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(e) end manner es stated. DR. COMPL MPORTANT: II 2 __ MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month) Day, 29c. LICENSE NUMBER ow 9 S OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 201 Battimore Ha 2/2/8 E 31. DATE FILED (Month, Day, Year) SEP 25 1991 32. REGISTRAR'S SINATURE lia Davidson-Randoll

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

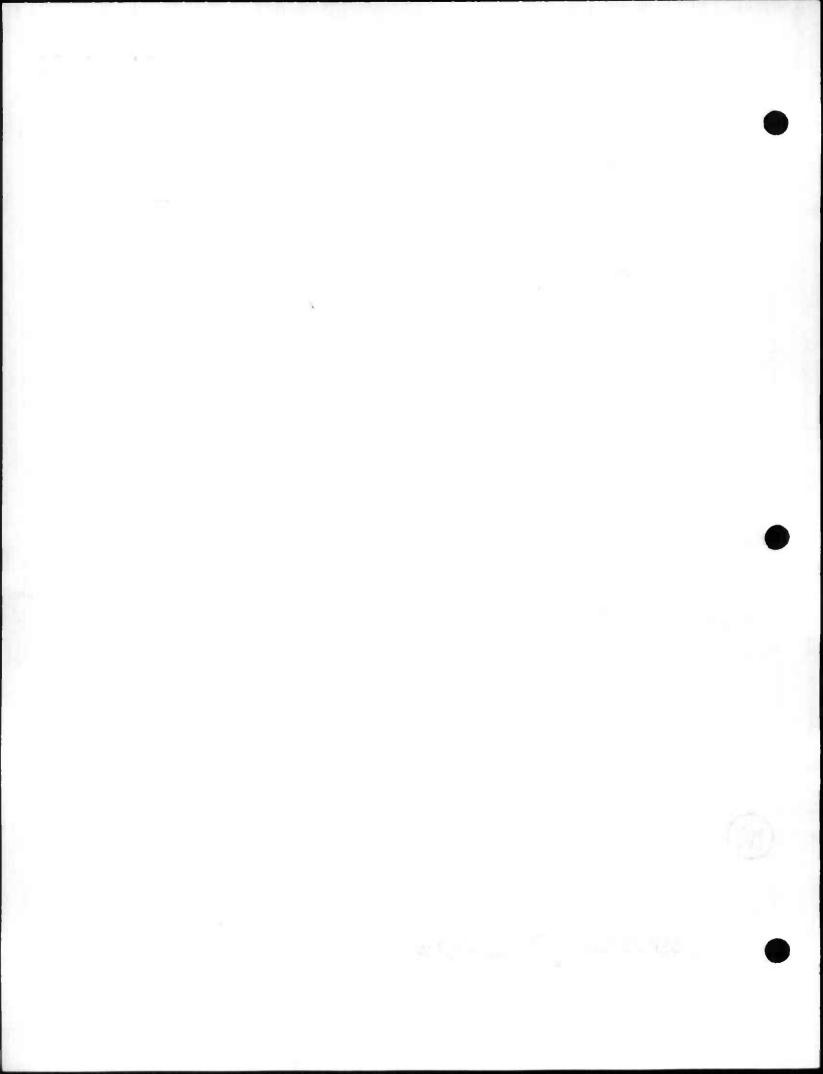
CERTIFICATE OF DEATH

Marie Elizabeth Grill

The granted and the State of th

ained	houle		ffled
9	NO.		00
ay be	Dade		t be
6	ctor		nus
Page	ol dire		ner r
leath.	funera		xami
after (y the	noval.	cale
OUIS	d in b	or ren	medi
24 n	/ fillec	tion,	the i
within	pleteh	crema	ent,
uted	COM	rial, (20 0
ехес	n and	to bu	mati
rte be	Sicia	prior	trat
ertifica	ng ph	giene	other
th c	endi	I H	0
TO THE HOW THE AMENDING PHYSICAM. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	the att	Menta	IMPORTANT THE ZES IS MATCHED, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified
hat th	d by	and	ny in
ires t	signe	lealth	A 30
regu	peen	. of !	sho
law is	Sec	Depl	23
t The	cate	State	Item
3	뷴	2	5
PHYS	this c	#H	rked.
940	Affair	death	Ē
E.	Œ	B	20
E	S	ē	£
Ī	ij	But's	į
\$	Ē	4	Ē
유	2	鳌	E
품	표	filed	P09
2	2	pe	Σ

									9		26050
	1 - STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAR	TMENT OF	HEALTH AND F DEATH	ID ME	NTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle,	Last)		CLATIF	ICATE	T DEATH		REG. NO		T.	S. TIME OF DEATH
	ISADORE	GLASS					SI	PTEMBER	18.19	YEAR	6:40 a.m.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YE		RS. 7.	DATE OF BIRTH		8. BIRTHPL	LACE (State or Foreign
	216-01-6673	12 M 2 🗆 F	72	YRS.	MONTHS DAY	'S HOURS M	"N.]	0/12/191	.8	MAR	YLAND
_	9a. FACILITY NAME (If not institution,	give street and number)			96. CITY, TOV	N OR LOCATION	OF OEATH	f	9c. COUN	NTY OF DEA	АТН
0	THE JOHNS HOPE	INS HOSPIT	AL		BALTII	MORE CIT	Y				
DIRECTOR		OUNTY		10c. CIT	Y, TOWN OR LO	CATION					Od, INSIDE CITY
100	FLORIDA				N	APLES				- 1	LIMITS?
AL	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITI		AT COUNTRY?
FUNERAL	118 BLUE RIDGE	E DR.				33962				USA	
5	11. MARITAL STATUS	12. WAS OECEDEN	T EVER IN U.S.	ARMED				ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indian, White, atc.
ВУ	1 Never Married 2 Married 3 W Widowed 4 Divorced		YES 2 [NAR OR DATES		1 🗆	specify Cuban, M YES 2 PKNO S	pecify:	uarto Hican, etc.)		Specify:	
60	15. OECEDENT'S	NWII	160	DECEDENTIE	USUAL OCCUP	471011					WHITE
ETE	(Specify only highest Elementary/Secondary (0-12)	grade completed) College (1-4 or 5		(Give kind of a	vork done durino	most of working		t6b. KIND OF BUS	SINESS/IND	USTRY	
P	12	Conege (1-4 or 5	"	PR	ESIDEN:			CENTR	AL DO	DDGE (CAR AGENCY
COMPLET	17. FATHER'S NAME (First, Middle, La		_			18. MOTHER		First, Middle, Maiden	Sumame)		
BE (BENJAMIN	GLAS	S					MNA		LLER	
10	19a. INFORMANT'S NAME (Type/Print)	·		19b. MAILING	AODRESS (Stre			Number, City or Town			26
	MR.GERALD GLAS				UNNYDAI		REIS	STERSTOWN	, MD	211:	36
	20a. METHOD OF DISPOSITION 1 Burlet 2 A Cremation 3	Removal from State		crematory or of	of DISPOSITION ther place)	(Name of	1	OATE 20c. LO	CATION (City or Town	ı, Steta
	4 Donation 8 Other (Specify, 21, SIGNATURE OF TUNERAL SERVI		LC	DUDON		9/	19/9		LTIMO	ORE, I	MD
	1/41.0	h // L.	110	s II.				& BROS.	, INC.		
	Money	" HILL	Klua		6010	DETSTE	RSTY	WINI DD P	AT.TO	. MD	21215
	23. PART Y. Enter the diseases shock, or heart fail	i, or complications the lure. List only one cau	it caused tha use on each li	daath. Do n Ina.	ot antar tha	moda of dying,	such as	cardiac or respi	ratory srr	eat,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	100	- 0			_ 7					Onset and Daat
	reaulting in dasth)	a. JACO	(OR AS A CONS	REVI	ZFE	LAT I	1150	ASE			3 month
Z			(en no n cont	JEGGENGE OF	,						
RTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO	(OR AS A CONS	SEQUENCE OF	ን፡						
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	с									
F	that initiated events resulting in death) LAST	OUE TO	(OR AS A CONS	SEOUENCE OF	7:						
E	The state of the s	d									1
_	PART II. Other aignificant cond	ditions contributing to	daath but no	t resuiting i	n tha underly	Ing cause giver	in Part	1. 24a. WAS AN		24b. W	ERE AUTOPSY FINDINGS
MEDICA								PERFOR		C	WAILABLE PRIOR TO OMPLETION OF CAUSE
ME									1		F DEATH?
ä											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:				PLACE OF DEATH	(Check o	nnly one)			
IYS	1 TYES 2 NO	1 Inputiant 2				ome 5 - Reside	nce 6 🗆	Other (Specify)			
	27. MANNER OF OEATH 1 Natural 5 Pending	28a. OATE OF (Month, D.		28b. TIMI	URY	INJURY AT WORK?		DESCRIBE HOW I	NJURY OCC	URED	
В	2 Accident Investiga	-	E IN HIDY A			YES 2 NO	_				
E	3 Suicida 8 Could no		F INJURY — At etc. (Specify)	noma, tarm, a	treet, tectory, o	Mice	281	. LOCATION (Street a City or Town, State)	nd Number (or Rural Rout	te Number,
COMPLETED	29a. CERTIFIER CERTIFYING	DHYCICIAN T- H	Light House		Links - 1	-					
MP	(Check only one) 2 MEOICAL EX	PHYSICIAN: To the best of AMINER: On the beste of a	my knowledge, kemination and/	death occurre	d at the time, d	eta and placa, and	due to th	ne cause(s) and men	ner an state	d.	
3	29b. SIGNATURE AND TITLE OF CER			- investigation	-, at my opinior						
BE	MBaul	MAN				29c. LICENSE	NUMBER		29d. DATE	SIGNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUS	SE OF OEATH (IT	TEM 27) (7/100	Print)	17949			9	-18	-91
	Johns Hop		+>1			fe St.		Beltmon	. 1	10	
	SEP 2.5 1991	a 32. REGISTRA	R'S SIGNATURE		, ,,,,,	.0 01.	-	Dellimon	- 70	11-	
	SEL 29 1331	Gulia Davids	m-Hande	02.							
	1000										



_	
	١
	,
58760,	
P.O. BOX 68760	
P.O.	
RECORDS, P.	
DIVISION OF VITAL R	
OF	-
SION	The second second second
<u> </u>	-

THE PUSP TALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be attended to the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

		ARYLAND / DEPA	RTMENT OF	HEALTH AND	MENTAL H	YGIENE	91 7	26051
	1. DECEDENT'S NAME (First, Middle, Last) RUTH CGLD		FICATE OF	DEATH	2. DATE OF D	EG. NO. EATH DAY	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-48-1792 1 \(\text{ M } 2\) F	6. AGE (In yrs. lest birthdey) 81 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day.		Country)	ACE (State or Foreign
TOR	98. FACILITY NAME (If not institution, give street and number) SINA! HUSPITAL RESIDENCE OF DECEDENT			OR LOCATION OF E	DEATH		UNTY OF DEAT	
DIRECTOR	100. STATE 100. COUNTY MARYLAND	10c. Cl	ITY, TOWN OR LOCAL BALT	TIMORE				Dd. INSIDE CITY LIMITS?
FUNERAL	2219 ROGENE DR., APT. 203		10	H. ZIP CODE	209	10g. CIT	TIZEN OF WHA	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Olvorced 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO AR OR DATES	If yes, sp	CENDENT OF HISPA Decily Cuben, Mexic B 2 NO Speci	can, Puerto Rican,	ecify Yee or No-	14. RACE — Black, W Specify:	American Indian, white, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of		ON ost of working	16b. KIND	OF BUSINESS/INI		
BE COM	17. FATHER'S NAME (First, Middle, Last) DAVID ULMAN	1 11000	, DEA	18. MOTHER'S N. ROSA	AME (First, Middle,			
TO B	190. INFORMANT'S NAME (Type/Print) MR . DAVID GOLDHEIM	19b. MAILING 8209	SCOTTS I	and Number or Rural	- BALT	ty or Town, State, Zij	(p Code) 2120	08
	20 METHOD OF DISPOSITION 1 ABuriel 2 Cremation 3 Removal from State 4 Densition 5 Other (Specify)	20b. PLACE AND DATE cametery, cremetory or a RALTIMORE	other place)			20c. LOCATION — BALTIM		
	21. SIGHATURE OF FUNERAL SERVICE LICENSEE	ian	SOL 6010	LEVINSON	ACILITY N & BROS	S., INC.	o MD	21215
	IMMEDIATE CAUSE (Final disease or complications that of the complex condition resulting in death)	caused tha death. Do e on each line. MO MATY OR AS A CONSEQUENCE OF	not anter tha mo	oda of dying, suc	ch aa cardiac o	or raspiratory ar	rest,	Approximata interval Between Onset and Death
CERTIFICATION	if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OR AS A CONSEQUENCE OF	OF):	56/G'2	ation	,		idag.
	PART II. Other significant conditions contributing to de	leath but not resulting	in the underlyin	o cause given in	Part i 24a	WAS AN AUTOPSY	24h W5	RE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL					1 -	PERFORMED? YES 2 NO	CO DF	MALABLE PRIOR TO MIPLETION OF CAUSE DEATH? YES 2 NO
YSICI		ER/Outpatient 3 🗆 DOA	OTHER:	LACE OF OEATH (C)		cify)		
ВУ РН	27. MANNER OF OEATH Natural 5 Pending 2 Accident Investigation 28. DATE OF IN (Month, Day,	(Year) IN.	M 1 1	PRK? YES 2 NO	28d. OEŞCRIBE	HOW INJURY OC	CUREO	
100	4 Homicide datermined	INJURY — At home, term, tc. (Specify)	street, fectory, office		281. LOCATION City or Town	(Street and Number n, State)	r or Rural Route	Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beet of examiner	y knowledge, death occurr mination end/or investigation	red at the time, date on, in my opinion, d	end place, end due	e to the cause(e) o	and menner as atat	ted. he ceuse(e) en	d menner ee stated,
TO BE		Howe si		29c. LICENSE NUI	MBER	29d. DAT	E SIGNED (MO	onth, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE RAJES H CHAWLA	SINA!	HOSP	er 8	ALTII	none		

p. pegistbar's signature fruha Davidson-Randall

31. OATESTEP 25. 1991

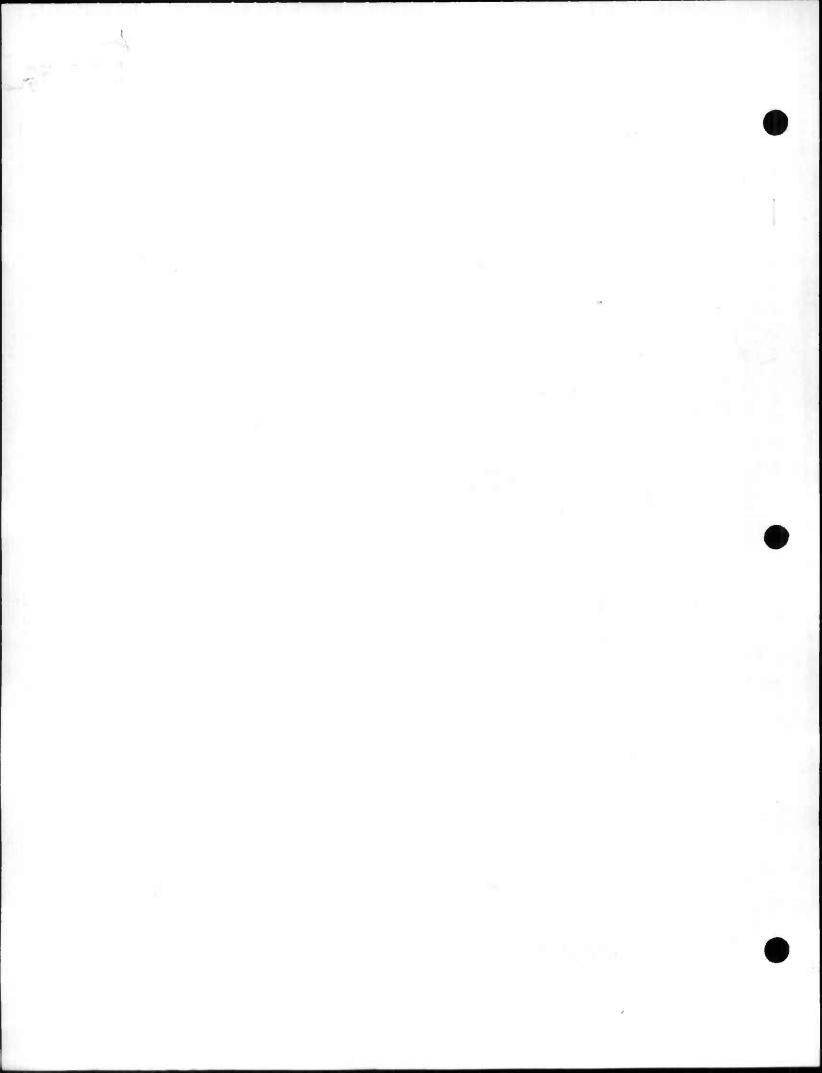
Man 11

5-0020	physician.	a the Parial-fransit nermit Pages 1 2 3 show		
D, BALTIMORE, MARYLAND 21215-0020	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hor east actions.	letely filled in by the funeral director, page 5 should be detached in	emation, or removal.	nt, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR	RTMENT OF	HEALTH AND	MENTAL HYGH	NF.	91 26052
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		CERTIF	ICATE O	F DEATH	REG.	10.	
	MATTIE	Mattie	Je1.1	Hopewe.	L1	2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		991 10:40pm B. BIRTHPLACE (State or Foreign
	216-10-6015 9a. FACILITY NAME (If not institution, give s	1 🗆 M 2 🖔 F	93 YRS.	MONTHS DAYS	HOURS MIN.	10-22-	1897	S. C.
DIRECTOR	Maryland General				or Location of D litimore		9c. COUNT	TY OF DEATH
딦	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CIT	Y, TOWN OR LOC	ATION			
	MD			TIMOR				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	851 N. BENTALO	ION MANOR N USTREET ₁₅	URSING HO		21216	5		S . A .
15	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 7	R IN U.S. ARMED	13. WAS D	ECENDENT OF HISPA	ANIC ORIGIN? (Specify	Yea or No 1	4. RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Diverced	IF YES, GIVE WAR OF	DATES		ES 2 X NO Spec	an, Puarto Rican, etc.) ify:		Specify: BLACK
一	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of	work done during	TION most of working	16b. KIND OF	USINESS/INDU	
COMPLETED	Elementary/Secondary (0-12) N/A	College (1-4 or 5+)	life. Do NOT us	BLED				
BE COI							ARKER	
10	190. INFORMANT'S NAME (Type/Print) EUNICE RICHAR	DSON	19b. MAILING 851 N	ADDRESS (Stree	TALOU S	Route Number, City or 1	OWN, State, Zip C	MD 21216
	20a, METHOD OF DISPOSITION 1 VI Burial 2 Cremation 3 Remo		206. PLACE AND DATE COMMENTS OF ON AR BUTUS					ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	AKBUTUS		PARK AND ADDRESS OF F		RBUTU	3, MU
	· (abin L.	William	2	WM.	C.MARCH	F.H./11		NORTH AVE.
	23. PART I. Enier the diseases, or c shock, or heart failure.	omplications that cause or	ed the death. Do n	Dt enter the n	node of dying, suc	ch sa cerdiac pr res	piretory srres	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	and the same of th	cardiac	arryth	nia			interval Between Onset and Deeth
		DUE TO (OR A	S A CONSEQUENCE DE	7:				
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE OF	·):				
임	CAUSE (Diseeae Dr injury	DUE TO (OR A)	S A CONSEQUENCE OF					
F	that initieted events resulting in death) LAST	, , , , , , , , , , , , , , , , , , ,	S A CONSEQUENCE OF	7.				
빙	DART II ON THE I							
N N	PART II. Other significent conditions	contributing to desti Pneumoni	but not resulting i	n the underlyi	ng ceuse given in	Part i. 24a. WAS / PERF	AN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
MEDICA		- Ire dimerra				1 YES	2K NO	COMPLETION OF CAUSE OF DEATH?
1								1 TYES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL							
100	EXAMINER? 1 YES ZX NO	HOSPITAL:		OTHER:	PLACE OF DEATH (C)			
Ě	27. MANNER OF DEATH	↑ Inpetlant 2 □ ER/O				8 Other (Specify) 28d. DESCRIBE HOY	(IN RIEW COOK	DED.
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJ	URY	JURY AT ORK? YES 2 NO	ass. DESCRIBE NO	INJUNI OCCU	NED
8	3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, atc. (S	RY — At homa, farm, a pecify)	freat, factory, off	ica	281. LOCATION (Street City or Town, Sta	et and Number or	Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 X CERTIFYING PHYSIC	CIAN: To the best of my kn	owledge, death occurre	d at the time, da	te and place, and dua	to the cause(a) and m	anner as stated	couse(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			,, epinoti,			-	
BE	Freis W	PEY	I		29c. LICENSE NU			IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Walid Freij M. D							. , , ,	

32. REGISTRAR'S SIGNATURE



-	
-	
w	
-	
900	
P.O. BOX 13146,	
_	
-	
100	
-	
_	
\sim	
	-
\sim	
600	
_	- 1
\sim	
_	
	,
_	
-	
RECORDS,	
-	
9)	
_	
_	
COLUMN TO SERVICE	
LIE.	
_	
r	
~	
ш	
-	
~	
to America	
_	
_	
-	
-	
-	
-	
N OF VITAL	
1.1	
-	
()	
$\overline{}$	
-	
1	1
_	
_	
100	
U)	
~ *	
_	
3	
DIVISION	

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four death, Page 6 may be retained by the hosp that I ALLE TONE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. HENDELANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	hos	ache		ce.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing the part death. Page 6 may be retained by THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be a within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burlal, cremation, or removal. HEPHENTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at	the	det		0
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withink of ourside death. Page 6 may be retained THE HUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. HEPHENTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified.	2	t be		at
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 since within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. HEADTHANT: It litem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not	ined	Doute		flee
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page of may be the rithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. HENDING IN INC. It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be	reta	50		not
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the function of the function of the transfer of the standing physician and completely filled in by the functal director, per within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. HEPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must	20	age		90
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the function of the functi	ma	Or, p		nst
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the functal of the functal of the thin that the truncation and completely filted in by the functal of the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. HEPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine.	ge 6	Irect		E
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the furnishment of the standing physician and completely filled in by the fune of within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. HEPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam	2	D IE		Ine
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the function of the transfer of the transf	eath	fune		хап
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the function of the translation of the strending physician and completely filled in by the attending physician and completely filled in by the attending physician and completely filled in by the attending translation of the strending translation of the strending translation of the strending translation and the strending the strending translation of	ter d	the the	DVal.	31 6
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the triple of the triple of the strending physician and completely filled in the triple of the strending physician and completely filled in the triple of	S at	5	reme	dic
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the TUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filling a within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation the PLANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the	nd.	pg ja	6	E
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed of within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crema the PINE It item 28 is marked, or item 23 shows any injury, or other traumatic event,	-	y fill	Hion	the
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed we the THE TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and composed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, or the think the State Dept. of Health and Mental Hygiene prior to burial, or the think the State Dept. of Health and Mental Hygiene prior to burial, or the traumatic events.	Athir	letel	rema	aut,
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut in the TUNERAL DIRECTOR; After this certificate has been signed by the attending physician and controlled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burine PREMIER If Item 28 is marked, or item 23 shows any injury, or other traumatic	pa ^	mo:	a, c	6
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be extended to the attending physician a continuate that with the State Dept. of Health and Mental Hygiene prior to the propriate that any state and the state of the state and higher traum.	ecut	pul c	port	atic
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be that HE TUNERAL DIRECTOR: After this certificate has been signed by the attending physician or within 72 hours after death with the State Dept. of Health and Mental Hygiene prior transmits it item 28 is marked, or item 23 shows any injury, or other transmits that the property or other transmits and the property or other transmits.	9	an a	9	En
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical in the TUNERAL DIRECTOR; After this certificate has been signed by the attending phere within 72 hours after death with the State Dept. of Health and Mental Hygiene HEPPITANT: It item 28 is marked, or item 23 shows any injury, or other	ate b	yslci	prio	ta .
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending that within 72 hours after death with the State Dept. of Health and Mental Hygine Propriet it item 28 is marked, or item 23 shows any injury, or or	tifica	nd 0	ene	the
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death THE TUNEAAL DIRECTOR: After this certificate has been signed by the attended within 72 hours after death with the State Dept. of Health and Mental HEPDRIANT: If Item 28 is marked, or item 23 shows any injury, or	06	ugu	F	0 10
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the of the IT THE TUNEAL DIRECTOR: After this certificate has been signed by the case within 72 hours after death with the State Dept. of Health and Me IT THE THE THE THE THE THE THE THE THE TH	eath	atte	Tag.	7, 0
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that it the TUNERAL DIRECTOR; After this certificate has been signed by the within 72 hours after death with the State Dept. of Health and IMPORTANT; If Item 28 is marked, or item 23 shows any item 24 shows any item 24 shows any item 25 shows any	the	the	Me	를
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the THE TUNEAL DIRECTOR: After this certificate has been signed as within 72 hours after death with the State Dept. of Health HEPORTANT: If Item 28 is marked, or item 23 shows a	hat	P D	and	ny
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement UNERAL DIRECTOR; After this certificate has been seen a within 72 hours after death with the State Dept. of HIMPORIANT: If Item 28 is marked, or item 23 show	res t	agne	ealth	6 3
THE HOSPITAL OR ATTENDING PHYSICIAN: The law in the TUNEAAL DIRECTOR; After this certificate has been within 72 hours after death with the State Dept.	edni	en s	Of H	how
The HE HOSPITAL OR ATTENDING PHYSIGIAN: The I THE TUNERAL DIRECTOR: After this certificate ha the certificate to stee the state of them 28 is marked, or item 2	J MP	s be	ept.	3 8
TO HE HOSPITAL OR ATTENDING PHYSICIAN: 1 THE FUNEAL DIRECTOR: After this certificates within 72 hours after death with the Statement ANT: It item 28 is marked, or ite	The 1	e ha	e D	E
TO THE MOSPITAL OR ATTENDING PHYSICIA THE HE FUNERAL DIRECTOR: After this certical rithin 72 hours after death with the	N.	ficat	Stal	ite.
THE HOSPITAL OR ATTENDING PHYS THE HE FUNERAL DIRECTOR: After this THE OFFICE ACTION OF THE HOSPITAL OFFI HENDRIANT: If Item 28 is marked	200	certi	the	, 0
TO HE HOSPITAL OR ATTENDING IN THE FUNERAL DIRECTOR: After the full of the party of	H.	this	with	ked
TO HE HOSPITAL OR ATTENDI TO THE FUNERAL DIRECTOR: A E. C. Attin 72 hours after of IMPORTANT: If Item 28 Is	NG	ffer	eath	E III
TO HE MOSPITAL OR ATTE TO HE FUNERAL DIRECTO EL COL TITHIN 72 hours after IMPORTANT: If Item 28	NO.	R. A	er de	.00
TO HE HOSPITAL OR TO THE FUNERAL DIRE CE TO ATTHIN 72 HOURS INPORTANT: If Item	ATTE	000	s aft	28
TO HE HOSPITAL TO THE PUNERAL THE FOR HITHIN 72 1	OR	DIRE	NOUR	tem
TO THE HOSPI TO THE FUNER THE ROOF WITHIN	TAL	ME	72	Ξ
A POW	SPI	INER	thiu	N.
P. P. S.	H.	E 9	A D	H
7 7 =	4	Š	â	4PO
	7	f	7	*

	STATE OF	MARYLAND / DEPARTMENT CERTIFICATE	MENTAL HYGIENE REG. NO.
de, Last)			2. OATE OF DEATH

	1. DECEDENT'S NAME (First, Middle, Lest) Mona May	Hayes				2. OATE OF DEATH	wy <	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH MACRIT CO 1913 8. BIRTHPLACE (State or Foreign					
TOR	9e. FACILITY NAME (If not institution, give street and nur Francis Scott Key Med				imore	ATH	9c. COUNT	TY OF DEATH	
DIRECTOR	Md. 106. COUNTY Baltimo	re		TOWN OR LOCAT	ION	127	_	10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	5 Brett Court Apt. 2			101	21221		10g. CITIZ	EN OF WHAT COUNTRY?	
B		ECEDENT EVER IN U.S. ES? 1 VES 2 GIVE WAR OR DATES	RMED NO	If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No—	14. RACE — American Indien, Black, White, stc. Specify: White	
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College ((6	6a. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Housewife Home				DUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) Scott Dudger				18. MOTHER'S NAI Susa	ME (First, Middle, Maide In Simmon			
10	Beatrice Criss,	11	Rt. 2	Box 1	nd Number or Rurel F	noute Number, City or To enelton, W	vn, State, Zip (26444	
	20e. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Removal from 5 4 Donation 5 Other (Specify)	itate 20b. PLACE	of disposit	Cemete		26/91 Ki		lty or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	uglefa	he	Bruzda		meral Hom	-	Md. 21221	
	23. PÁRT I. Enter the diseases, or complicate shock, or heart failure. List only disease or condition resulting in death)	PUL MONAY	EOUENCE OF:	tolism				Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Sequentially list conditions, Due to (or as a consequence of):								
MEDICAL	PART II. Other algorificant conditions contribution of all of the Martin Mypertension, Diale	, Stroke	resulting in Ser	your d	g cause given in Usuruh F Failuruh		N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 V NO 1 1 logst	FAL:		OTHER:	ACE OF DEATH (Chi				
БУ РНУ	27. MANNER OF DEATH 28e. 1 Natural 5 Pending	DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJ		28d. DE\$CRIBE HOW	INJURY OCC	URED	
	2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the beautiful one) 2 MEDICAL EXAMINER: On the beautiful on the beautiful one of the beautiful one								
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIER	M (ICV	Residen	+	29c. LICENSE NUM D-110	ABER DG	29d. DATE	SIGNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED OF CRASS OF MANY	19 4942	EM 27) (Type, P	Hen Ar	e BA	lt, M)	9123	4	
	31. DATE FILED (MODIF), Day, 1941 SEP 2571991 July	ha Davidson-Ra	ndell						

.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

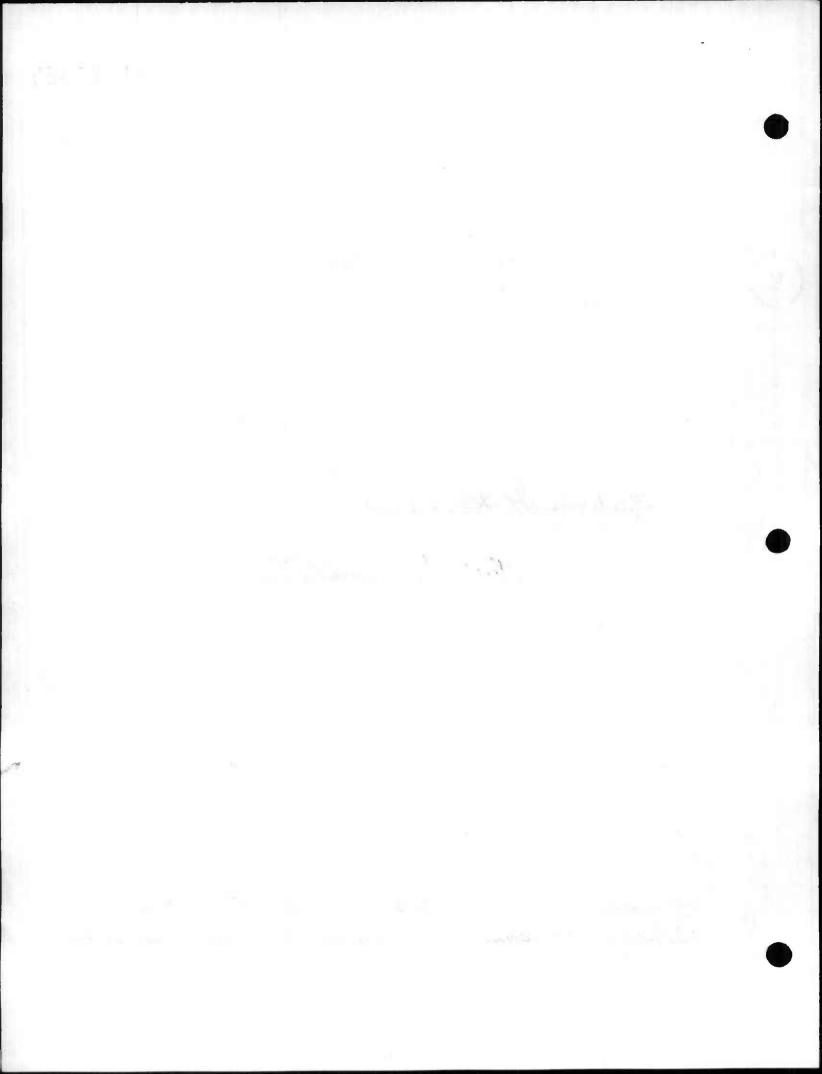
BALTIMORE, MARYLAND 21215-0

1991

2	deta		
	P		
2011100	should		THE RESERVE THE PARTY OF THE PA
	10		
200	page		
-	ector		
ì	6		
our for powers or form	OR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta		
	he	É	
	by	гето	**
	D it	50	
	fille	HOU.	
	pletely	remai	4
	mo:	- i	-
	and c	buri	- 41 -
	5	2	į
	ysicia	prior	
	4	ene	4
	nding	HYD	-
	atte	nta l	1
	the	Me	
	3	and	
	gned	afth	
	S	H	-
	eer	0	4
	has t	Dept	00
	icate	State	140
	ertif	the	
	this c	with	Land
	After	jeath	the state of the s
	OR	fter c	0 10

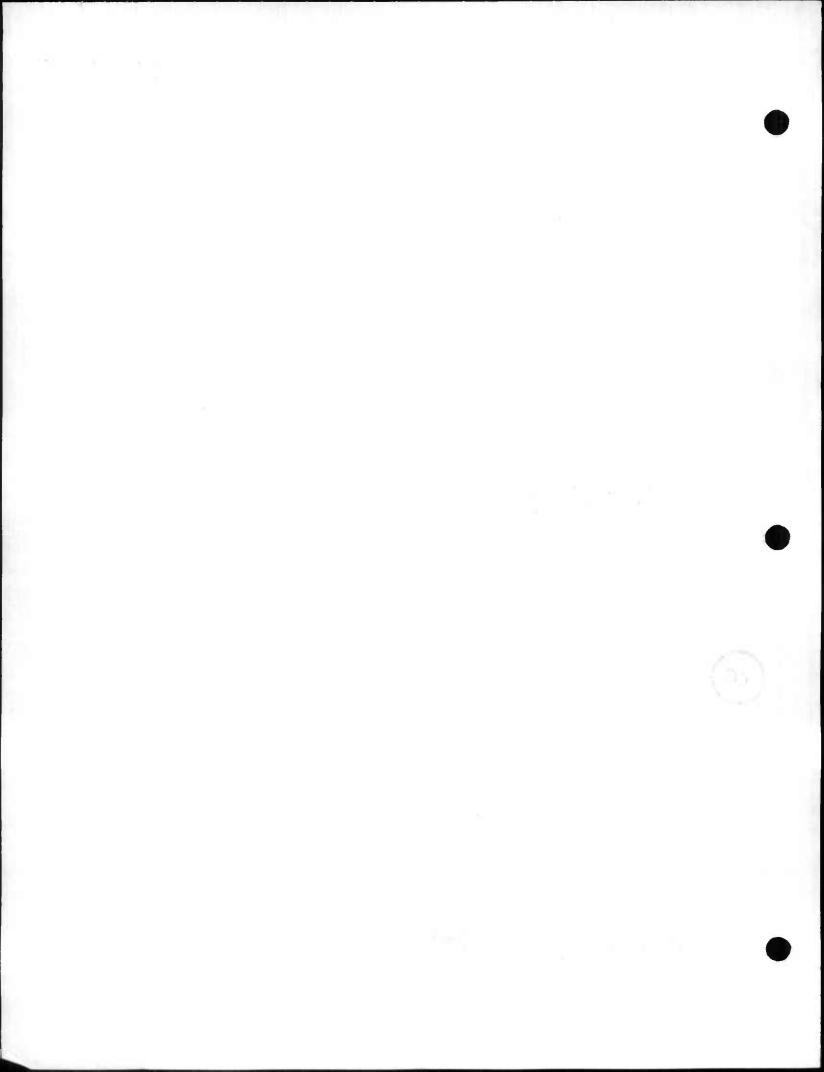
1 - STATE REGISTRAR	STATE UP MARY	LAND / DEPART CERTIFIC	MENT OF H	EALTH AND MEI		E	26054
1. DECEDENT'S NAME (First, Middle, Last Phillip Walt		OLIII II	DAIL OF	1	REG. NO.	71. 199 YEAR	3. TIME OF SEATH
4. SOCIAL SECURITY NUMBER 206-58-7194	1 X X 2 □ F	18 YRS.	F UNDER 1 YEAR ONTHS DAYS	D	ATE OF BIRTH 1 (Month, Day, Year) 1 ecember	2	THPLACE (State or Foreign ntry) Ork, PA
98. FACILITY NAME (If not institution, give 2200 Blk, Bond		1		nd Line		9c. COUNTY OF	
10a. STATE 10b. COUN Pennsylvania	York		rown or Locat				10d, INSIDE CITY LIMITS?
R.D.#1, Box	251A			2IP CODE 17352		10g. CITIZEN OF	1 ☐ YES 2 🔀 NO WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	25 300	If yes, spe	ENDENT OF HISPANIC O lefty Cuben, Maxican, Pu XIX NO Specify:	RIGIN? (Specify Yea erto Rican, etc.)	Bis	CE - American Indian, lick, White, atc.
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondery (0-12)	UCATION le completed) College (1-4 or 5+)	18e. DECEDENT'S US (Give kind of wor We. Do NOT use in Carpen	k done during mos etired.)	N st of working	186. KIND OF BUS	struct	
17. FATHER'S NAME (First, Middle, Last) Dale W. Heap	s			18. MOTHER'S NAME (F		Surname)	
190. INFORMANT'S NAME (Type/Print) DAle W. Heap	s	R.D.#	DRESS (Street at	251A, N	Number City or Town	State, Zip Code) Pa.	17352
21. SIGNATURE OF FUNERAL SERVICE L	ICENSE!	nhous	Inc.	Cemeter D ADDRESS OF FACILITY 19 S. M rtstown,	J.J.Ha ain St. Pa. 17	rtenst 363-03	e, Pa. 173 ein Mortua 25
23. PART I. Enter the disesses, or ahock, or heert fellure. IMMEDIATE CAUSE (Finel disesse or condition reaulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST	a. DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	-	Te Inju		mory srrest,	Approximate interval Between Onset and Death
PART II. Other significant condition	ns contributing to deeth	but not resulting in t	the underlying	ceuse given in Part	1. 24s. WAS AN A PERFORM	IED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	netlers 2 Do	THER:	NCE OF DEATH (Check on	1 0		
27. MANNER OF DEATH 1 Neturn 5 Pending Investigation 2 Accident Investigation 3 Suicide \$ Could not be determined	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	M 1 Y	ES 2 NO	DESCRIBE HOW IN. LOCATION (Stripet and Conference of Towns	lon Du	To make / L
99a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI	ICIAN: To the best of my know	rledge, death occurred a	t the time, data a	and place, and due to the ath occured at the time,	cause(s) and menn	er se stated.	a) and manner se stated.
96. SIGNATURE AND TITLE OF CERTIFIE	moner	eca	nd .	29c LICENSE NUMBER			D (Month, Day, Year)
TO NAME AND ADDRESS OF DEDOON WE	O GOMPLETED CAUSE OF DE	ATH (ITEM 27) /Fee Out	met.				4 /
ID. NAME AND ADDRESS OF PERSON WITH A PARTY OF THE PROPERTY OF THE PARTY OF THE PAR	DONNE /	1110-23	04 41	moleure	NR+ U	22702110	21093 m Md

OHMH-18 Rev 1/89



.C. DOX CO. C. DALLIMORE, MARILANI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The presence of the confined by the bost	TO THE FUNERAL DIRECTOR: After this certificate mas been according to the fune and completely filled in by the funeral director, page 5 should be detached	Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Juny or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: TIP IN THE PROPERTY OF	TO THE FUNERAL DIRECTOR: After this certificate has been aloned by the age	be filed within 72 hours after death with the State Deat, or particle ment	IMPORTANT: If item 28 is marked, or item 23 shore any Joury of

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT OF CERTIFICATE O	HEALTH AND I	MENTAL HYGIEN		20000
	1. DECEDENT'S NAME (First, Middle, Last)	1 -			2. DATE OF DEATH	AY YE	3. TIME OF DEATH
	Ann	JaFFa	a		9 2	4 9	AR 6:45 4 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday) IF UNDER t YEAR		7. DATE OF BIRTH (Month, Day, Year)	8. 8	BIRTHPLACE (State or Foreign country)
- 1	214-14-4761 90. FACILITY NAME (If not institution, give str		O YRS.		8.2.2	1	Maryland
Œ		they Hosp		OR LOCATION OF DE		9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT	MEY 1403 P	rice pa	FIMOR	e	CI	41
R	10e. STATE 10b. COUNTY		10c. CITY, TOWN OR LOC	ATION			10d. INSIDE CITY
	Maryland 100. STREET AND NUMBER		Baltimor				1 YES 2 NO
FUNERAL				IOF. ZIP CODE			OF WHAT COUNTRY?
N.	6015 Sefton Avenu	12. WAS DECEDENT EVER IN I	IIC ADMED 40 MM D	21214		U.S.	
	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO If yes,	Specify Cuben, Mexice ES 2 X NO Specify			RACE — American Indian, Black, White, etc.
ВУ	3 💢 Widowed 4 🗌 Divorced	ii Teo, Give Hall On Dal		is 2 M NO Specify	r:		Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION (completed)	18e. DECEDENT'S USUAL OCCUPA (Give kind of work done during i life. Do NOT use retired.)	TION nost of working	16b. KIND OF BU	SINESS/INDUST	RY
) LE	Elementary/Secondery (0-12)	College (1-4 or 5+)					
OME	17. FATHER'S NAME (First, Middle, Last)		Homemaker				
	Sabatino Tiburzi				ME (First, Middle, Maiden Vasti	Surname)	
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street			n Stelle 7in Cod	
5	Joseph J. Jaffa		1101 N. Cal				21202
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo	20b.P	PLACE AND DATE OF DISPOSITION	Vame of		CATION — City	
	4 Donation 5 Other (Specify)	Mon	reland Memoria		9/26/91 B	altimor	re 21234
	21. SIGNATURE OF FUNERAL SERVICE LICE			and address of factoriand J. F	CILITY		
	Mark T.	Lawyra	530)5 Harford	Rd. Bal	timore.	Md. 21214
	23. PART i. Enter tha diseasea, or contact the enterty failure. L	omplications that ceused t	tha death. Do not enter tha m	ode of dying, auch	aa cardiac or respi	ratory arreat,	Approximata
	IMMEDIATE CAUSE (Finel	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		,			intervei Between Onset and Death
	disease or condition resulting in death)	Metasta	tic breast	carcinono			even 3 years
_		DUE TO (OR AS A C	CONSEQUENCE OF):				0
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE OF):				
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury						
FI	thet initieted eventa	DUE TO (OR AS A C	CONSEQUENCE OF):				
H	resulting in death) LAST						
F	PART ii. Other eignificent conditions	contributing to death but	not resulting in the underlyi	ng ceuse given in I	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
200	multiple cut	S			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME							OF DEATH?
ä					- 12		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		PLACE OF DEATH (Che	ck only one)		
YSI	1 - YES 2 NO	1 Inpatient 2 ER/Outpati		me 5 🗆 Residence (Other (Specify)		
	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	INJURY	JURY AT ORK?	28d. DESCRIBE HOW II	JURY OCCURE	D
BY	2 Accident Investigation	284 PLACE OF IN HIDY		YES 2 NO			
	3 Suicide 8 Could not be determined	building, atc. (Specify,	At home, ferm, street, fectory, off	ce	28f. LOCATION (Street a City or Town, State)	nd Number or Ru	iral Route Number,
	29e. CERTIFIER	100 To 10 To			-2.2		
COMPLETED	(Check only one) 2 MEDICAL EXAMINER	: On the basis of examination a	ige, death occurred at the time, dated	e end place, end due t death occurred at the t	to the cause(e) end men	ner ee stated.	ma/a) and malana a sala d
OI				doen occored at the t	mile, date end piace, en	a doe to the can	rae(e) end menner ee stated,
				T and I IOFNIOS ANUE	nen		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	de		29c. LICENSE NUM		29d. DATE SIG	NED (Month, Day, Year)
w i		CDMPLETED CAUSE DF DEATH	H (ITEM 27) (Type, Print)	29c. LICENSE NUM			
BE	296. SIGNATURE AND TITLE OF CERTIFIER	_	H (ITEM 27) (Type, Print)	1 100			NED (Month, Day, Year)
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	_	333 St. Paul	1 100			



1	- A	
2	38	
æ	iQ)	
쮆	38	
-8	Æ.	7
먲	"H	
810	63	
5	ŏ	
0	목	1
Ē	ē	- 1
eta	6/9	
-	S	
ā	8	
9	D	- 1
E	50	
9	8	
8	=	
2	=	
Ę.	6	-
eat	5	
ō	9 -	: 1
e	# 2	
a	BE	
55	2 5	1
ŏ	Po	1
	e -	
Ň	io i	
등	na)	
릊	9	
2	E	
重	25.6	
200	po	-
ä	e o	
0	an I	
0	5.5	
ate	80	
2	a e	
5	9.00	
ö	현	
듶	= Te	
e	at	Ti.
9	Me Me	
£	70	
at	5 5	3
=	the de	-
es.	Page	. 1
5	O I	
red	9 0	4
*	ă -	
6	as Je	6
9	4 0	1
-	ate	
3	S	
ਲੋ	the ent	-
S	2 -	-
Ŧ	his	-
0.	7	7
2	fte eat	-
0	Ab	6
E	R P	-
=	F 70	č
~	IS R	- 8
Ö	200	9
1	-1 2	-
	8 V	4
S	NE NE	5
우	豆豆	3
w	a P	8
I	王皇	5
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Trours after death. Page 6 may be retained by a second of the Hospital Or Attendance of the Hospital Or Attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be interested by filled within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	INDOCATALY IS item 26 in wordered as Mann 22 channes made fallent and about the second the second to
-	F- 0	3

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT CERTIFICAT	IT OF HEALTH AND	MENTAL HYGIEN		1 20000
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF DEATN
1	GEORGE	ERNEST	JOH	NSON	09 20°	1991	1:05 P M
	4. SOCIAL SECURITY NUMBER		MONTH	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRT Coun	NPLACE (State or Foreign
	218-26-2170	1 M 2 🗆 F	6.6 YRS.		4-07-2	5	Va.
000	90. FACILITY NAME (If not institution, give at GOOD SAMARITAN		9b. Cr	TY, TOWN OR LOCATION OF		9c. COUNTY OF	DEATH
18	RESIDENCE OF DECEDENT	HOSPITAL		BALTIMORE	CITY		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN		TIMORE		10d. INSIDE CITY LIMITS?
	MD 10e. STREET AND NUMBER				LTIMORE		1 X YES 2 NO
RA	6402 MC CLEAN	BI VD.		101. ZIP CODE 2121	Λ		WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED 13	. WAS DECENDENT OF NISP			
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, OIVE WAR OR DAT	2 NO	If yes, specify Cuben, Maxi- 1 ☐ YES 2 X NO Spec	can, Puerto Rican, atc.)	Blac Spe	CE — American Indian, ck, White, etc.
						Зре	BLACK
ETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed)	18a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired.	during most of working	16b. KIND OF BU	SINESS/INDUSTRY	
12	12TH	College (1-4 or 5+)		LOYED			
COMPL	17. FATNER'S NAME (First, Middle, Lest)			18. MOTNER'S N	AME (First, Middle, Malden	Surname)	
BE (ERNEST JOHNSON	N		PHOEB	E ROYSTER		
0	190. INFORMANT'S NAME (Type/Print) REV. MAMIE JOH!	NCON	19b. MAILING AODRE	SS (Street and Number or Rura	And Andrews An	n, State, Zip Code)	4D 01014
	REV. MAMIE JOHN			CLEAN BL			
	1 N Buriel 2 Cremetion 3 Ramo	20b. F cemai	PLACE AND DATE OF DISPO Bry, crematory or other place RUID RIDG	SITION (Name of		CATION — City or T	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		CEMETERY NAME AND ADDRESS OF F		KESVILI	LE, MU
	· (alvin 1	William		WM.C.MARCH	F H /110	1 F NO	ORTH AVE
	23. PART I. Enter the diseases, or co	omplications that caused	the death. Do not ante				
	IMMEDIATE CAUSE (Final	list only one cause on eac	th line.				Approximate interval Between Onset and Daath
	disease or condition resulting in death)	Nuperten	ive Arter	rocleote 1	orchoresail	~ Pise	asc
_		TO (OR AS A C	CONSEQUENCE OF):				
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A C	ONSEQUENCE OF):				
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury						
불	that initiated events resulting in death) LAST	OUE TO (OR AS A C	ONSEQUENCE OF):				
CER							
AL	PART II. Other significant conditions	contributing to death but	not resulting in the u	nderlying cause givan Ir	Part I. 24s. WAS AN		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
Dig					1 🗆 YES 3		COMPLETION OF CAUSE OF DEATH?
ME						`	1 - YES 2 - NO
AN	25. WAS CASE REFERRED TO MEDICAL						
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:	OTHE				
눞	IXXYES 2 □ NO			rsing Nome 5 Residence		NJURY OCCUREO	
	27. MANNER OF DEATN	28a. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE NOW I		
m	ITAMES 3 NO	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME OF INJURY M	WORK?	28d. DEŞCRIBE NOW I		
ED BY	27. MANNER OF DEATN 1 Statural 5 Pending investigation 3 Suicide 8 Could not be		INJURY M	WORK? 1 YES 2 NO	281. LOCATION (Street and City or Town, State)	and Number or Rural	Route Number,
ETED	27. MANNER O DEATN 1 Naturel 5 Pending investigation 3 Suicide 8 Could not be determined	(Month, Day, Year) 28a. PLACE OF INJURY — building, atc. (Specify	At home, 1erm, street, 1er	WORK? 1 YES 2 NO	281. LOCATION (Street & City or Town, State)		Route Number,
ETED	27. MANNER O DEATN 27. MANNER O DEATN 1	(Month, Day, Year) 28s. PLACE OF INJURY — building, atc. (Specify	At home, farm, street, facilities, facilit	WORK? 1 YES 2 NO Notory, office	281. LOCATION (Street and City or Town, State)	ner es stated.	
COMPLETED	27. MANNER O DEATN 27. MANNER O DEATN 1	(Month, Day, Year) 28a. PLACE OF INJURY — building, atc. (Specify	At home, farm, street, facilities, facilit	WORK? 1 YES 2 NO -tory, office time, date and place, and du opinion, death occured at the	281. LOCATION (Street & City or Town, State) a to the cause(a) and mare a time, data and place, an	ner ea atated. d dua to tha ceuse(i	a) and menner as stated.
BE COMPLETED	27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	(Month, Day, Year) 28s. PLACE OF INJURY — building, atc. (Specify	At home, farm, street, facilities, facilit	WORK? 1 YES 2 NO ntory, office time, dete and place, and du opinion, death occured at the	281. LOCATION (Street and City or Yown, State) a to the cause(a) and mare time, data and place, an	oner ea stated. d due to the ceuse(i	a) and menner as stated. 9 (Month, Day, Year)
E COMPLETED	27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	(Month, Day, Year) 28a. PLACE OF INJURY — building, atc. (Specify IAN: To the best of my knowfed I: On the basis of examination a	At home, farm, street, facilities, facilit	WORK? 1 YES 2 NO -tory, office time, date and place, and du opinion, death occured at the	281. LOCATION (Street and City or Yown, State) a to the cause(a) and mare time, data and place, an	oner ea stated. d dus to the couse(i	a) and menner as stated.
BE COMPLETED	27. MANNER OF DEATN 1	(Month, Day, Year) 28a. PLACE OF INJURY — building, atc. (Specify IAN: To the best of my knowfed I: On the basis of examination a	At home, farm, street, factions, street, factions, street, factions, street, factions, street, factions, f	WORK? 1 VES 2 NO	281. LOCATION (Street and City or Yown, State) a to the cause(a) and mare time, data and place, an	ner es stated. d dus to the ceuse(to 29d. DATE SIGNED 29 2	a) and menner as stated. 2 (Month, Day, Year) 2 1 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	ERTIFI	CATE O	DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH
	Joseph WALTE	D	JA	ZWINS	KI c	R.	September	23, 199	1 6:05 P m
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. la:		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign
	216 16 8152	1 🔀 M 2 🗆 F	67		MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 07/29/24	Cou	ntry) YI.AND
OR	9a. FACILITY NAME (If not institution, give str FRANKLIN SQUARE H	- '				imore	DEATH	9c. COUNTY OF Baltin	
DIRECTOR	RESIDENCE OF DECEDENT								
뿐	10a. STATE 10b. COUNTY			10c. CITY	TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?
	MD BA	LTIMORE		ROS	SEDALE				1 YES 27 THO
FUNERAL	100. STREET AND NUMBER 7928 PHILADELPHIA	ROAD	,			01. ZIP CODE 21237	/	10g. CITIZEN OF	WHAT COUNTRY?
N N	11. MARITAL STATUS	12. WAS DECEDENT	VER IN U.S. AF	MED	12 WAS D	CENDENT OF HISPA	NIC ORIGIN? (Specify Ye	a or No. 14 BA	CE — American Indian,
В	1 Never Married 2 Married 3 Wildowed 4 Divorced		YES 2 1		If yes,		an, Puerto Rican, etc.)	Ble	eck, White, etc.
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION COMPRISED (1)			JSUAL OCCUPA		16b. KIND OF BU	SINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT use		nost or working	DALGO	(DTNI IN N	nn.
₹	17. FATHER'S NAME (First, Middle, Last)	hand hand hand	1 2.11	EEL WO	JKKEK			TIN PLA	TE .
						1104	AME (First, Middle, Maider		
BE	WALTER JAZWINSKI						HINE BARON		
2	19a. INFORMANT'S NAME (Type/Print)		19				Route Number, City or Tov		01025
	VIRGINIA JAZWINSK 200. METHOD OF DISPOSITION					ELPHIA RO		ALE, MD	
	1) Buriel 2 Cremation 3 Removal from State cemeter			CEAND DATE OF DISPOSITION (Name of corrections), cremetory or other place) RTSON FOREST VA BALTO, MI)					
	21. SIGNATURE OF HUNERAL SERVICE LICE	ENSEE	GARAK.	LOUIV I	22. NAME	AND ADDRESS OF F	ACILITY	SULO, III)	
	1/2/2	- Cu			CIAC	hikoslay	F.H.		
	23. PART SEnter the diseases, or coshock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	clist only one couse Cerebro Due to (or	Vascul	ar Ac	cident	oda of dying, su	ch as cardiac or resp	piratory arrest,	Approximete Intervel Between Onset and Death
Z	Sequentially list conditions, If any, leading to immediate couse. Enter UNDERLYING CAUSE, (Disease or Johns, Cause, Chief (Disease or Johns, Cause, C								
CERTIFICATION									
2	CAUSE (Disease or Injury	Atrial	FIDET	latio	n				
Ē	that initiated events resulting in death) LAST								
S		. CHI OHIC	ODZCI	uctiv	e Pu IIII	onary Dis	ease		
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to da	ath but not	resulting in	the undariy	ng cause given in	Part I. 24e. WAS AF PERFO	RMED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
ä									
NA C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (C	heck only one)		
Sic	1 TES 2 NO	HOSPITAL:	R/Outpatient 3		OTHER: 4 Nursing He	me 5 🗆 Residence	6 Other (Specify)		
	27. MANNER OF DEATH 1)(Natural 5 Pending	26a. DATE OF INJ (Month, Day,	JURY	28b, TIME	OF 26c. II	JURY AT	28d. DESCRIBE HOW	INJURY OCCURED	
BY	2 Accident Investigation	20- BLACE OF H	A SE LEGIS			YES 2 NO			
TED	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF IN building, etc.	(Specify)	ome, term, st	reet, factory, of	Ice	281. LOCATION (Street City or Town, State	and Number or Rura)	I Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER								e(a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFICA	سال ا	017			29c. LICENSE NU	IMBER	29d. DATE SIGNE	ED (Month, Day, Year)
		unettes				N/A		1091:	23/91
2	30. NAME AND ADDRESS OF PERSON WHO			М 27) (Туре,	Print)	1 .77		(/-	
	William Stinnet	te, MD 90	000 Fr	ankli	n Squar	e Drive	Raltimore	MD 21	237
	31. DATE FILED (MOINT, Day, Tear)	32. HEGISTHAR'S	SIGNATURE			C DI IVE	Da To Tillor E	<u>, 110 ZI</u>	C01
	SEP 25	1991 Jul	ia Davids	on-Ran	della				

DALIMONE, MARTEAND 21213-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlar, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atter be filed within 72 hours after death with the State Dept. of Health and Mental	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, o

	FOR											1 2	26058
	1 - STATE REGISTRAR	STATE OF I	WARYLAND	/ DEPAR	TMEN	T OF H	HEALTH	AND	MENT				
	1. DECEOENT'S NAME (First, Middle, Las	0)			IOAI	- 01	DLA	111	2. DAT	REG. NO		1001	. TIME OF DEATH
	JOHN WESTLE	Y JENKIN	S		J	ent	INC	7	MON	E OF DEATH	n ber	YEAR	0120 N
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UND	ER 1 YEAR	IF UNDER	R 24 HRS.	7. DATE	E OF BIRTH	n v.pp		ACE (State or Foreign
	030-18-0815	1 Mr 2 F		YRS.	MONTHE	DAYS	HOURS	MIN.	(Mor	oth, Day, Year)		Country)	to the form of the same
	9a. FACILITY NAME (If not institution, give	street and number)			9b, CI	ry, TOWN	OR LOCATI	ION OF D	EATH		9c. COU	NTY OF DEA	TH
OR	PENINSULA GENE	RAL HOSPT	IAL			SALIS	BURY	7				OMICO	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUR										1		
DIRECTOR	100,000	omico Cou	ntsz		,	or Local						1	Dd. INSIDE CITY LIMITS?
7	10e, STREET AND NUMBER		il Cy	3	alla								YES 2 NO
FUNERAL	321 Charles St	reet				101	zip cod	180°	1		10g. CITI	ZEN OF WH	AT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V 145 18759	YES 2 WAR OR DATES	NO Yes	13	if yes, sp	ENDENT Code	ın, Mexici	en, Puerto	IN? (Specify Ye Rican, etc.)	a or No—	14. RACE — Black, V Specify:	American Indian, White, atc. Black
ED	15. DECEDENT'S EC (Specify only highest gra	UCATION	18a, D	ECEDENT'S	USUAL	OCCUPATION	ON		16	b. KIND OF BL	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5		Give kind of use. Do NOT us	se retired.) aunng mo	st of working	ng					
MP	Elementary			La	aborer					Chi	cken :	Indus	try
	17. FATNER'S NAME (First, Middle, Last)									Middle, Maider			
BE	40-11-0-11-11-11-11-11-11-11-11-11-11-11-									BETH J			
2	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Dorothy Davis Niece 1001 West Road, Salishury MD 21801												
	20a METNOR OF DISPOSITION												
	1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Re	20s. METHOD OF DISPOSITION 20s. METHOD OF DISPOSITION (Name of cemetery, crematory or other place) 20s. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 20s. LOCATION — City or Town, State											
	21. SIGNATURE OF FINERAL SERVICE	ICENSEE /	12 -	ar	1 22	. NAME AN	ID ADDRE	99 OF 54	CHITY				
	No about 1	Dalas	4.73	-4		. NAME A	O ADDRE	33 OF TA	CILIT	STATE	ANAT	OMY B	OARD
1	TON BUILT	Myle.				555 W	7. Ba	ltir	nore	Stree	- Rai	1+0 M	D 21201
	23. MAT I. Enter the elsesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate interval Between												
	iMMEDIATE CAUSE (Finel disease or condition resulting in desth)	s. GASTA DUE TO	CO NT (OR AS A CONSE	SST 1 A	114	B	LEE	50					Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c												
ERTIFI	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):												
- 1	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS												
PHYSICIAN: MEDICAL	POSSIBLE SEISIS PERFOR 1 YES 2							RMED?	AM CC OF	AILABLE PRIOR TO IMPLETION OF CAUSE DEATN?			
=									- 1			1 1	YES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF DI	EATN (Ch	eck only o	ne)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHE								
E	27. MANNER OF DEATN	28e. DATE OF (Month, De	INJURY	28b. TIME	OF	26c. INJE	JRY AT			SCRIBE NOW I	NJURY OCC	URED	
BY	1 Netural 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		l ma	M	1 🗌 Y	ES 2] NO					
	3 Suicide 8 Could not be determined	28e. PLACE Of building.	F INJURY — Af ho etc. (Specify)	ome, farm, s	treat, fac	tory, office			28f. LOC City	CATION (Street or Town, State)	and Number	or Rural Rout	e Number,
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY: 2 MEDICAL EXAMIN	SICIAN: To the best of ER: On the bests of ax	my knowledge, di amination and/or	ath occurre	d at the	time, data opinion, de	and place, eath occur	and dua	to the car	use(a) and med and place, an	ner as state	d. cause(a) an	d manner as stated.
w I	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. LICE						onth, Day, Year)
TO B	30, NAME AND ADDRESS OF PERSON W	all_							168	3	Þ 9	117/9	?/

WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

y. REGISTRAR'S SIGNATURE

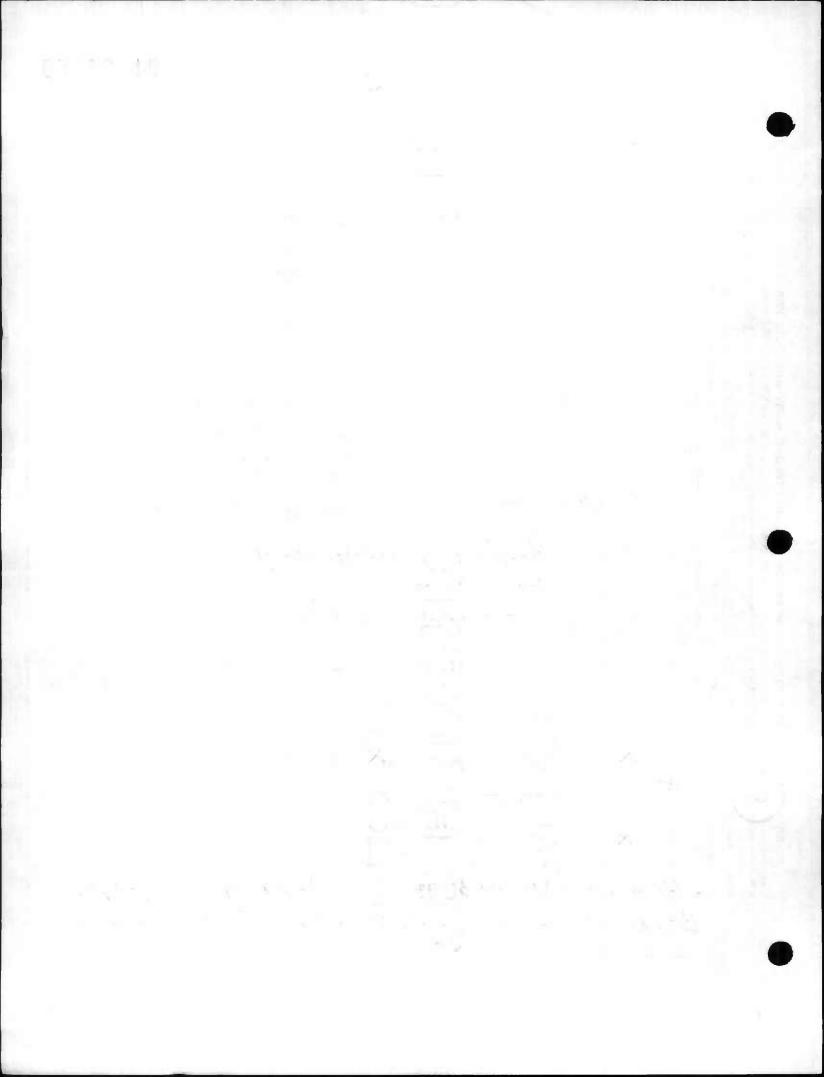
560

Robert Allen
31. DATE FILED (MOND. Day. Ver)
SEP 25 1991

Garage Automotive Teacher 2 430

BALTIMORE, MARYLANI	fter death. Page 6 may be retained by the hosp	the funeral director, page 5 should be detached	loval.	sal examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR A TENTOR PRINCIALS. The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNEFAL UNE CORPORATION TO THE CORPORATION TO THE FUNEFAL UNFECTOR TO T	be filed within 72 norms with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ren	IMPORTANT: If item 28 it included at item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

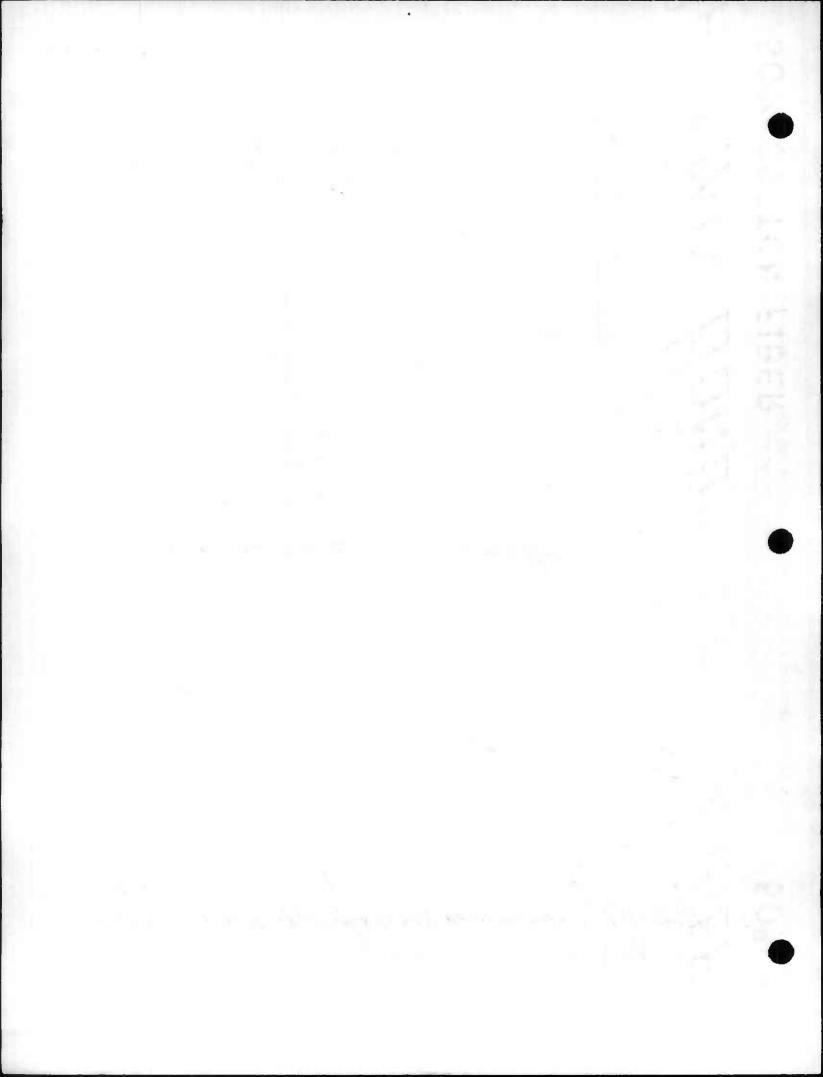
	FOR		STATE OF I	MADVI AND	/ DEDAG	OTMEN!	ר חב ו	ICAITU	AND	MENTA	I HYCIEN		1	26059	
	1 - STATE REGISTRAR		SIAIL OF I		CERTIF					MENIA	REG. NO				
	1. DECEDENT'S NAME (Fin									MONT		AY	YEAR	3. TIME OF DEATH	
	4, SOCIAL SECURITY NUN	ERTRUDI	E M. I	6. AGE (In yrs.	fant hirthelms	IF UNDER	1 VEAD	IF UNDER	n na une	09	23 OF BIRTH	9	91	1:30 P. M	
	220-68-38		1 M 2 X F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	th, Day, Year)	06	Count	ry)	
	9e. FACILITY NAME (If not	institution, give s	treet and number)			96. CITY	r, TOWN	OR LOCATI	ION OF DE		13	9c. COU		ARYLAND DEATH	
5	XXXX	MANOR	CARE - 3	JOPPA R	OAD	7	FOWS	ON				E	BALT	IMORE	
2	RESIDENCE OF DE	10b. COUNTY	Υ		10c, CI	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY	
DIRECTOR	MARYLAND							MORE						LIMITS?	
AL	10e. STREET AND NUMBER	R				Di		. ZIP COD	E			10g. CITI	ZEN OF	WHAT COUNTRY?	
F		3102	CHESTNUT	AVENU	E			2:	1211				U	SA	
FUNER	11. MARITAL STATUS 1 Never Married 2	Married		YES 2							N? (Specify Ye Rican, etc.)	s or No—		E — American Indian, ck, White, atc.	
R	3) Widowed 4 Div		IF YES, GIVE	MAR OR DATES			1 TYES	2 X NO	Specif	y:		_	Spec	WHITE	
ED	15. DE	CEDENT'S EDU	CATION	16a.	DECEDENT'S	S USUAL O	CCUPATI	ON	lan	186	b. KIND OF BU	ISINESS/INC	OUSTRY	WILLED	
4	Elementary/Secondary		College (1-4 or 5	+)	(Give kind of life. Do NOT u			ASI OF WORK	my						
COMPLEIED	8TH	4010 1 11			HOUSI	EWIFE	2								
_	17. FATHER'S NAME (First,		PH DAND	v				18. MOI			Middle, Maiden				
BE	19a. INFORMANT'S NAME		III DANL	1	19b. MAILIN	G ADDRES	S (Street	and Numbe		-	IE EB.		Code)		
2	RICHARD 1	LUTZ			1813	DARR	RICH	DRIV	7E, I	BALT	IMORE,	MD.	2123	34	
	20a. METHOD OF DISPOS 1≿ Burlal 2 ☐ Cremet		ioval from State	of ceme	ACE AND OAT	v or other	nlacel	N (Name DATE 20c. LOCATION City or Town, State							
	Donation 5 Oth		OFNIGEE	- MOR	ELAND	MEMO	RTAI	PAT ND ADDR	RK 9/	/25/9	91 BA	LTIMO	LTIMORE, MARYLAND		
	21. SIGNATURE OF FURE	// /	1	+1)						JR. FU	NERAL	HON	1E	
	23. PART I. Enter the	rsea	n se	34	4		3818	ROI	AND	AVE	VIJE. B.	ALTO.	MI	21211	
		heart failure.	a. Respi	rato (OR AS A CON	IIne.			.03						Approximate interval Between Onset and Death	
HILICALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST														
CER			d	10										-	
MEDICAL	PART II. Other signific	PART II. Other significant conditions contributing to death but not rea					ilting in the underlying cause given in Part I.				24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		24	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SIA	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	- Lugaria			T		LACE OF	DEATH (C	heck only o	one)				
PHYSICIAN:	1 TES 2 NO		HOSPITAL:		_		irsing Ho		Residence	8 🗆 Oth	ner (Specify)				
	27. MANNER OF DEATH	Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. Ti	ME OF NJURY M	W	JURY AT ORK? YES 2	□ NO	28d. DI	EŞCRIBE HOW	INJURY OC	CUREO		
TED BY	2 Accident 3 Suicide 8 4 Homicide	Could not be detarmined	28e. PLACE building	OF INJURY — A J, atc. (Specify)	at home, farm	, street, fac	ctory, offi	CO			CATION (Street by or Town, State		r or Rural	Route Number,	
COMPLET	anal any s		ER: On the best of											(a) and manner as stated.	
BE	296 SIGNATURE AND TIT	LE OF CERTIFIE	A. A	132,	mal	6		290	3	MBER 4/8	4	29d. DAT	TE SIGNE	3 /S/	
5	30. NAME AND AGORESS	OF PERSON WI	IZE MA	PA 78	(ITEM 27) (Typ	oe, Print)	RA	#2	300	. 7	- vus	0~	21	204	
	31. DATE FILED (Month, De SEP 25 199		32. REGISTE	AR'S SIGNATUR	RE &	3,010	. 0	1		1 1			~(
	OF 190 190	T	ופנטון שויין שייי	1	100										



DETACH		Duce.
8		16
RECTOR: After this certificate has been signed by the attending physician and compressly med in by the funeral director, page 3 should be detached		sm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
page		20
ILBCTOL,		T must
Funeral o		enimex
	Oval	70
n 03	r rem	edic
Dalli	ou, o	he m
6	mat	t. 1
DID DIE	Cre	even
2	urla	100
2	9	Ë
SICIA	prior	Ē
0	eue	ig ig
	H	0 1
ALLE	멸	5
y me	d Me	H
200	h an	S.
Sign	Leaf	8
Deed	0	5
nas	Dept	23
ate	tate	Fel
	the S	6
THIS C	with	ked,
ATTEC 1	yurs after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	man
H.	ter (8 5
E	50	12
I	3	=

	FOR	CTATE OF MADVI	AND / DEDARTS	MENT OF HEALTH AND	BAFRITAL LIVE	9	1 26000		
	1 - STATE REGISTRAR	SINIE UF MARTE		ATE OF DEATH		. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	nt	King	9	2. DATE OF DEA		7EAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 190 20 7330			UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	Jan 21	hari	BIRTHPLACE (State or Foreign Country) Pennsylvania		
OR	9a. FACILITY NAME (If not institution, give str LEIAN)	med and number) MEMOLIA	2 90	RUELD	ale M		nce Georges		
DIRECTOR	Pennsylvania,	Crawford		own or Location			10d. INSIDE CITY LIMITS? 1 YES 2 [V NO		
FUNERAL	10e. STREET AND NUMBER RD #2 Box 10	38		101. ZIP CODE 16316		10g. CITIZE	N OF WHAT COUNTRY?		
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D.	2 NO	13. WAS DECENDENT OF HISP, If yee, specify Cuben, Mexic 1 PYES 2 NO Specific	cen, Puerto Rican, e	Ify Yes or No— 14	Black, White, stc. Specify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)			UAL OCCUPATION done during most of working stired.) Die Operato		of Business/Indus			
OM	17. FATHER'S NAME (First, Middle, Last)		1001 4		IAME (First, Middle, A				
BE C	Charles S. Ki	ng		Pea	rl Bake	r			
TO B	19a. INFORMANT'S NAME (Type/Print) Nancy King		1100 000 1100	ORESS (Street and Number or Rura	Charles and a second	or Town, State, Zip Co	ode)		
	20a. METHOD OF DISPOSITION 1 © Burlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of commeter), crematory or other place) St. Agatha's Cemetery Crawford, Pa.								
	21. SIGNATURE OF JUNETAL SERVICE LICE			22. NAME AND ADDRESS OF I Ives-Pea Arlingto	rson Fu	neral E			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS CONSEQUENCE OF CONSEQUEN								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other significant conditions	s contributing to death t	out not reaulting in t	the underlying cause given i	P	AS AN AUTOPSY ERFORMED? YES 2000	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			04 Pt 405 OF BEITTI	256	_	1		
C	EXAMINED 10 MEDICAL EXAMINED 1	HOSPITAL:		26. PLACE OF DEATH (
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 6 Pending	1 Inpatient 2 TER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WORK?		how injury occu	RED		
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURN building, etc. (Spe	/ — At home, farm, stre cfly)		1 VES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLE	anal			at the time, date and place, end d in my opinion, death occured at ti					
BE	HALIPUSES THE	unexm	O	296 JICENSE N	30	≥ 9/	5-2/9/		
10	THERE'S TO PRO	COMPLETED PAUSE OF DE	EATH (ITEM 27) (Type, Pr	Routenell:	Cash	m/2	8420		
	31. DATE FILED (Month; Daye-Year)	12 MEGISTRAR'S SIGN	NATURE	Y	11				

DHMH-16 Rev 1/89



3. TIME OF DEATH

10d. INSIDE CITY LIMITS? 1 YES 2 NO

14. RACE — American Indian, Black, White, etc.

Approximate Interval Between Onset and Death 1 week

year s

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 | YES 2 | NO

949 8. BIRTHPLACE (State or Foreign Country) Maryland

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the function of the fun

2

1. DECEDENT'S NAME (First, Middle, Last) Nellie I.	Kniesel	ha						2. DATE OF I	PEATH D	"21	YEAR	3. TIME OF DEAT
4. SOCIAL SECURITY NUMBER		AGE (In yrs. I	est birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF E	HRTH		S. BIRTI	HPLACE (State or Fo
213-74-1034	1 - M 2 F	9:	3 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Pa	(Year)	98	Count	ryland
a. FACILITY NAME (If not institution, give st	The state of the s			9b. CIT	r, TOWN	DR LOCATI			1	9c. COU	NTY OF D	DEATH
Francis Scott K	ey			1	aH	1m	ore					
De. STATE 10b. COUNTY	,/		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
Maryland Balt:	imore			Pe		Hall						1 YES 2
9507 Dawnvale Rd.					101	i. zip cod 2	€ 1236				SA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diverced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2		13,	If yes, sp		in, Mexica	IC ORIGIN? (S n, Puerto Ricer		or No—	14. RAC Blac Spec	E — American India k, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. D	ECEDENT'S	USUAL C	CCUPATIO	DN set of worki	na	16b, KIN	D OF BU	SINESS/INI	DUSTRY	
10th grade	College (1-4 or 5+)		Give kind of fe. Do NOT u		ourng me	at or work	ny	н	omen	akin	g	
7. FATHER'S NAME (First, Middle, Leat)						18. MOT	HER'S NA	ME (First, Middl	e, Maiden	Sumama)	_	
Ira H. Myers							Emma.	J. Ja	cobs	1		
9a. INFORMANT'S NAME (Type/Print)		1						Route Number, (m, State, Zij	Code)	
Mrs. Olive Jones			9507	Daw	nval	e Rd	. Ba	lto.,	Md.	212	36	
Burlai 2 ☐ Cremation 3 ☐ Remo	oval from State	20b. PLAC other	e of dispo	SITION (N	cem	metery, cres	matory or			cation -		_{own, State} Maryland
1. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE							eral H			,	
Lasselw Fe	eneral	Hom	٤					Rd. B		., M	d. 2	1236
23. PARTY. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	complications that course	on each Ili	ne.		r tha mo	oda of dy	ing, auc	h as cardiac	or resp	Iratory ar	rest,	Approximation interval Be Onset and
resulting in death)	a. DUE TO (OF	AC A COME	EQUENCE O	.								1 u
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OF	PAS A CONS	FIVE COURNER OF	F):	Hea	rt	fai	lure				year.
PART II. Other algolificant condition	s contributing to da	ath but not	resulting	In the u	nderiyin	g cause	given in	Part I. 24	. WAS AN	AUTOPSY	24	b. WERE AUTOPSY F
								1	YES			COMPLETION OF OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF I	DEATH (C)	eck only one)				
1 TES 2 NO	1 Defipationt 2 E		_	4 D Nu	rsing Hon	_	ealdence	6 Other (Sp	ecify)			
27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	26s. DATE OF IN. (Month, Day,	JURY Year)	26b. Til	JURY M	W	JURY AT ORK? YES 2 [□ NO	28d. DEŞCRI	BE HOW	INJURY OC	CURED	
3 Suicide 6 Could not be determined	26e. PLACE OF II building, etc	NJURY — At I	home, farm,	street, fa	ctory, offic	10		261. LOCATIO City or R	N (Street wn, State	and Numbe	or Aural	Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my											(a) and manner as s
296. SIGNATURE AND TITLE OF CERTIFIER							ENSE NU		,			D (Month, Day, Year)
TT 1/21	700					Non	17	process .		1 0	75 79	91

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 26b. TIME OF INJURY 1 Natural 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 9-23-91 my PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FSK MD Ave. 32. REGISTRAR'S SIGNATURE 25 wha Devidson

11000 10

.

-	_	트
6	and	any I
Ped	盘	2
Sign	Hea	M.S
has been signed	6	23 shows
20	B.	3
230	۵	
certificate	State	or Item
DIF.	S	-
PH.	the	0
Nis.	E S	marked
Ħ	=	F
'n,	J	
4	¥	60
RAL WHECTOR Appr this o	4	28
꾶	Æ	
μ	2	Item
3	R	=
NEP.	hin	F
豆	Wil	M
뽀	be filed within 72	IMPORTANT: If
0	6	2
-	۵	-

BE COMPLETED

2

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			T OF HEALT E OF DE			HYGIENI REG. NO.	E		26062	
	1. DECEDENT'S NAME (First, Middle, Lest)	volsi Phi	ilip Mic	hael	Livols	i	2. DATE OF MONTH	DEATH DA	3	YEAR	3. TIME OF DEATH 7:06PM	
	4. SOCIAL SECURITY NUMBER 220 - 03 - 1957		In yrs. last birthday)	IF UNDER	DAYS HOUR	DER 24 HRS. S MIN.	7. DATE OF (Month, I		,	8. BIRTH Country	PLACE (State or Foreign	
OR	Stella Maris Hos				Y, TOWN OR LOC TOWSON	ATION OF DI	EATH			ounty of DEATH altimore		
5	RESIDENCE OF DECEDENT		1.0		200					T		
DIRECTOR	Maryland City			ltim	or location Ore					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 5906 Bertram Ave	enue			10f. ZIP C	05			15.4	S.A.	THAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2-NO		WAS DECENDEN If yes, specify C	T OF HISPAI	en, Puerto Ric				- American Indian, , White, atc. y: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		S USUAL C	OCCUPATION during most of we	orking	16b. K	UND OF BUS	BINESS/INC	DUSTRY	wiite		
IPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	200 100100.7	Henry J. Knott								
H												
10	19a. INFORMANT'S NAME (Type/Print) Peter P. Livolsi				Hill R						.28	
	20e. METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		cemetary, cremato XKWOOD	ceme	tery	9/27	/91		rkvil	lle,	MD.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	lames Dy	ppell	2.	NAME AND ADD						Home, Inc.	
	23. PART I. Enter the disease, or ahock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Prost	ech line.	not ente	r the mode of	dying, suc					Approximate Interval Between Onset and Death	
NOI	Sequentielly list conditions, if any, leading to immediate	bDUE TO (OR AS A	A CONSEQUENCE	OF):								
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS /	A CONSEQUENCE	OF):								
MEDICAL C	PART II. Other significent conditions contributing to deeth but not reculting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY FINDINGS ANALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 25 NO											
CH	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		Loren		F DEATH (C	heck only one)					
SI	1 TES 2 NO	1 Inpatient 2 ER/Out	patient 3 🗆 DOA	4 No	ER: ursing Home 5	Rasidence	6 □\Other	(Specify)	Hos	oice		
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)		IME OF NJURY M	28c. INJURY A WORK? 1 YES		28d. DESC	RIBE HOW I				
0	28s. PLACE OF INJURY — At home, farm, street, factory, office 2st. LOCATION (Street and Number or Rural Route Number, City or Town, State)											

3 Suicide
4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

investigation, in my coinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

296. SIGNATURE AND TYTLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

D 27087

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

- Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204 Carla S. Alexander, M.D.

SEP 25 199

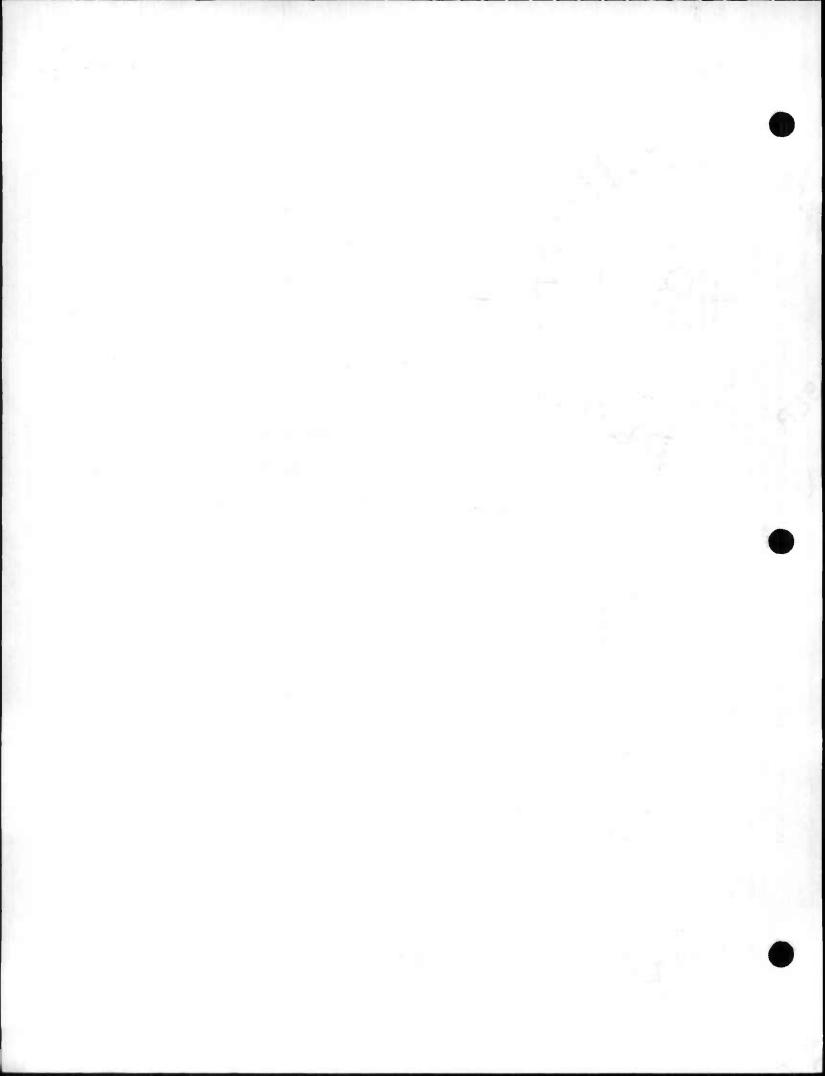
32. REGISTRAR'S SIGNATURE

91

DHMH-16 Rev 1/89

	REGISTRAR		CI	=RIII	ICALE	: OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last, DORA	н.		STROM	7			2. DATE OF D MONTH Sept	23,	1991	YEAR 1	2:40 A. M
	4. SOCIAL SECURITY NUMBER 216-03-5939	1 □ M 2 🂢 F	6. AGE (In yrs. les	YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, 6/1/1	899		Country) Mar	ce (State or Foreign
	90. FACILITY NAME (If not institution, give Meridian N.H		lical		96. CITY		OWSON	EATH			timor	
) II-	10a. STATE 10b. COUN Maryland	TY			ry, Town o							1. INSIDE CITY LIMITS? X YES 2 NO
. 111-	10a. STREET AND NUMBER 5506 Elsrode Ave	e.				10	21214				EN OF WHA	T COUNTRY?
5	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1, IF YES, GIVE W	EVER IN U.S. AF YES 2 AR OR DATES	RMED NO		If yes, sp	CENDENT OF HISPAR ecity Cuban, Mexica 2 X NO Specify	n, Puerto Rican		or No-	14. RACE — Black, W Specify:	American Indian, hite, atc. White
	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	DUCATION de completed) College (1-4 or 5 +) (G	live kind of a. Do NOT a	s usual of work done is retired.)	during mo	ost of working	210 32		COUT.	icals	
TIME I	17. FATHER'S NAME (First, Middle, Last)		1 4	uull	cy oc	711 61	16. MOTHER'S NA	_	_		10015	
5	Thomas	Clifford	T		0.455550	0.10	Min	nie		M	Miller	
2	19e. INFORMANT'S NAME (Type/Print)	D. Imuin					Avenue					2121/
-	Mrs. Catherine	P. Irvin	7				metery, crematory or	Daitim			City or Town.	
	1 Buriel 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	moval from State	other p	(ace)			rk Cem. 9/	26/91	Rali	timore	Marvi	land
	21. SIGNATURE OF FUHERAC SERVICE	LICENSEE)	ALM I'K			ND ADDRESS OF FA	CILITY Ba	ltim	ore,M	1D 21	214
	Michael	& luci	5		L	eona	rd J. Ru	ck, Inc	. 5	305 H	larfor	d Rd.
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	COM AS A CONSE COM AS A CONSE COM AS A CONSE COM AS A CONSE	MA SOUENCE	OF):	resi						Onact and Death 5' 2-3 days Weeh
PHYSICIAN: MEDICAL CE	PART II. Other algorificant conditions are the second seco	one contributing to	death but not	resulting	in the u	nderlyir	ng cause given in		YES		CO	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
Z I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			Torus		PLACE OF DEATH (C	heck only one)				
2	1 TYES 20 NO	1 🗆 Inpatient 😥			_	nsing Ho	5 🗆 Residence					
1 PH	27. MANNER OF DEATH CITY Natural 5 Pending 2 Accident Investigatio	28s, DATE OF (Month, D			ME OF	/ W	JURY AT ORK? YES 2 WO	28d, DEŞCRI	BE HOW	INJURY OC	CURED	
	3 Suicide 8 Could not be determined	printing on	F INJURY AS IN stc. (Specify)	ome, farm	, stysfet, fac	tory off	6 /	City or R	Street	and Mutaber	er Runi Rau	te Numbec
COMPLETED	condition of the condit	YSICIAN: To the best of INER: On the basis of e										and manner as stated.
i i	29b. SIGNATURE AND TITLE OF CERTIF	FIER A (W)					29c. LICENSE NU	MBER		29d. DAT	E SIGNEO (N	fonth, Day, Year)
0 8	MO	my					72	1470) '	9/23	Al
-	Dan McDougal,					fess	sionalBui	ldina			7	
	31. DATE FILED (Month, Dey, Year)	32. REGISTRA	AR'S SIGNATURE	<u>~</u>		. 555				-		
			AR'S SIGNATURE	70			7107,02001	101119		.		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	d McCo		-FY I IF	IOATE	. OF	DEAT		2. DATE OF DEATH	NAV 1	3. TIME OF DEATH
0		B. AGE (In yrs. lesi	A last at	IF UNDER		IF UNDER		09/22/9		BIRTHPLACE (State or Foreign
The second secon	M 2 □ F		YRS.	MONTHS	DAYS	HOURS	MIN.	03/08/2	7 °	Country) N . C .
9a. FACILITY NAME (If not institution, give street	et and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE			Y OF DEATH
Johns Hopkins	Hospit.	a 1		Ва	lti	more	2			
			18c. CIT	Y, TOWN (10d. INSIDE CITY
Md . 10a. COUNTY				ltin						LIMITS?
10e. STREET AND NUMBER					101.	ZIP CODE			10g. CITIZE	EN OF WHAT COUNTRY?
702 N. Luzerne	Ave					2:	1205	5	U.	S.A.
	2. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 N		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea If yea, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:						4. RACE — American Indian, Black, White, atc. Back, White, atc.
15. DECEDENT'S EDUCA	TION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	N .	_	16b. KIND OF BU	JSINESS/INDU:	STRY
(Specify only bioheat grade co	mpleted) College (1-4 or 6+)		we kind of Do NOT u		during mos	st of workin	g	011	0	
			парі	OI.				City	Gove.	rnment
17. FATHER'S NAME (First, Middle, Last) Walter McCormic	le					18. MOTH		ME (First, Middle, Maide	n Surname)	
19a, INFORMANT'S NAME (Type/Print)	. 17	1 401	MAHAM	100050	0.701			Y Teal Poute Number, City or To	Charles 71a C	
Ruth McCormick								BAlto		
20e. METHOD OF DISPOSITION (C) Quriel 2 Cremetion 3 Remov 4 Donation 5 Other (Specify)		Garri		For	es es	Va.	Cen	19/26 01		Mills, Md.
21. BIGNATURE OF FUNERAL SERVICE LICE	NSEE			22.	NAME AN	ID ADDRES	SS OF FA	CILITY		
Betts Funer	al Home	9		1	129	N.	CAr	oline S	b. BA	lto., MD.212
23. PART I. Enter the diseases, pr co ahock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	at only one caus						ng, auc	h as cardiac or rea	piratory arre	st, Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		OR AS A CONSECUTION OF AS A CONSECUTION			ри	ılmo	nav	y disea	152	
PART II. Other algnificant conditions	contributing to	desth but not r	reaulting	in the u	nderlying	g cause (given in		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
				_	-			-]		1 YES 2 NO
					26. PL	ACE OF 0	EATH (C)	neck only one)		<u>!</u>
25. WAS CASE REFERRED TO MEDICAL				OTHE		. E 🗆 Ba	eldence	8 Other (Specify)		
EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	4 🗆 Nu	rsing Hom	e a li ne		o C other (opposity)		
EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending		NJURY	28b. Til	_	26c. INJ WO			26d. DESCRIBE HOW	INJURY OCCU	URED
EXAMINER? 1	28a. DATE OF 1 (Month, Da	NJURY	28b, Til	ME OF JURY M	26c. INJ WO 1 🗌 '	URY AT ORK? YES 2			t and Number o	

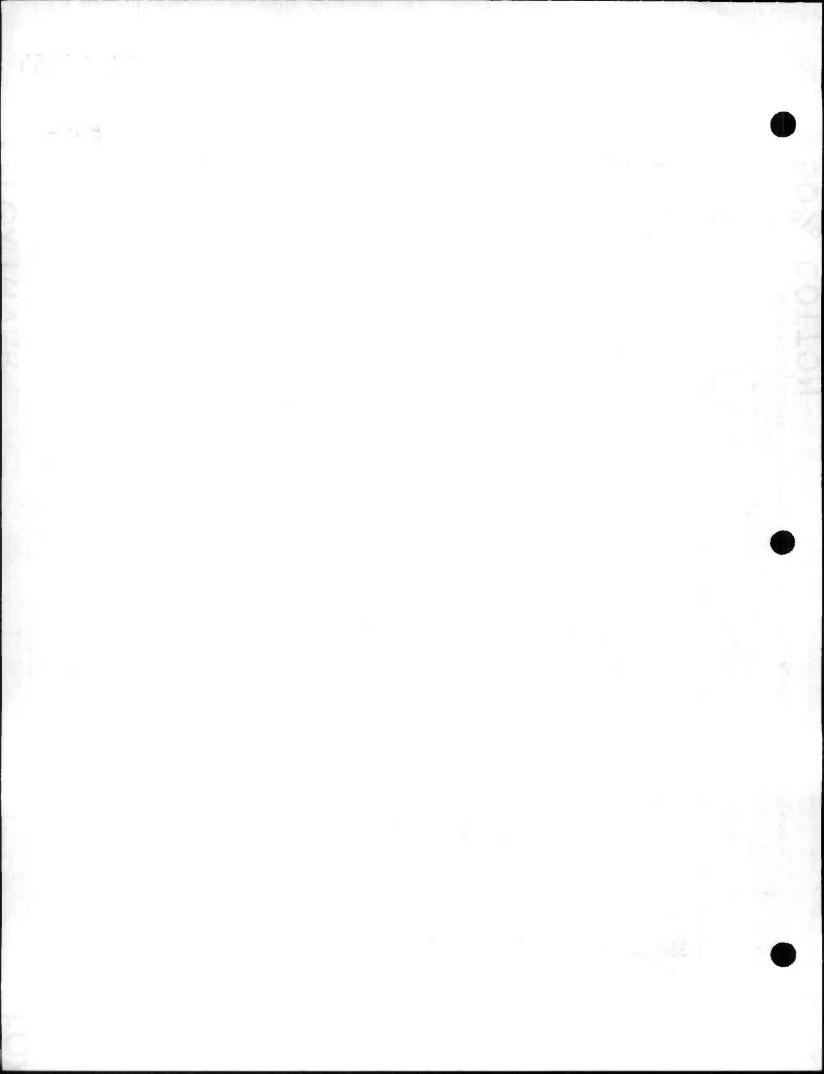
Orleans

SF

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2323

SEP 25 1991

3

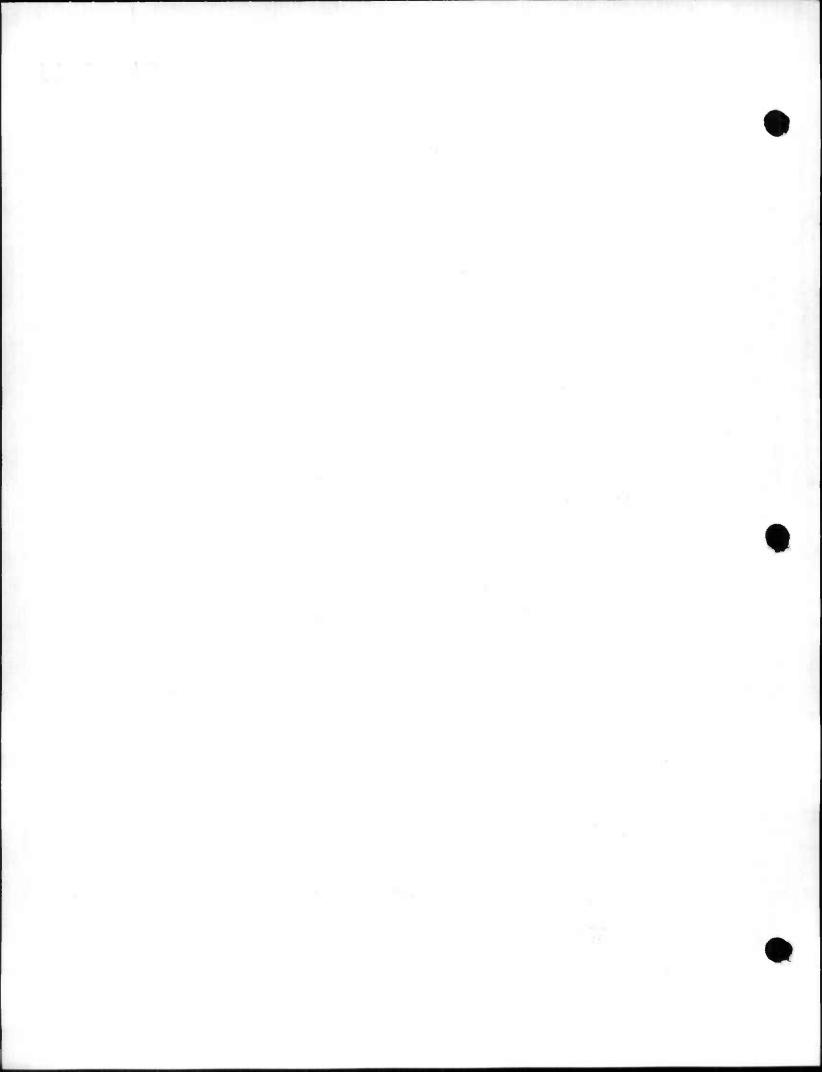


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

1, 2, 3 should

	FOR STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR ERTIF	ITMEN'	T OF H	HEALTH	AND I	MENTAL HYG		7	26065
	1. DECEDENT'S NAME (First, Dorothy	Hiddle, Last) McCa	rty			10,				2. DATE OF DEAMONTH 9/23/	тн	YEAR	3. TIME OF DEATH 9:35 P
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. las	it birthdey)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRT	Н	a. BIR	THPLACE (State or Foreign
	212-05-112		1 🗆 M 2 🔀 F	79	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Ye		Cor	intry)
	9a. FACILITY NAME (If not in					9b. CITY	Y, TOWN	OR LOCATI	ON OF DE			OUNTY OF	Wash D.C.
OR	2 Winesap		t								B	alti	more
EC	RESIDENCE OF DEC	10b. COUNTY	Y		T sac CIT	Y, TOWN (OB LOCA	TION					T
L DIRECTOR	Md	E	Baltimon	re	TOTAL ST.	1, 101111		200					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	2 Winesap					101. ZIP CODE 21228					109.	US	WHAT COUNTRY?
B≺	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	NT EVER IN U.S. AR I YES 2 MAR MAR OR DATES	MED	If yee, specify Cuban, Mexicen, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify:							
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) To Father's NAME (First, Middle, Last) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) (Give kind of work done during most													
BE CON	17. FATHER'S NAME (First, Middle, Lust) William Hamilton Miles 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) Mammie E. Swann 196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
TO	Mrs. Marie	Snai	ir	2	MAILING WI	AOORESS Nesa	s (Street a	and Number	or Rural F t Ba	oute Number, City of altimor	e, Mo	Zip Code) d.	21228
	20e. METHOD OF DISPOSITION 1 (X Burlel 2 Cremetion 3 Removal Irom State Committee) 20b. PLACE AND DATE OF DISPOSITION (Name of Committee) 20b. PLACE AND DATE OF DISPOSITION (Name of Committee) 20c. LOCATION — City or Town, State 9/27 Baltimore												
	21. SIGNATURE OF FUNERAL SERVICE UCENSEE 22. NAME AND ADDRESS OF FACILITY Sterling Ashton Funeral Home, Inc. 736 Edmondson Avenue Balto 21228												
	23. PART i. Enter tha di ahock, or he iMMEDIATE CAUSE (Fin disees or condition resulting in death)	eart fellure.	Bi late	et ceused tha der use on aech lina.	Ple	ot enter	the mo	ode of dyi	ing, suct		reepiratory	arrest,	Approximete Interval Batween Onset and Death
CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYII CAUSE (Disease or injuit that initiated events	diata ING	L'onje	STIVE OR AS A CONSECUTOR OR AS A	He DUENCE OF	art	FF OP,	ai/L	ire.	,			
CERT	resulting in death) LAS1		d										
PHYSICIAN: MEDICAL	PART ii, Other eignificer	nt conditions	s contributing to	death but not re	suiting I	n the un	iderlying	g ceuse (givan in I	PE	S AN AUTOPS RFORMED? ES 2 NO	SY 24	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO	MEDICAL					20.01						
Si l	EXAMINER?	MEDIONE	HOSPITAL:			OTHER	R:			ck only one)			
HYS	27. MANNER OF DEATH		1 Inpetient 2 28e. DATE OF		DOA 28b. TIME		sing Home		sidence	Other (Specify)		CONTRED	
0 11					2 Accident Investigation M 1 YES 2 NO								
B	1 Netural 5 F	Investigation	(Month, Da		farm a	- '''			,		- 41		
B	1 Natural 5 F 2 Accident 3 Suicide 6 0 4 Homicide	Investigation Could not be determined	28e. PLACE OF building, of	F INJURY — At honels. (Specify)		itreel, facto	tory, office	•		281. LOCATION (St City or Town, S	Stele)		Floute Number,
B	1 Natural 5 F Accident II Accident II Accident II Accident II Accident Accide	Investigation Could not be determined	28e. PLACE Of building, of the best of the	OF INJURY — At honeld, (Specify) my knowledge, dea	eth occurre	street, facto	lory, office	end place,	and due	City or Town, S	f manner as a	rteted,	(a) and manner as stated.
BE COMPLETED BY	1 Netural 5 F Accident 3 Suicida 4 Homicide 29e. CERTIFIER (Check only orre) 2 MEDIC 29b. SIGNATURE AND TITLE	Investigation Could not be determined IFYING PHYSIC CAL EXAMINES	(Month, Da 28e. PLACE Of building, of	of INJURY — At hone etc. (Specify) my knowledge, dea xamination and/or in	ath occurre	etreel, factored at the ti	lory, office	end place,	and due	City or Town, S to the cause(e) and time, data and place	f manner as a	eteted,	
COMPLETED BY	1 Netural 5 F Accident 3 Sulcida 6 G G G G G G G G G	Could not be determined IFYING PHYSIC CAL EXAMINES OF CERTIFIER	(Month, Da 28e. PLACE OF building, of ICIAN: To the best of ax	FINJURY — At honeic. (Specify) my knowledge, dea xamination and/or in the second seco	ath occurre	etreel, factored at the ti	lory, office	end place,	and due t	City or Town, S to the cause(e) and time, data and place	f manner as a	eteted,	(a) and menner as stated.



DHMH-18 Rev 1/89

for use as the burial-transit permit, Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146 & TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the constitution and the following physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction, page 5 shr uid to detached for use as the burial-trans be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG	. NO.			
1. DECEOENT'S NAME (First, Middle, Last)	LLUYD	NORT	ron		2. DATE OF DEA	23 9	YEAR 3.1	TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 214 30 6660	5. SEX 6. AGE		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, M July 1	our)	Country)	CE (State or Foreign	
9a. FACILITY NAME (If not institution, give s 3 Mars Rd. Apt		9	b. CITY, TOWN OF	LOCATION OF DEA	TH		of OEATH	ore Co.	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Md. Bal	timore		10c. CITY, TOWN OR LOCATION Essex				-	I. INSIDE CITY LIMITS? YES 2 -NO	
100. STREET AND NUMBER 3 Mars Rd.	Apt. D		10f.	ZIP COOE 21221		10g. CITIZE	EN OF WHAT	COUNTRY?	
11. MARITAL STATUS Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR O	2 XNO	If yes, spe-	DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— s, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: White					
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			SUAL OCCUPATION to done during mos retired.)	ring most of working					
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	IE (First Middle A	-	_		
Thomas G.	Norton				ia T.				
198, INFORMANT'S NAME (Type/Print) Timothy C. Norto			ooress (Street and	d Number or Rural Ro	oute Number, City		Code)		
20^ METHOD OF DISPOSITION 1** Burlet 2 Decremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	b. PLACE OF DISPOSIT	t Cremat	etery, cremetory or	25/91 2	6c. LOCATION — CI			
21. SIGNATURE OF FUNERAL SERVICE LI		il.	22. NAME AN Bruzd	zinski F Eastern	uneral	Home PA			
Sequentisity liet conditions, if smy, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	D. OUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):		tung					
PART II. Other significent condition	d	but not resulting in	the underlying	j ceuse given in i		MAS AN AUTOPSY		RE AUTOPSY FINDINGS	
						PERFORMED? YES 2 NO	OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Che	ick only one)				
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER:	5 X Residence	8 Other (Spec	ffy)			
27. MANNER OF OEATH 1 Natural 5 Pending Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WO	URY AT RK?	28d. OESCRIBE	HOW INJURY OCC	UREO		
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	Y — At home, farm, str	reet, factory, office		281. LOCATION City or Town	(Street and Number (n, State)	or Rural Rout	e Number,	
(Check orny	SICIAN: To the bast of my kno							nd manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIE	n O'dono	van, M	1.).	BO 76	1BER 3 2	29d. DATE	SIGNEO (M	onth, Day, Year)	
30. NAME AND ADDRESS OF PERSON W	- 1	EATH (ITEM 27) (Type, I	2 112	Dund	MLE 1	NE. B	ALTO	MDZI	
31. DATE FILEO (Month, Day, New)	25 1991 4	NATURE Lie Davidson	Rando 10					Lange 1	

95015 10

X

11.00

	etachi		nce.
	e		-
Ĩ	P		B
	100		9
	£		叓
	3		E
,	pad		9
	10.		Sac
•	dire		70
	DR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	the	Za.	-
	3	OE.	2
	5	9	8
	Pel	٦, 0	E
	by fi	atio	=
	plet	Геп	E
	E	II. C	8
	D D	bunis	음
	n a	2	Ĕ
	icia	10	ĕ
	Ser.	0	5
	0	Hen	§
	ndir	H	5
	affe	Ital	3
	he	Mer	흐
	8	B	=
	pa	th a	13
	Sign	Heal	8
	Ben	o o	Sho
	S D	ept.	23
	e h	le D	E
	ficat	Sta	르
	Serti	the	0
	his (with	8 is marked, or item 23 shows any
	ler !	ath 1	Tan I
	At	de	60
	DA	ter	

at permit. Pages 1, 2, 3 should

	t, Middle, Last)		/		, ,		DEA		2.04	TE OF DEATH			3. TIME OF DEATH	
5.HIRL		Le			N	411	111			EPT 2	3	YEAR 9	1 PA	
4. SOCIAL SECURITY NUM 144 12 341		5. SEX	6. AGE (In yr.	s. lest birthday) YRS.	IF UNDER MONTHS	1 YEAR DAYS	HOURS	R 24 HRS. MIN.	7. DA	re of BIRTH parth, Day, Year)	1928	8. BIRTH Countr New	PLACE (State or Foreign	
Se. FACILITY NAME (If not is					9b. CITY,	TOWN	OR LOCATI	ION OF D			9c. COUNTY OF DEATH			
Prince Geo		Hospital	Cente	er	C	heve	rly				Prince George's			
10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY	
Maryland 10e. STREET AND NUMBER		e George	S		В	owi							1 A YES 2 NO	
3002 Tyson						101	2000	€ 0715				10g. CITIZEN OF WHAT COUNTRY? United States		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVEN FORCES? 1 IF YES, GIVE WAR (ARO	1	f yee, sp	ENDENT (en, Mexice	PANIC ORIGIN? (Specify Yee or No				, White, atc.	
15. DEC (Specify on	CEDENT'S EDUC by highest grade	CATION completed)	160	Give kind of u	USUAL OC	CUPATIO	ON st of worldi	na	- 1	6b. KIND OF BUS	INESS/IND	USTRY		
Elementary/Secondery (I	2	College (1-4 or 5+)	House						Own Hor	ne			
17. FATHER'S NAME (First, N Harold Smi	th							HER'S NA		t, Middle, Melden	Surneme)			
19e. INFORMANT'S NAME (imber, City or Town				
Arthur M. Namm 3002 Tyson Lane, Bowie, Maryland 20715 20g. METHOD OF DISPOSITION 1A) Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE DISPOSITION (Name of Connection, Cremetion, Cremet														
4 Donation 5 Other	(Specify)							ry 9,	/25/	1991	Ade1p	hi,	Maryland	
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE OF A	Man			EIN		REW 1	MEMO	RIAL FU			ME, Inc.	
disease or condition resulting in deeth) Sequentially list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or Injuthet Initieted events resulting in death) LAS	diete ING Iry			HEOUENCE OF	,	A1C C/K	OKE	4	OF	THY	ROI.	0	3 DAY	
PART II. Other significa	ent conditions	e contributing to	death but n	ot resulting i	n the und	derlying	csuse ç	given in	Part I.	24s. WAS AN PERFORM	MED?		WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE	
													OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	FRIO. 4. III		OTHER	:	ACE OF D							
27. MANNER OF DEATH		1 Sanpatient 2 -	NJURY	28b. TIMI	E OF	28c. INJ	JRY AT	eldence	_	ner (Specify) EŞCRIBE HOW IN	JURY OCC	URED		
2 Accident	Pending Investigation	(Month, Da			URY M		ES 2	NO						
	Could not be determined	28e. PLACE OF building, e	itc. (Specify)	nome, tarm, a	areet, lacto	ry, office			281. LC	y or Town, State)	nd Number (or Rural Ro	oute Number,	
29e. CERTIFIER (Check only one)	IFYING PHYSIC	CIAN: To the best of r	ny knowledge emination end	, death occurre	d at the tin	ne, date	end place,	end due	Io the c	ause(e) end mand	ner ee state	d.	and menner ee stated.	
2 MEDI														
296. SHIGHATURE AND TITLE 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OF CERTIFIER	K S	wh	er	m	8	D Sec. LICE	OO.	S ?	74	294. DATE			

1	•	STATE REGISTR	AR
1	- 0	ECEDENT'S	MARK

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) ROLAND A. P					2. DATE OF DEATH DO	1991 EAR	3. TIME OF OEATH		
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH				
	196-22-3761	1 X M 2 🗆 F	63 YRS.	MONTHS DAYS	HOURS MIN.	10-28-19	27 Pe	THPLACE (State or Foreign ntry) LNNS WLV ania		
	9a, FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF			
POT.	1931 Ewald Avenu	e		Dun	dalk		Balt	imore		
FUNERAL DIRECTOR	Maryland 106. COUNT	* Baltimore	10c. CITY	, TOWN OR LOCA	Dunc	dalk		10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
ERAL	1931 Ewald Avenue	2.			21 2 2 2		10g. CITIZEN OF WHAT COUNTRY? USA			
3	11, MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED			IIC ORIGIN? (Specify Yea	or No. 14 BA	CE — American Indian.		
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 X YES	S 2 NO DATES	If yes, sp	ecity Cuban, Maxica 2 XNO Specify	n, Puarto Rican, etc.)	Bia	white		
Ĕ.	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPATI	ON sel of working	16b. KIND OF BUS	SINESS/INOUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) /2 Year	Railroa	rork done during me retired.)	at or working	Beth	ilehem S	teel Corp.		
S S	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)									
BE	Roland Pegg 190. INFORMANT'S NAME (Type/Print)				Hannah	Cooper				
5	Ruth Pegg		195. MAILING 1931	Ewald A	Jenue, Bo	Noute Number, City or Town	n, State, Zip Code) ND 2122	2		
	20s. METHOO OF DISPOSITION 1X Burial 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)		Db. PLACE AND DATEO		rme of		Cation - city or T	Town, Stata NNSYLVania		
	22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue. Baltimore. MD 21222									
	23 PART I. Enter the diseases, or	complications that cause	ed the death. Do n	of enter the mo	Wise Ave	nue. Balti	more, M			
	shock, or haart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Liet only one causa on	each iina.			of Lu		Approximata Interval Between Onset and Deeth		
1										
NO.	Sequentially list conditions,		A CONSEQUENCE OF							
CAT	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	с		,.						
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
	DART II Oshoo simuliiseed oo alisi									
EDICAL	PART II. Other significant condition	is contributing to deeth	but not resulting in	the underlyin	ceuse given in i	Part i. 24s. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
						1 YES 2	(XX)NO	OF DEATH?		
2						_		1 TYES 2 NO		
NA I	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF OEATH (Che	ck only one)				
Sign	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Ou	tpatient 3 DOA	OTHER: 4 Nursing Hom	V	B Other (Specify)				
PHYSICIAN: M	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)		OF 28c. INJ	14	26d. DESCRIBE HOW IN	JURY OCCURED			
ED BY	2 Accident Investigation 3 Suicide 6 Could not be datermined	26a. PLACE OF INJUR building, atc. (Spi	Y — At home, farm, at			261. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,		
	29a. CERTIFIER									
COMPLETED	(Check only 1 12 CERTIFYING PHYSI	CIAN: To the best of my known in the best of axamination	wiedge, death occurre on and/or investigation	d at the time, data , in my opinion, d	and place, and due to	to the cause(s) and man	ner as stated. I due to the cause	(s) and manner as stated.		
HE I	29b. SIGNATURE AND TITLE OF CERTIFIE	and the second s			29c. LICENSE NUM	BER	29d. DATE SIGNE	D (Month, Day, Year)		
2	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)	2011	, 0	1.5	D - S1		
	Simon 1	J CAIS		2700	EBA	पर ज				
	SEP 25 199	32. REGISTRAR'S SIG		,						

DHMH-18 Rev 1/89

hos	ache	8
the	de	5
9	Q p	7
inec	Poul	=
reta	S	5
Pe ye	age	9
EE	Э.	ts
e 6	rectr	Ē
ğ	al di	9
10 THE HUSPITAL OF ALTENDING PHYSICIAN: The retained the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hos	funer	IMPORTANT: If Item 28 Is marked, or item 23 from any injury, or other traumatic event, the medical examiner must be notified at once.
after	by the	ical
NOUIS	ui pa	med
24	y fill	the state
A LE	pletef	rent,
Jed	CO	. 6
xeci	and	nath
De o	Sian	anu
cate	hysic	4
	Q Dr	oth
2	andi	0
deal	atte	7
100	the M	inic
la	5	'n
e	In section	4
ğ	6	nê.
ě	H.	1
•	6	1
AN.	tifica Str	=
200	the the	d, o
F	this	rke e
NE	After	E
ENC	JR:	8
A	ECIL	2 -
5	OIR Part	te
A	五百	=
3	UNE	N
4	日本	E
=	上の	MP
-	F 2	

1 - STATE REGISTRAR			MARYLANI	CERTIF	ICAT	E OF	DEA	TH	WIEN I	REG. NO.			
1. DECEDENT'S NAME (F)	A B.	PIME	`5						2. DA	TE OF DEATH	9 19	Q'EAR	3. TIME OF DEATH
4. SOCIAL SECURITY NU 212-48-3	870	5. SEX	6. AGE (In yrs	. lasi birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.		E OF BIFTTH vith, Day, Year)	4	Country	PLACE (State or Foreign) RYLAND
9a. FACILITY NAME (# no				9b. CITY, TOWN OR LOCATION OF DE				EATH	777-		TY OF DE		
SINAL HOS		OF BA	BALTIMORE BALTI					NOR	E				
10a. STATE M B	10b. COUNT	BALTIM	ORE	10c. CI	TY, TOWN (IMOR	E					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBE				101. ZIP CODE 21208					10g. CITI	USA	HAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 [3 Wildowed 4 Di		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W		If yes, sp	ENDENT (ecify Cubi 2 X NO	ın, Maxica	n, Puarl	NN? (Specify Yea o Rican, etc.)	or No-	14. RACE Black, Specify	- American Indian, White, atc.		
15. Di (Specify o	ECEDENT'S EDU	ICATION completed)	18a.	DECEDENT'S	USUAL O	CCUPATIO	ON of worth		10	66, KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary	(0-12)	College (1-4 or 5 -	•)	(Give kind of life. Do NOT u HOUS	se retired.) SE WI		SI OI WOIM			TA	HOME	Ξ	
17. FATHER'S NAME (First, SAMUEL		BECKER					18. MOT	HER'S NAI	ME (First	, Middle, Malden . E	Sumame) COOI	PER	
19a. INFORMANT'S NAME MRS. SYLV		EN .		7409	REM	S (Street a	RD.	or Rural F	TIM	mber, City or Town	7. State Zio 2120	5000)	
20a METHOD OF DISPOS 1 Description 2 Creme 4 Donation 5 Oth	tion 3 🗆 Rem	oval from State	cemetery,	CEAND DATE cremetory or c	ther place)			0/91	1		CATION — C		
21. SIGNATURE OF FUNE	TAL SERVICE ME	PINSEE	I A	114 (22.		D ADDRE	SS OF FAC	CILITY		LTIM	JRE,	MD
23. PART Enter the	diseases, or o	complications that	t caused the	death. Do	6	010	RETS	TERS	TYOW	BROS., I N RD. B rdlec or reeple	AT.TO	, MI	Approximate
23. PART Enter the shock or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in thet initieted events resulting in death) LA	ittons, ediata YING jury	a. CER DUE TO b. DUE TO	se on aech i	SEQUENCE OF	6 not enter	O1O the mod	REIS	TERS	TOW	N RD. B	AT.TO	, MI	Approximate Interval Between
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if sny, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	itions, edista YING Jury	a. CER DUE TO DUE TO DUE TO	E BRU (OR AS A CON-	SEQUENCE OF	6 not enter	O10 the mod	REIS de of dyl	TERS	TOWN	N RD. B	ALTO AUTOPSY MED?	24b. \(\)	Approximate Interval Betwee Onset and De
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initieted events resulting in death) LA PART II. Other significations.	itions, ediata YiNG jury ST	a. CER DUE TO DUE TO DUE TO	E BRU (OR AS A CON-	SEQUENCE OF	6 not enter	O10 the mod	REIS de of dyl	TERS ng, such	TOWN	N RD. B rdiec or respir	ALTO AUTOPSY MED?	24b. \(\)	Approximate interval Betwee Onset and Design of the Autopsy Finding Wallace Prior To Completion of Cause of Death?
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if sny, laading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations	itions, ediata YiNG jury ST	a. CER DUE TO DUE TO DUE TO	E B L CONTROL OR AS A CONTROL	SEQUENCE OF	Ginot enter Cull Fi: Fi: OTHER	O10 the model of t	REIS de of dyl	TERS ing, such	TOWN	N RD. B rdiec or respli	ALTO AUTOPSY MED?	24b. \(\)	Approximate interval Betwee Onset and Design of the Autopsy Finding Wallace Prior To Completion of Cause of Death?
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if sny, laading to imm cause. Enter UNDERL CAUSE (Disease or in that initieted events resulting in death) LA PART II. Other significations are supported by the signification of the significant of the signific	itions, ediata YING jury ST Cent condition	a. CER DUE TO b. DUE TO d. DUE TO d. HOSPITAL:	ER/Outpatient	SEQUENCE OF TESTING	Ginot enter Cull Fi: Fi: OTHER 4 Nun	olo the modern the mod	REIS de of dyl A cause g ace of Di s = Ra	TERS ng, such	TOWN Section 1 S	N RD. B rdiec or respir	ALTO	24b. 1	Approximate Interval Between Onset and De On
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if sny, laading to immediate conditions, laading to immediate constant the control of t	itions, ediata YING jury ST	a. CER DUE TO b. DUE TO c. DUE TO d HOSPITAL: 1 %Inpatient 2 28a. DATE OF (Month, Da 28a. PLACE OF	ER/Outpatient	SEQUENCE OF SEQUEN	OTHER 4 ON Nurse	the moderlying 26. PL. 26. PL. 26. PL. 27. PL. 28. INJ. WOL 1 Y	REIS de of dyl ACE OF DI S 5 Re RR7 RR7	TERS ng, such	Part I.	NRD. B rdlec or reepli 7 7 24a. WAS AN / PERFORI 1 YES 2	ALTO- BITOPSY MED? NO	24b. 1	Approximate Interval Between Onset and De De De De De De Thirly YES 2 NO
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if sny, laading to imm cause. Enter UNDERL CAUSE (Disease or in that initieted events resulting in death) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Natural 5 Accident 3 Suicida 8 Homicide 29a. CERTIFIER (Check only one) 2 ME	Itions, ediata Ying jury ST Cent condition TO MEDICAL Pending Investigation Could not be determined THIFYING PHYSIC	a. CER DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Minpstlant 2 28a. DATE OF (Month, Da 28a. PLACE OF building, of	ER/Outpatient INJURY — At the (Specify) ER On as a con-	SEQUENCE OF SEQUEN	OTHER 4 Nurse URY M Riffrest, factor	olo the moderlying 26. PL. ising Home 28c, INJL WOF 1 Yory, office me, date in the modern control of the me, date in the modern control of the me, date in the modern control of the me, date in the modern control of the me, date in the modern control of the me, date in the me,	REIS de of dyl ACE OF DI S □ Ra JRY AT RK? ES 2 □	TERS ng, such	TOWN n es ce / DE CK only c CK only c Ch to the ca	24a. WAS AN / PERFORM 1 YES 2 25CRIBE HOW IN CATION (Street ar or Town, State)	ALTO- ratory error AUTOPSY MED? NO JURY OCCU The Author of Number of States	24b. 1	Approximate Interval Betwee Onset and De De De De De Onset and De De De Try
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if sny, laading to immediate conditions, laading to immediate content in the content in	Itions, redista Ying jury ST Condition To MEDICAL Pending Investigation Could not be determined ATTIFYING PHYSIC DICAL EXAMINET	B. CER DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO A. DUE TO A. DUE TO DUE TO DUE TO A. DUE TO DUE TO A. DUE TO A. DUE TO DUE TO A. DUE TO A. DUE TO A. DUE TO A. DUE TO DUE TO A. D	ER/Outpetient INJURY — At tete. (Specify) my knowledge, amination and/o	SEQUENCE OF SEQUENCE OF Investigation	OTHER 4 Num E OF URY M intreet, factored at the tin	olo the moderlying 26. PL. ising Home 28c, INJL WOF 1 Yory, office me, date in the modern control of the me, date in the modern control of the me, date in the modern control of the me, date in the modern control of the me, date in the modern control of the me, date in the me,	REIS de of dyl ACE OF DI S S Ra JRY AT RK7 ES 2 and place, eath occurr	TERS ng, such	Part I. 281. LOCCIO	24a. WAS AN / PERFORM 1 YES 2 24a. WAS AN / PERFORM 1 YES 2 CATION (Street ar or Town, State)	ALTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b. 1 24b. 1 1 URED V Rural Root d. Cause(s) a	Approximate Interval Betwo Onset and De
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if sny, laading to imm cause. Enter UNDERL CAUSE (Disease or in that initieted events resulting in death) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Natural 5 Accident 3 Suicida 8 Homicide 29a. CERTIFIER (Check only one) 2 ME	Itions, ediata Ying jury ST Cent condition TO MEDICAL Pending Investigation Could not be determined THEYING PHYSIC DICAL EXAMINED FOR PERSON WHO	B. DUE TO A. BE CONTributing to 28a. DATE OF (Month, Da 28a. PLACE OF building, of CIAN: To the best of ax	ER/Outpetient INJURY — At the (Specify) The property of the control of the contr	SEQUENCE OF SEQUEN	OTHER 4 Num E OF URY M intreet, factored at the tin	olo the moderlying 26. PL. ising Home 28c, INJL WOF 1 Yory, office me, date in the modern control of the me, date in the modern control of the me, date in the modern control of the me, date in the modern control of the me, date in the modern control of the me, date in the me,	REIS de of dyl ACE OF DI S S Ra JRY AT RK7 ES 2 and place, eath occurr	TERS ng, such CC / Silven in it EATH (Che sidence it NO and due it and d	Part I. 281. LOCCIO	24a. WAS AN / PERFORM 1 YES 2 24a. WAS AN / PERFORM 1 YES 2 CATION (Street ar or Town, State)	ALTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b. 1 24b. 1 1 URED V Rural Root d. Cause(s) a	Approximate Interval Betwo Onset and De Vere Autopsy Findin Markable Prior to Completion of Causi of Death? "YES 2 NO No Vere Number,"

,
760
BOX 68760
X
B
P.O.
80
DS
OR
RECORDS
R
OF VITAL
E
F
VISION
S
\leq
Δ.

		First, Middle, Les George	M. Rudol	ph						2. DATE OF	DEATH	7	CHEAR	3. TIME OF DEAT	
	4. SOCIAL SECURITY N		5. SEX		yrs. last birthday)			IF UNDER		7. DATE OF (Month, D	BIRTH	1	8. BIRTH	PLACE (State or Fo	
	216-05-	8804	1 M 2 □ F	76	YRS.	MONTHS	DAYS	HOURS	MIN.		22 1	4		RYLAND	
~	9a. FACILITY NAME (# n					96. CITY, TOWN OR LOCATION OF DEA Balto. City						9c. COU	NTY OF D	EATH	
6	Union		ial Hosp.				Ват	20.	TICA						
DIRECTOR	10a. STATE	10c. Cf	TY, TOWN C								10d. INSIDE CITY				
	MARYLAND 100. STREET AND NUMBER					BAL	[IMO]							1 YES 2 NO	
FUNERAL	3838 ROLAND AVENUE						107.	ZIP CODE	1211			10g. CIT	USA	HAT COUNTRY?	
S	11. MARITAL STATUS 12. WAS DECEOENT E									C ORIGIN? (or No	14. RACE	- American Indi	
ETED BY	1 Never Married 2	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR						ecity Cube 2 NO		, Puarto Ric	an, etc.)		Speci		
		DECEDENT'S E	OUCATION	- 1	16a. OECEDENT'S	S USUAL O	CCUPATIC	ON	-	16b. K	IND OF BUS	SINESS/INC	OUSTRY	WHITE	
	(Specify Elementary/Seconda	y only highest granty (0-12)	ade completed) College (1-4 or 5		(Give kind of life. Do NOT i	work done			g						
MPL	7TH				MILK	MAN									
BE COMPL	17. FATHER'S NAME (Fire	st, Middle, Last) ADAM RU	חמן דוחו							STRO		Sumame)			
	JUHN A		DOLLU		19b. MAILIN	G ADDRESS	S (Streat =					n. State. 74	io Code)		
2	LEO G. R													RYLAND 2	
	20a. METHOD OF DISPO		emoval from State		PLACE AND OA			(Name	0.11	OATE			City or To		
	4 Donation 5 D 0	Other (Specify) _			RKWOOD	CEME!	TERY				BAL	TIMO	RE, 1	MARYLANI	
	21. SIGNATURE OF FUN	IERAL SERVICE	LICENSEE		10			ND ADDRES			TOTAL	TAC	HOME		
	23. PART I. Enter the shock, (IMMEDIATE CAUSE disease or condition resulting in death)	or heart failu (Finei	re. List only one co	ause on a'a	ch line.	not antar	818 r the mo	ROLA	ND AV	ss cardia	BAI	TIMO	RE, I	MD . 212: Approximinterval E Onset an	
TIFICATION	shock, of IMMEDIATE CAUSE disease or condition	or heart failure (Finel	s. State BUET C.	or as a composition of the compo	ch line.	not anter	818 r the mo	ROLA	ND AV	/ENUE	BAI	TIMO	RE, I	Approxin	
N: MEDICAL CERTIFICATION	shock, of IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list conif any, leeding to in cause. Enter UNDEI CAUSE (Disease or that initiated events	or heart failure (Finel in	a. State only one control on the con	O COR AS A CO (OR AS A CO	CONSEQUENCE	not enter	818 r the mo	ROLA da of dyl	ND AV	Pert i. 2	BAI c or respi	TIMO Iretory ar	PRE, I	Approxininterval E Onset an On	
MEDICAL	shock, of IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list confirming in the confirming in death of the cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) in the cause in	or heart failure. (Finel on the second of t	a. Story one contributing to	O COR AS A CO (OR AS A CO	CONSEQUENCE	not anter Self- OF): OF): OF):	818 r the mo	ROLA da of dyl	ND AV	Pert i. 2	BAI C OF respi	TIMO Iretory ar	PRE, I	Approximinterval E Onset an On	
MEDICAL	shock, of immediate cause disease or condition resulting in death) Sequentially list could fany, leeding to in cause. Enter UNDEI CAUSE (Disease or that initiated events resulting in death) if PART II. Other significant causes are sufficient to the cause of the ca	or heart failure (Finel n) and tilona, numediate RLYING injury LAST	b. DUE T c. OUE T d. HOSPITAL: 11 Impatient 2	TO (OR AS A CO)	CONSEQUENCE (consequence (consequence (at not resulting	OF): OF): OF): OF): OTHE	818 r the mo	G Cause (Ing, such	Part i. 2	4s. WAS AN PERFOI	AUTOPSY RMED?	PRE, I	Approximinterval E Onset an On	
PHYSICIAN: MEDICAL	shock, of immediate immediate immediate disease or condition resulting in death) Sequentially list confirmance in any, leading to improve the cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) in the cause in any in the cause in the cau	nditiona, needlate RLYING injury LAST	a. Star Due T b. Due T c. Oue T d. Hospital: 10 Inpatient 2 25c. Date (Month.	TO (OR AS A CO)	CONSEQUENCE (CONSEQUENCE (CONSEQUENCE (At not resulting at not resulting	OF): OF): OF): OF): OF):	818 r the mo SSS anderlying 28. PI R: rating Horr 28c. INJ	G Cause 9 LACE OF D TO TO THE STATE OF THE	given in i	Part i. 2	BAI c or respi	AUTOPSY RMED?	PRE, I	Approxininterval E Onset an On	
BY PHYSICIAN: MEDICAL	shock, of immediate immediate immediate disease or condition resulting in death) Sequentially list confirmance in any, leading to implement the cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) in the cause in any in the cause in the c	nditiona, namediate RLYING injury	b. DUE T c. OUE T d. HOSPITAL: 1 Page Date (Month, an 28e. PLACE be buildin	to death bu	CONSEQUENCE (CONSEQUENCE (At not resulting At home, farm	OF): 818 r the mo Signature of the mo 26. Pt R: reling Horn 28c. INJ WC 1 □	G Cause (given in i	Part I. 2 Ck only one) 6 Other (28d. DESC	4a. WAS AN PERFO! YES 2	AUTOPSY RMED?	PRE, I	Approxininterval E Onset an On		
PHYSICIAN: MEDICAL	shock, of immediate cause disease or condition resulting in death) Sequentially list confirmance if any, leading to improve the cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) in the cause in the cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) in the cause of the cau	or heart failur (Finel Inditiona, Inmediate RLYING Injury LAST LAST Ifficant condition Ifficant cond	b. DUE T c. OUE T d. HOSPITAL: 1 Inpetient: 28e. DATE C (Month.) 1 28e. PLACE be building 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	to death but ER/Outpar OF INJURY - Pig, etc. (Specific of my knowless	consequence of the consequence o	OF): 818 r the mo 869 R: reling Horr 286, NJ tory, office	G Cause of C	given in i	Part I. 2 Ck only one) 6 Other (28d. DESC	4a. WAS AN PERFOI YES 2	AUTOPSY RMED? AND NO INJURY OC and Number	24b	Approximinterval E Onset an On		
LETED BY PHYSICIAN: MEDICAL	shock, of immediate immediate immediate cause disease or condition resulting in death) Sequentielly list configuration in cause. Enter UNDER CAUSE (Disease or that infitted events resulting in death) in cause. Enter UNDER CAUSE (Disease or that infitted events resulting in death) in cause. Enter UNDER CAUSE (Disease or that infitted events resulting in death) in cause. Examiner? 25. WAS CASE REFERS EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 Distribution in cause in ca	nditiona, namediate RLYING injury LAST LAST Ifficant conditions in the conditions	b. DUE T c. OUE T d. HOSPITAL: 11 Inpatient 2 28a. DATE (Month, on 28a. PLACE building to the basis of FIER HOSPITAN: To the basis of FIER HOSPITAN: To the basis of the bas	to death but ER/Outpar OF INJURY Def (Specific of my knowled assemination)	consequence of the consequence o	OF): 818 r the mo 869 R: reling Horr 286, NJ tory, office	g cause g LACE OF D TOPICY TYPES 2 Topicy	given in a sidence NO	Part I. 2 Ch only one) 8 Other (28d. Describe to the cause time, date as	4a. WAS AN PERFOI VES 2	AUTOPSY RMED? The No and Number and Number as stind due to to the number and number and number as stind due to the number as still due to the number as sti	24b	Approximinterval E Onset an On		
BE COMPLETED BY PHYSICIAN: MEDICAL	shock, of immediate cause disease or condition resulting in death) Sequentially list confirmance if any, leading to improve the cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) in the cause in the cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) in the cause of the cau	nditiona, namediate RLYING injury LAST LAST Ifficant conditions in the conditions	b. DUE T c. OUE T d. HOSPITAL: 11 Inpatient 2 28a. DATE (Month, on 28a. PLACE building to the basis of FIER HOSPITAN: To the basis of FIER HOSPITAN: To the basis of the bas	to death but ER/Outpar OF INJURY Def (Specific of my knowled assemination)	consequence of the consequence o	OF): 818 r the mo 869 R: reling Horr 286, NJ tory, office	g cause g LACE OF D TOPICY TYPES 2 Topicy	given in a sidence NO	Part I. 2 Ck only one) 6 Other (28d. DESC	4a. WAS AN PERFOI VES 2	AUTOPSY RMED? The No and Number and Number as stind due to to the number and number and number as stind due to the number as still due to the number as sti	24b CCUREO or or Rural II the cause(i	Approximinterval E Onset an On		

07*** **

examiner must be notified at once.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death. In the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detache	TO THE FUNERAL INFERRIGHT Affect to Particulate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYNICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	Middle, Last)	ALBERT	М.	ROCK					2. DATE OF DEATH	AY 19	YEAR	3. TIME OF DEATH
SOCIAL SECURITY NUMB	en I	5. SEX		rs. last birthday)	IF UNDER 1	VEAD	IF UNDER	24 HDC	7. DATE OF BIRTH	19		PLACE (State or Foreign
214-14-690		1 📉 M 2 🗆 F	76	YRS.	-	DAYS	HOURS	MIN.	(Month, Day, Year)	,	Country)
e. FACILITY NAME (If not ins			70		9b. CITY,	TOWN C	R LOCATIO	ON OF DE		4 Tec. COU	MA NTY OF DE	RYLAND
MANOR CA	-					TOWS		J. V. J.				IMORE
RESIDENCE OF DEC						TOW	OIN				DALI	IFIORE
Oa. STATE	10b. COUNTY			10c. CIT	Y, TOWN OF	R LOCAT	ION					10d. INSIDE CITY LIMITS?
MARYLAND	BALT	IMORE			rowso:	N						1 YES 2 NO
0e. STREET AND NUMBER						101	. ZIP CODI			10g. CIT	IZEN OF W	HAT COUNTRY?
	1 CHAR	LES STRI			-			L204			USA	
1. MARITAL STATUS Never Married 2	Married	12. WAS DECEDEN	YES :	NO NO					IIC ORIGIN? (Specify Yen, Puerlo Rican, etc.)	s or No		- American Indian, White, atc.
Widowed 4 Divo		IF YES, GIVE Y	MAR OR DATE	S	1	☐ YES	2 XNO	Specify	<i>/</i> :		Specifi	
21	EDENT'S EDUC	ATION	16	a. DECEDENT'S	I IISIIAI OO	CURATIO	M.		16b. KIND OF BL	einess/ini		WHITE
(Specify only	highest grade of	completed)		(Give kind of	work done do			g	TOD. KIND OF BO	3114E33/1141	JOSTA	
Elementary/Secondary (0- 8TH	-12)	College (1-4 or 5	+)	מז דס	MBER							
7. FATHER'S NAME (First, MI	ddle, Last)			E L(U)	IDEK		18. MOT	HER'S NA	ME (First, Middle, Maider	Surname)		
	AN ROC	V						EARL		,		
9a. INFORMANT'S NAME (7)				19b. MAILING	ADDRESS	(Street a			Route Number, City or Tox	vn, State, Zie	Code)	
PHYLLIS SMY									ALTIMORE,			21236
0a. METHOD OF DISPOSITI			20b. P	LACE AND DAT	-			, ,		CATION -		
Burial 2 Crematio		oval from State	of cerr	YLAND	y or other pla	ce)	י פידידים זי	7 0/	}			ARYLAND
1. SIGNATURE OF FUNERAL		ENSEE	- ITIAN				ID ADDRE			1111	VE, II	ANTLAND
1	150	2. /	10.7	(1)					Z, JR., FU			
100	reje	an 2	ierz	1					AVENUE, BA			
23. PART I. Enter the di ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	ert fellure. L	List only one ca	lial	ine.	mot enter	The mo	al.	ing, euc	n as cardiac or real	nratory er	rest,	Approximate interval Between Onset and Death
Sequentially list conditi	ons F b	mel	Lost	ON HUMUENCE C	t	Le	H	ele	ic			5yrs.
if any, leeding to immedeuse. Enter UNDERLYI	diete	1/	(Cat At A Ct	ONSEQUENCE O	PF):	1	11/	. 1				King
CAUSE (Disease or Inju		OUE TO	1-1602	me frin	me		CA	La	ney	-	_	ogo.
that initiated events resulting in desth) LAS	r		11	1					,			1 .
	-	-										1
PART II. Other significe	nt condition			not resulting	In the und	derlying t	Lause	given in	Part I. 24a. WAS A PERFO	RMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
S, WAS CASE REFERRED TO	O MEDICAL					26. PI	LACE OF E	EATH (Ch	eck only one)			
EXAMINER? 1 YES 2 NO		HOSPITAL:	E9/Outpett	ant 2 004	OTHER	li.						
7. MANNER OF DEATH		26e. DATE O		28b. Til			URY AT	esidence	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OF	CURED	
1 Natural 5	Pending	(Month,	Day, Year)	IN	JURY	WC	YES 2	□ NO				
2 Codelda	investigation	28a, PLACE	OF INJURY	At home, farm,	street facts				26f. LOCATION (Stree	and Numbe	or Rural B	Inute Aurober
	Could not be determined		etc. (Specify)			.,,		L.	City or Town, State			
9a. CERTIFIER						_						
									to the cause(a) and m			No. and the second second
(Orrobott orray	CAL EXAMINE	n. Oil the basis of	EXPITITION E	nd/or investigat	ion, in my o	pinion, c	seath occu	red at the	time, date and place, a	ind due to t	ne cause(a) and manner as stated.
one) 2 MED												
(Orrobott orray		0	0			7	29c. LIC	ENSE NU	MBER	29d, DA	TE SIGNED	(Month, Day, Year)
one) 2 MEDI	OF CERTIFIER	s Ed		Mi	D.	6	29c. LIC	ENSE NUI	MBER	29d, DA	SIGNED	(Month, Day, Year)
one) 2 MED	OF CERTIFIER	s Ed								29d, DA	SIGNED 1	(Month, Day, Year)

1702- 1-

Fountle

Consecting of materials

CUM - Garatho pour Edenth.

al-12 8.1_ MD

14/91/17

F.E.H.

ing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should other traumatic event, the medical examiner must be notified at once. 10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires in Time 1 TO THE FUNERAL DIRECTOR: After this certificate has been sign to be filed within 72 hours after death with the State Oept. of Health and IMPORTANT: If Item 28 is marked, or item 23 shows any injury.

31. DATE FILED (Month, Day, SEP 25 1991

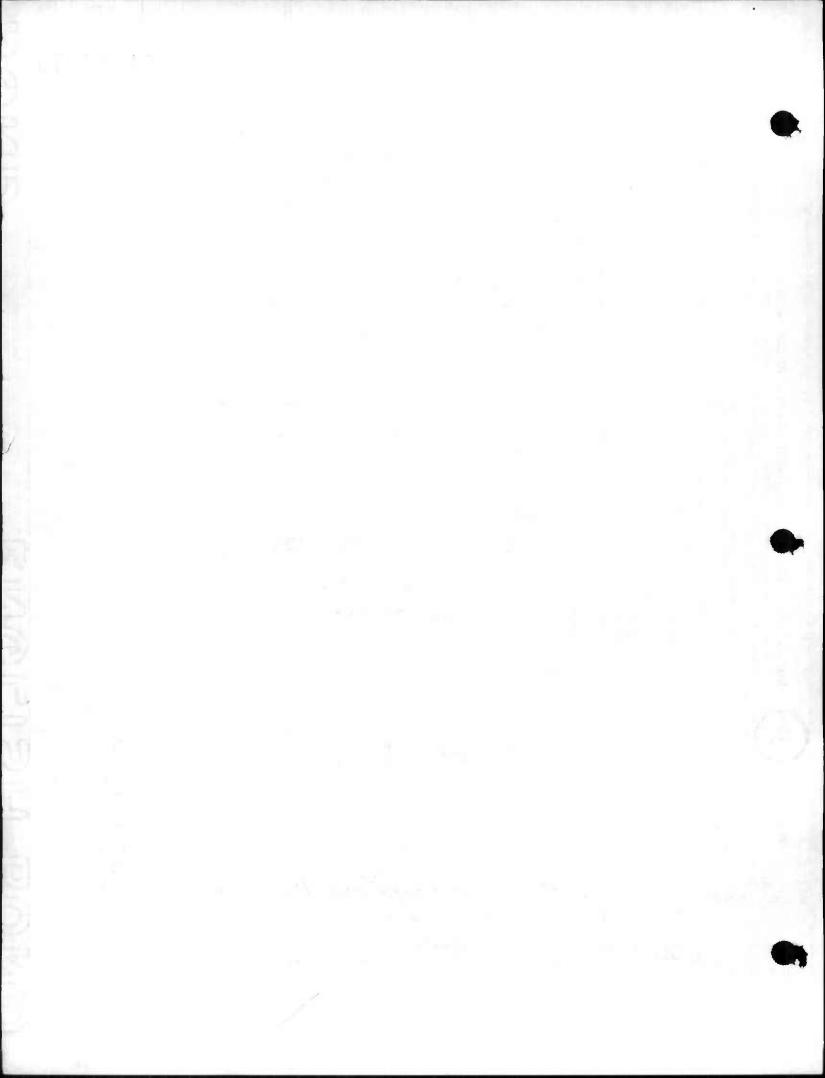
32. REGISTRAR'S SIGNATURE Davidson-Randell

1. DECEDENT'S NAME (First, Middle, Les MARJ	10)				OF DEA		REG. NO.		1 -	
THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O			SL	ONAK	ER		MONTH D	19	YEAR 3	0836
4. SOCIAL SECURITY NUMBER 214-26-0245	5. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER 1 Y	EAR IF UNDER	R 24 HRS. 7	Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
9a. FACILITY NAME (If pot institution, give				9b. CITY. TO	WN OR LOCATI	ON OF DEAT	10-29-		AL.	ABAMA
3510 BEACH AV		г.а			BALTI			9c. COUR	ITY OF DEA	in .
RESIDENCE OF DECEDENT						TORCE	0111			
MARYLAND 10b. COUN	ITY		10c. CITY	TOWN OR I	OCATION LTIMORE	E				d. INSIDE CITY V LIMITS?
10e. STREET AND NUMBER					10f. ZIP COD	E		10g. CITIZ		T COUNTRY?
3510 BEECH	AVENUE		21	211			US	A		
11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	13. WAS	DECENDENT (OF HISPANIC	ORIGIN? (Specify Yes	or No-	14. RACE -	American Indian		
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	R OR DATES	NO		S, specify Cubs		Puarto Rican, etc.)		Specify:	WHITE
15. DECEDENT'S ED (Specify only highest gra	DUCATION de completed)	CEDENT'S	JSUAL OCCU	PATION	200	16b. KIND OF BUS	SINESS/INDI			
Elementary/Secondary (0-12)	College (1-4 or 5+) (Give kind of life. Do NOT					W				
		RETAR]								
17. FATHER'S NAME (First, Middle, Last) LOUIS HARRT	C		18. MOT		(First, Middle, Maiden					
19a. INFORMANT'S NAME (Type/Print)						AN				
FRANCIS WILG	TC	19					te Number, City or Town			
20e. METHOD OF DISPOSITION	13	1				ENUE,		D. 21211		
1 X Burlel 2 Cremation 3 Rat 4 Donation 5 Other (Specify)	moval from Stale	cemetery cre	metory or oth	F DISPOSITION Per place)					- City or Town, Sista	
21. SIGNATURE OF FUNERAL SERVICE L	ICENSES	1 MD. S	TATE	VETER	CANS CE	METER	Y 9/26 G	ARRIS	SON FO	DREST, M
· a. all	In Se	Et, 4		Α.		SEITZ	, JR. FUN VENUE, BA			21211
23. PART i. Enter the disesses, or	complicationa thet	caused the de	ath. Do no	ot enter the	mode of dy	ing, auch e	a cardiec or raspl	eat.	Approximete	
shock, or heart feiture IMMEDIATE CAUSE (Finel	. List only one caus	e on aech line).							intervei Betw Onaet and D
disease or condition resulting in death)	. ARTERI	SCLE	ROTT	C CA	RDTOVA	SCIIT	AD DICE	λCE		i chart and b
robuting in additify	DUE TO (OR AS A CONSE	DUENCE OF	1:			MK DIDE	MOL		
	WITH CO	OMPLIC	ATIN	G CA	RCINO	ΑN				
Sequentially list conditions, if any, leeding to immadiate	DUE TO (6	OR AS A CONSE	DUENCE OF	:						
ceuse. Entar UNDERLYING CAUSE (Diseese or Injury	C									
that initiated events	DUE TO (C	OR AS A CONSEC	DUENCE OF	:						
	d									
resulting in death) LAST										
resulting in death) LAST	ons contributing to d	ions contributing to death but not resulting in				siven in De	Part I. 24a. WAS AN AUTOPSY PERFORMED?			
resulting in death) LAST	ons contributing to d	eath but not r	esuiting in	the under	lying cause o	given in Pa	rt I. 24a. WAS AN / PERFOR		AW	ALABLE PRIOR TO
resulting in death) LAST	ons contributing to d	eath but not r	esuiting ir	the under	lying cause ç	given in Pa	24a. WAS AN / PERFORM	MED?	AM CO	ALABLE PRIOR TO
resulting in death) LAST	ons contributing to d	eath but not r	esuiting in	the under	lying cause ç	given in Pa	PERFOR	MED?	CO OF	MILABLE PRIOR TO MPLETION OF CAUS
PART II. Other significant condition	ons contributing to d	eath but not r	esulting in				PERFORI	MED?	CO OF	MPLETION OF CAUS DEATH?
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			2	6. PLACE OF D	EATH (Check	PERFORI	MED?	CO OF	MILABLE PRIOR TO MPLETION OF CAUS DEATH?
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	2 OTHER: 4 — Nursing	6. PLACE OF DI	EATH (Check	PERFORI 1 YES 2 only one) Other (Specily)	MED?	OF	MILABLE PRIOR TO MPLETION OF CAUS DEATH?
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	ER/Outpatient 3		OTHER: 4 Nursing OF 28c	6. PLACE OF DI	EATH (Check sidence 6 C	PERFORI	MED?	OF	MILABLE PRIOR TO MPLETION OF CAUS DEATH?
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 X Netural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 28e DATE OF II (Month, Day	ER/Outpatient 3	DOA 28b. TIME	OTHER: 4 Nursing OF 28c	6. PLACE OF DI Home 5 AR INJURY AT WORK? YES 2	EATH (Check sidence 6 28	PERFORI 1 YES 2 only one) Other (Specify) od. DESCRIBE HOW IN	MED? NO NO	AW CO OF	NILABLE PRIOR TO MPLETION OF CAUS DEATH?
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 X Netural 5 Pending	HOSPITAL: 1 Inpatient 2 28e. DATE OF II (Month, Day	ER/Outpatient 3 IJURY Year) INJURY — At ho	DOA 28b. TIME	OTHER: 4 Nursing OF 28c	6. PLACE OF DI Home 5 AR INJURY AT WORK? YES 2	EATH (Check sidence 6 28	PERFORI 1 YES 2 only one) Other (Specily)	MED? NO NO	AW CO OF	NILABLE PRIOR TO MPLETION OF CAUS DEATH?
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 X Netural 5 Pending Investigation 3 Suicide 8 Could not be datarmined	HOSPITAL: 1 Input ant 2 28e. DATE OF II (Month, Day) 28e. PLACE OF building, et	ER/Outpetient 3 JURY Year) INJURY — At ho c. (Specify)	DOA 28b. TIME INJU	OTHER: 4 Nursing OF 28c RY M 1	6. PLACE OF DI Home 5 Ana INJURY AT WORK? YES 2	EATH (Check sidence 6 26 26 26	only one) Other (Specify) d. DESCRIBE HOW IN City or Town, State)	MED? NO JURY OCCI	AMCO OF 1 [NILABLE PRIOR TO MPLETION OF CAU DEATH? YES 2 NO
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 X Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be datarmined 29a. CERTIFIER (Check only 1 CERTIFYING PNY:	HOSPITAL: 1 Inpettent 2 28e. DATE OF II (Month, Day) 28a. PLACE OF	ER/Outpatient 3 JURY Year) INJURY — At ho c. (Specify) y knowledge, de	DOA Zeb. TIME INJU	OTHER: 4 Nursing OF 28c RY M 1 reet, factory,	6. PLACE OF DI Home 5 XRs . INJURY AT WORK? YES 2 office	EATH (Check sldence 6 28 28 28 28 28 28 28 28 28 28 28 28 28	only one) Other (Specify) d. DESCRIBE HOW IN City or Town, State)	MED? NO NO NO NO NO NO NO NO NO N	AMACOO OF 1 [NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 X Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be datarmined 29a. CERTIFIER (Check only 1 CERTIFYING PNY:	HOSPITAL: 1 Inpatient 2 2 28e. DATE OF II (Month, Day) 28a. PLACE OF building, et SICIAN: To the best of m	ER/Outpatient 3 JURY Year) INJURY — At ho c. (Specify) y knowledge, de	DOA Zeb. TIME INJU	OTHER: 4 Nursing OF 28c RY M 1 reet, factory,	6. PLACE OF DI Home 5 AR INJURY AT WORK? YES 2 offica deta and place, on, death occur	EATH (Check sldence 6 28 28 28 28 28 28 28 28 28 28 28 28 28	PERFORI 1 YES 2 Only one) Other (Specify) d. DESCRIBE HOW IN City or Town, State) The cause(a) and menti a, data and placa, and	MED? NO NO NO NO NO NO NO NO NO N	CCCO OF 1 [NILABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO

DHMH-16 Rev 1/89

)	D	1
)	cate	-
	E	1
	8	1
	death	- 44
ĺ	the	44
	that	1
	me provinces that the death certificate b	the standard of the standard
	A	ú
	3	٦
h)E	1
	2	1
	SPC	
)	至	j
	10.	
,	差	1
	8	i
	E	
	80	Ì
	B	
	HE HOSPITAL OR ATTENDING PHYSICIAL The)

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H			G. NO.			
	1. DECEDENT'S NAME (First, Middle, Las CHARLE		SIGAFO	OSE		2. DATE OF DE MONTH		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 216-03-5284	1 ⊠ M 2 □ F 79	(In yrs. lest birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day, 8-11-	12 1	BIRTHPLACE (State or Foreig Country) MARYLAND		
CTOR	9a. FACILITY NAME (If not institution, given ST. AGNES HOSP			96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY						
RECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COU		10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY		
0	MARYLAND BA 100. STREET AND NUMBER		BALTIM	ORE		10g. CITIZE	1 YES 2 NO			
NERAL	5918 BALTIMORE	T			21207		USA			
D BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Maxica 2X NO Specify	n, Puerto Rican,		4. RACE — American Indian, Black, White, stc. Specify: WHITE		
LETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	(Give kind of v		st of working	16b. KIND	OF BUSINESS/INDUS			
COMPL	7TH 17. FATHER'S NAME (First, Middle, Last)		FOUNDE	RY WORKE	R 16. MOTHER'S NA	ME (First, Middle,	KOPPERS Maiden Surname)	S_CO.		
BE CO		IGAFOOSE			ANNA	V. KE				
2	194. INFORMANT'S NAME (Type/Print) HELEN SIGAFOOS	E	100 000 000 000				y or Yown, State, Zip C MARYLAN			
	20a, METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 R		b. PLACE AND DATE cemetary, crematory	OF DISPOSITION			20c. LOCATION CI			
CERTIFICATION	shock, or heart failure immediate cause (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Eud - DUE TO (OR AS	42.5	n: COP n: - soud	y Fa	eleero		Interval Be Onset and		
MEDICAL	PART II. Other algorificant condit	ions contributing to death i	but not resulting	in the underlyin	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FIN MAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch	W				
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 ☐ Inpetient 2 ☐ ER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	JURY AT ORK?		elfy) E HOW INJURY OCCU	RED		
D BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not	28e. PLACE OF INJUR	Y — Al home, farm,	M 1 🗆	YES 2 NO	281. LOCATION (Street and Number or Rural Route Number,				
ETEC	4 Homicide determined		icity)			City or Tou	vn, Stere)			
TO BE COMPL	(Chieck Griff)	WHO COMPLETED CAUSE OF DI	on and/or Investigated	on, in my opinion, o	Seath occured at the 29c. LICENSE NU	time, date and p	place, end due to the			
	For: In Kut	T, OK. 4.7		RIAZ						
	SFP 9.5 1991	Julia Davidson-V	fandace.							



S	4
	t the
RECORDS	hat
8	90
E	Anie
α	0.0
4	Den vel
VITAL	4
Ξ	ż
?	ě
9	Š
24	ø.
ď	3
a	2
₹\	ú
2	8

	1 - STATE REGISTRAR	STATE OF MAR			OF HEALTH AND OF DEATH	MENTA	L HYGIENE REG. NO.		
		. B. STEWA	Transfer .			2. DATI	OF OEATH DAY	YEAR 91	3. TIME OF DEATH 5:00 PM
	4. SOCIAL SECURITY NUMBER 214-01-8113	1 M 2 🗆 F	NGE (In yrs. last birthda) 83 YRS.	MONTHS	DAYS HOURS MIN.	7-	OF BIRTH th, Day, Your! -15-08	Country	VIRGINIA
ECTOR	90. FACILITY NAME (If not institution, give UNIVERSITY HOSPI RESIDENCE OF DECEDENT				BALTIMORE C		9c. C0	ATN	
DIREC	10e. STATE 10b. COUN MARYLAND	TY		ALTIMO					10d. INSIDE CITY LIMITS? 1 K YES 2 NO
ERAL	100. STREET AND NUMBER 430 FURROW STRE	ET			101. ZIP CODE 21223				IAT COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 X NO	11	AS DECENDENT OF NISPA yes, specify Cuben, Mexic YES 2 2 NO Speci	en, Puerto	N? (Specify Yee or No- Ricen, etc.)	14. RACE - Black, Specify	- American Indien, White, etc.
COMPLETED	1s. DECEDENT'S ED (Specify only highest gree Elementary/Secondary (0-12) UNAVAILABLE	UCATION le completed) College (1-4 or 5+)	Me. Do NOT	of work done du use retired.)	CUPATION uring most of working ENGINEER	161	BON SECO		SPITAL
BE COI	17. FATHER'S NAME (First, Middle, Last) CHARLES B. STEW	ART			VALLI	E V.	Middle, Maiden Surname ENGLES		
TO BE	19a. INFORMANT'S NAME (Type/Print) JOAN V. HOFFMAN				Street and Number or Rural				
	20e. METNOD OF DISPOSITION 1 Surfal 2 Cremetlon 3 Rei 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DAT cemetery, crematory of LOUDON PA	e of disposit other place) RK CEN	TION (Name of METERY	9-1	26 BALTIMO		
	21. SIGNATURE OF FUNERAL SERVICE L Dawn Z.			HOI	AME AND ADDRESS OF F WARD H. HUB D7 WILKENS	BARD	FUNERAL H	IOME,	INC.
	23. PART i. Enter tha diseases, or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Int	n aach line.	fance				orrest,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	AS A CONSEQUENCE						
CAL	PART II. Other significant condition	ns contributing to deat	th but not resulting	in the und	erlying cause given in	Part I.	24a. WAS AN AUTOPS PERFORMEO?	A.	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
							1 TYES 2 NO	9	F DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3 🗆 DOA	OTHER:	26. PLACE OF DEATN (C				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJUI (Month, Day, Yes		ME OF 2	8c. INJURY AT WORK? 1 YES 2 NO	26d. DE	SCRIBE NOW INJURY O	CCUREO	
ETED	3 Suicide a Could not be 4 Nomicide determined	26e. PLACE OF INJU building, etc. (S	URY — Al home, lerm Specify)	, atreat, factor	y, office	26f. LOC City	ATION (Street end Numb or Town, State)	er or Rural Rou	ite Number,
O BE COMPL		SICIAN: To the best of my kr							and manner ee stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE LEON LI 30. NAME AND ADDRESS OF PERSON WI	on, M.D.		5	29c. LICENSE NU		435 De 3	TE SIGNED (A	North, Day, Year)
	L. C1	on, wil	De/	m, erren)					
1 1	31. DATE FILEO (Month, Day, Year)	Suria Davidson	GNATURE					_	

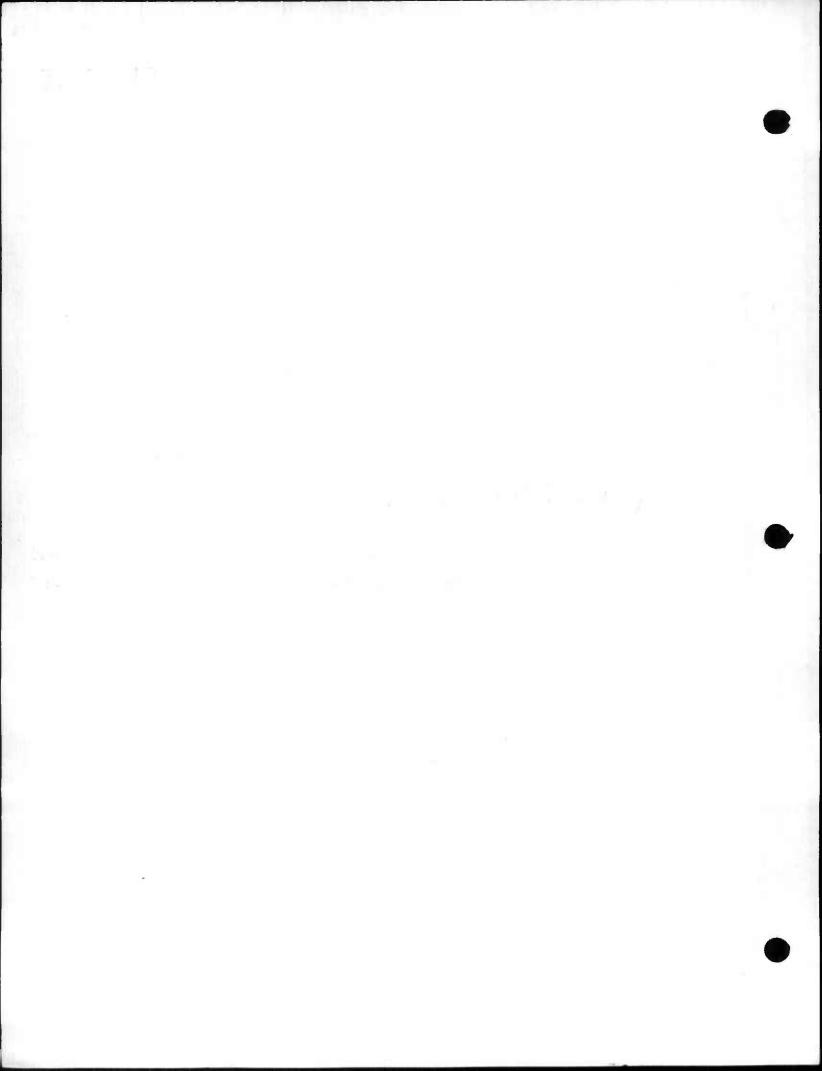


BALTIMORE, MARYLAND 212 5 DOZO

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO			1	
	1. DECEDENT'S NAME (First, Middle, Last) Sister Mary Cor	inne Stei				2. DATE OF DEATH SEPTEMBER		1991	3. TIME OF DEATH 6:56 a.m.	
	216-12-5882	□ M 2 🖾 F 67	n yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/23/23	3	8. BIRTHE Country MD	PLACE (State or Foreign	
TOR	90. FACILITY NAME (If not institution, give stree THE JOHNS HOPKIN			BALTIM	ORE CIT			TIMOF	RE CITY	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION Baltimore						10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 301 St. Paul Pl	ace		1000	1202		1		HAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 DOO TES X	If yea, sp	ENDENT OF HISF ecify Cuban, Maxi 2 X NO Spe	ANIC ORIGIN? (Specify Yaccan, Puerto Rican, etc.)	n or No—	Black,	- American Indian, White, atc. White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elamentary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of a	USUAL OCCUPATION Work done during mote retired.)	st of working	166. KIND OF BU				
BE COM	17. FATHER'S NAME (First, Middle, Last) William Steiger	:s			18. MOTHER'S	NAME (First, Middle, Maiden				
TO B	19a. INFORMANT'S NAME (Type/Print) Sisters of Mercy		19b. MAILING 301 S	ADDRESS (Street a	nd Number or Run	el Route Number, City or Tow	n, State, Zi	ip Code) 02		
	20a. METHOD OF DISPOSITION 1 \$\frac{1}{2}\$ Burlel 2 \(\text{Cremation 3} \) Remove 4 \(\text{Donation 5} \) Other (Specify)	TAT	PLACE AND DATE of the ry, crematory or of the ry		me of	1		City or Tow	rn, State City	
	21. SIGNATURE OF FUNERAL SERVICE LIGHT	S. Jolf	Mars II	22. NAME AN	ling A					
CERTIFICATION	23. PART i. Enter the diseases, or conshock, or heart failure. List IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	MY O CON OF DUE TO (OR AS A OUT OF TO (OR AS A DUE TO (OR AS A	consequence of	infarc		ich aa cerdiac or reap	iratory ar	reet,	Approximata Interval Between Onget and Death	
PHYSICIAN: MEDICAL CER	PART ii. Other significant conditions of	contributing to deeth bu	t npt resulting i	n the underlying	j csuse given i	n Pert I. 24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIA		IOSPITAL:	tlent 3 DOA	OTHER:	ACE OF DEATH (C					
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJURY WO		3 ☐ Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OC	CURED		
	3 Suicide S Could not be datermined	28a. PLACE OF INJURY - building, atc. (Specif	At home, term, a	treet, factory, office		281. LOCATION (Street & City or Town, State)	and Number	r or Rural Ro	ute Number,	
COMPLETED	29a. CERTIFIER Check only Cone) 2 MEDICAL EXAMINER:	N: To the best of my knowle On the basis of exemination	dge, death occurre and/or investigation	d at the time, data n, in my opinion, de	and place, and du	a to the cause(s) end mar e time, data and placa, an	iner as ata d dua to th	ted. ha cause(s) :	and manner as stated.	
TO BE C	29b. SIGNATURE AND THE OF CENTIFIER	im, 11	ND	J205	39c. LICENSE NO	JMBER	29d. DAT	SIGNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEAT To Con S 32. REGISTRAR'S SIGNAT	HSPK.	Print) INS H	ospital	l	/			
	31. DATE FILED (Month, Day, Year)	1991 Sun	a Davidson	Randalle						



1 - FOR STATE REGISTRAR

transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the hospital or kending physician and completely illied in by the funeral director, page 5 should be detached for see a Life burn be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

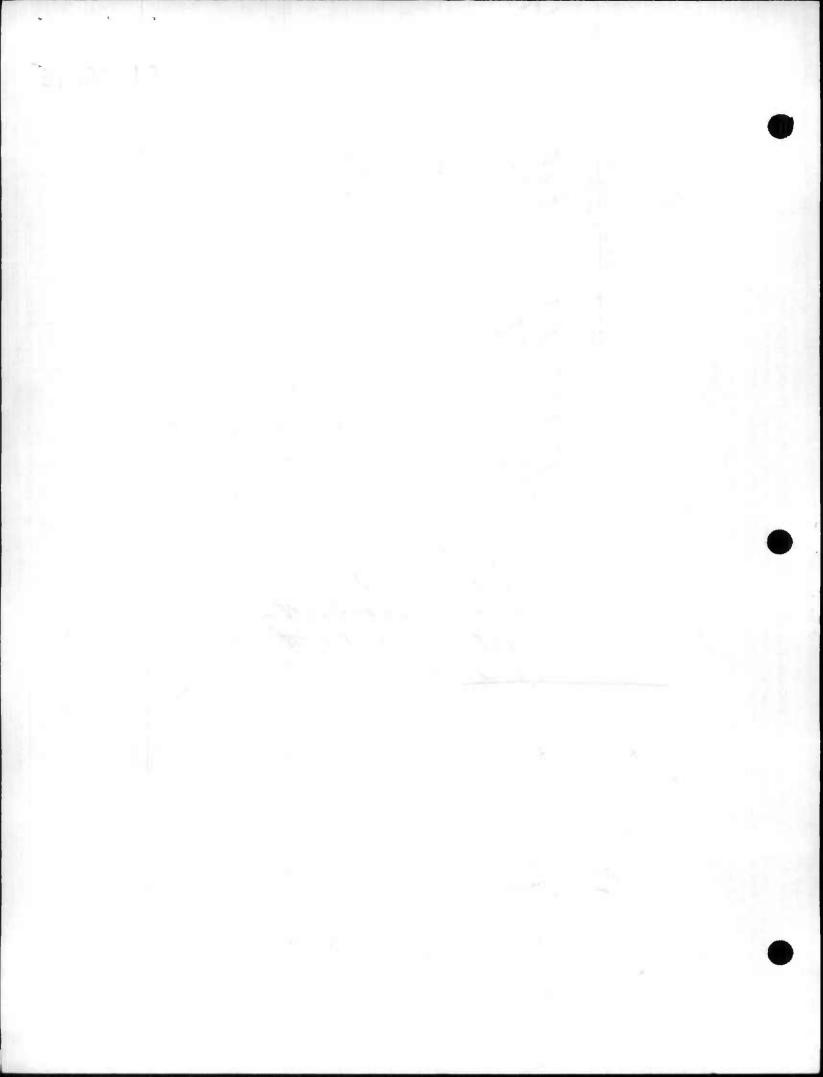
IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO).	
1. OECEDENT'S NAME (E) St. Middle, Last Roslieta E. S					2. DATE OF DEATH MONTH 9 2	Y SI	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 414-34-5800	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth Day West) 6/27/2		IRTHPLACE (State or Foreign ountry)
9a. FACILITY NAME (If not institution, give	street and number)		Baltin	R LOCATION OF OR	EATH	9c. COUNTY	OF OEATH
10a. STATE 10b. COUN	my		TOWN OR LOCAL				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 134 N. Streep	er Street			21P CODE 1224		10g. CITIZEN USA	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 (ZNO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 NO Specifi	NIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
15. OECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5+)	16a. OECEOENT'S U (Give kind of wo	ork done during mo retired.)	st of working	166. KINO OF BU	JSINESS/INDUSTI	RY
17. FATHER'S NAME (First, Middle, Lest)		Froduc	CTOIL W		ME (First, Middle, Maide		115
Joseph Bost	ic			2177	Jackson	- Sourcelline)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street a		Houte Number, City or To	wn, State, Zio Cod	9)
Mr. Robert He	rd. Sr.				artstown		
20a. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSI				DCATION — City	
1 Donation 6 Other (Specify)	emoval from State	other place) [eadowri					County
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE /	IE AU OWITE	22. NAME A	O ADDRESS OF FA	CILITY		-
1.////	11/		Mora	n-Ashto	n Funera	al Home	e, Inc et 21224
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	· card	A CONSEQUENCE OF	rest		,		Onset and Dec
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a Repatro	A CONSEQUENCE OF	phol	rath	2°t cons	hois 2°	t hypotites
PART II. Other significant conditions are significant conditions.	one contributing to death	but not resulting in	n the underlyin	g cause given in	Part I. 24a. WAS A PERFC 1 TYES	PRMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF OEATH (C/	neck only one)		
EXAMINER?	HOSFITAL:		OTHER:	e 6 🗆 Residence	6 Other (Specify)		100
27. MANNER OF GEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. IN.	URY AT	28d. OE\$CRIBE HOW	INJURY OCCUR	ED
1 Natural 6 Pending 2 Accident Investigatio		INJU		YES 2 NO			
3 Suicide 6 Could not 8 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sc	IY — At home, farm, si	treet, factory, offic	•	261. LOCATION (Stree City or Town, State		tural Route Number,
anna)	YSICIAN: To the best of my kno INER: On the basis of examinat						use(s) and manner as stated
296, SIGNATURE AND TITLE OF CERTIF	FIER			29c. LICENSE NU	MBER	29d. DATE SI	DHED (Month, Day, Year)
17-tterna	- MD					1 9/2	4/41
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF CAUSE OF COMPLETED CAUSE OF CAUSE O	DEATH (ITEM 27) (Type,	Print)			1	7
31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIG	NATURE &	Savidsor-1	Danda DO			
	DEF 25 193	11 June	hamagou-1	milwoo			



DHMH-18 Ray 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or man fine account.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	CERTIFICA	TE OF	EALTH AND	MENTA	HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Lest) EARL SKIDMORE		Earl Kenneth Skidmore Sr.			2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DE				3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 235-36-0573	5. SEX 6. AGE (In y	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year) Oct. 12, 1927 W. Virginia				PLACE (State or Foreign Virginia				
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) CHURCH HOSPITAL CORPORATION BALTIMORE CITY RESIDENCE OF DECEDENT 9c. COUNTY OF OEATH 9c. COUNTY OF OEATH											
					or Location River				10d. INSIDE CITY LIMITS? 1 TYES 2 24 NO			
FUNERAL	1527 Becklow Avenue			2	21220 U.S.					HAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puario Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. Specify: White						White, atc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 Years 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16c. KIND OF BUSINESS/INDUSTRY 16c. KIND OF BUSINESS/INDUSTRY											
Š	17. FATHER'S NAME (First, Middle, Lest)				18, MOTHER'S N			Surname)				
BE	Earl Henry Skidmore 190. INFORMANT'S NAME (Type/Print) 190. MANUNC ACRE				Alice C. Barnett S (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
2	Viole C. Skidmor	re (Wife)							,	21 220		
	20s. METHOD OF DISPOSITION 1. Disposition 2 Crymatton 3 Removal from State 20s. PLACE AND DATE OF DISPOSITION (Name of cegating), cramation or other place)											
	Oak Lawn Cemetery 9/21/1991 Baltimore, Co., Md. 21/ SHOWARDURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 61d Eastern Ave. Baltimore, Md. 21221											
HIIFICATION	26. PART I. Enter the disease a completations that caused the deeth. Do not enter the mode of dying, such as cardlec or respiratory arrest, interval Between Onset and Death Approximate interval Between Onset and Death Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inflated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the un			underlying	PE			FORMED? AM CO OF		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
22	1 YES 2 NO 27. MANNER-OF DEATH	1 Inpatient 2 ER/Outpatier 28a, DATE OF INJURY	nt 3 DOA 4 N	28c. INJU	5 Residence	1						
8 b	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJURY WOR 1 Year			ES 2 NO	?						
- 0	3 Suicide 8 Could not be determined	Suicida 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. COURT ON (Street and Number or Rural Route Number, County of Number)								ute Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
O BE C	296 SIGNATURE AND TITLE OF CERTIFIER	SIGNATURE AND TITLE OF CERTIFIER AND Specialifi								9d. DATE SIGNEO (Mornth, Day, Year)		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) N. MANAPUN 100 M. Shoodway, Backo. MD 21>3/								/				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	RE	in								

Ter 81 and the orthogram of 1997

1. DECEDENT'S NAME (First, Midgle, Last)

MAX

5. SEX

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

1 .

	SJIN
	2
J	24
	5
Š	1
0	3
	ě
אוואב וובספונסט, ר.ס. בסא מפונות	he law requires that the death certificate be executed within 24 hours
<	63
)	Q
2	ate
٠	tific
,	Sec
	45
5	dea
í	36
	E
)	‡
)	ie
	edu
	3
ř	40
	Ĕ
	ż
	HYSICIAN
	80
	OR ATTENDING PHYSICIAN: Th
	9
)	NO
	Z
-	E
•	A
	9
,	

6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 1/30/1920 IF UNDER 24 HRS. 1 M 2 - F DAYS HOURS 213-16-6816A YRS. permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 6992 MILBROOK PARK DR., APT. 2-D BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE BALTIMORE 10f. ZIP CODE 21215 FUNERAL 10e. STREET AND NUMBER 6992 MILBROOK PARK, DR., APT. 2-D use as the burial-transit the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ▼ YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
It yea, specify Cuban, Maxican, Puarto Rican, etc.)
 T YES 2 NO Specify: 1 Never Married 2 Merried BY 3 Widowed 4 Divorced WWII COMPLETED 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EQUICATION (Specify only highe during most of working Elementary/Secondary (0-12) for College (1-4 or 5+) detached SALESMAN 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname, retained by 2 at ISAAC SHERMAN BE **THERESA** notified the funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
6992 MILBROOK PARK DR., APT.2-D BALTO., MD 2 MRS. EVELYN SHERMAN after death. Page 6 may be pe 20a. METHOD OF OISPOSITION
1 Burlal 2 Cremation 3 Removal from State 20b. PLACEAND DATE OF DISPOSITION (Name of must DATE DRUID: RIDGE 4 Donation 5 X Other (Specify) MAUSOLEUM 9/24/91 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. Elle Nou 6010 REISTERSTOWN RD. BALTO., MD medical 23. PART I. Enter the diseasea, or complications that ceused the daeth. Do not enter the mode of dying, euch as cardiac or raspiretory errest, ahock, or haart failure. List only one cause on each line. filled in ö IMMEDIATE CAUSE (Finel cremation, the disease or condition resulting in death) and completely find burial, cremation recembe event, traumatic CERTIFICATION Sequentially list conditions. if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury the attending physical Mental Hygiene p other TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 Injury, PART II. Other significent conditions contributing to death but not reautiling in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? been signed by nr. of Health and shows any I 1 YES 2 NO PHYSICIAN: has b Dept. 25. WAS CASE REFERRED TO MEDICAL certificate in the State I 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH After this ce death with the s marked, 26s. OATE OF INJURY 28c. INJURY AT WORK? 26b. TIME OF INJURY 26d. OEŞCRIBE HOW INJURY OCCUREO 1 Natural 1 YES 2 NO BY 2 Accident Investigation 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 69 6 Could not be determined DIRECTOR: Journ after of Item 28 is COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. FUNERAL (
WITHIN 72 h
TANT: If II 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER BE THE Deli 29c. LICENSE NUMBER Walled 2 8 7000 5 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 14 05E 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1991 25

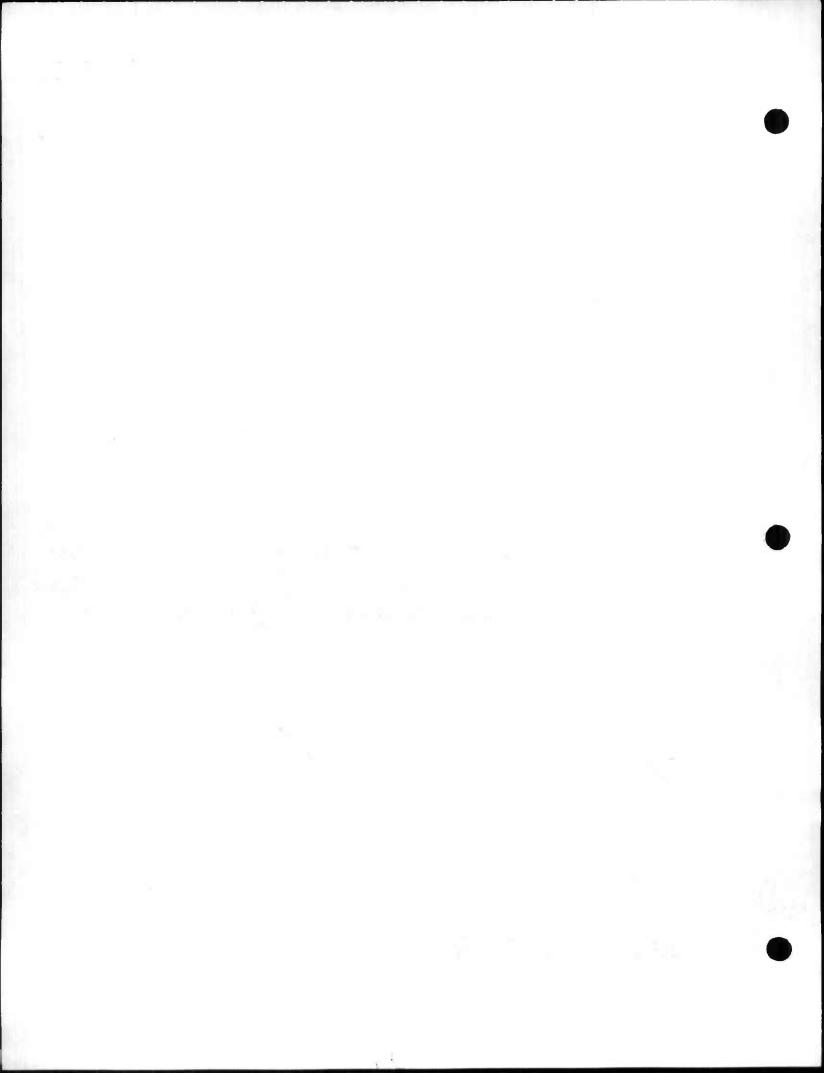
CERTIFICATE OF DEATH

IF UNDER 1 YEAR

2. DATE OF DEATH
MONTH
SEPT

91 26078 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF OEATH 22-1891 -A M 8. BIRTHPLACE (State or Foreign MARYLAND 9c. COUNTY OF DEATH BALTIMORE 10d. INSIDE CITY 1 YES 2 XNO 10g, CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. WHITE Specify 16b. KIND OF BUSINESS/INDUSTRY AUTO HARRISON 21215 20c. LOCATION - City or Town, State PIKESVILLE, MD 21215 Approximate Interval Betwe Onset and Deeth 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 T NO 26t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)

DHMH-16 Rev 1/89



α	,	
i certincate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		0000
8		-
should		d. or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
6		5
Dag		4
Sirector,		r mue
E		line
fune		Yar
‡	Mal	-
3	E	le 3
5	F F	190
8	0.	- 6
N F	atio	the state of
jet	rem	tue
É	I, c	2
0	HILL	the
an	00	22
Ciar	101	2
Ē	d	-
0	iene	1
ĕ	Hyd	10
ITTE	ta	0 7
9	Men	5
3	9	=
9	h a	ans
Sign	leal	1
Sen	6	sho
38 0	th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	23
6 1	le C	8
IICAL	Sta	Ite
erg	the	0
0	5	6

Ltransit permit. Pages 1, 2, 3 should

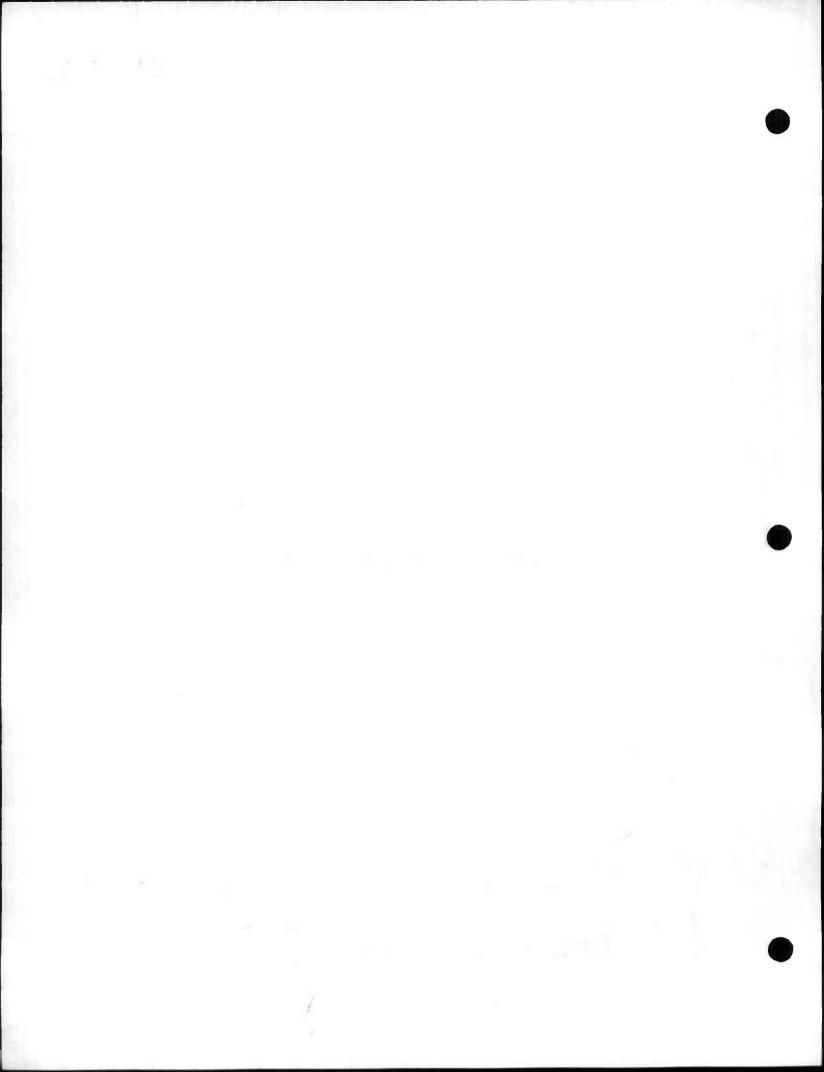
									9		26079
	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	RTMENT	OF HEAL	TH AND	MENTAL HYGIE	NE	•	
	1. DECEDENT'S NAME (First, Middle, Last)				107.1.2	0. 5.	AIII	2. DATE OF DEATH	J	Т	3. TIME OF DEATH
1	FRANCIS	e sc	HISLER					September	22 10	YEAR	S. TIME OF BEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las)	birthday)	IF UNDER 1	YEAR IF U	NDER 24 HRS.	7. DATE OF BIRTH		_	*LACE (State or Foreign
	220 14 1124	1 X M 2 F	72	YRS.		DAYS HOU		02/10/191	_	country]	
-	9a. FACILITY NAME (If not institution, give				9b. CITY, 1	OWN OR LO	CATION OF D	EATH	9c. COUNT	Y OF DE	ATH
5	35 Gravelo Circle	9			Midd	le Ri	ver		Balt	imor	re County
DIRECTOR	10a. STATE 10b. COUNT			10. 017	Y, TOWN OR						
Ē				IUG. CIT							10d. INSIDE CITY LIMITS?
	Maryland Bai	Ltimore C	ounty		Mi	ddle					1 VES 2 NO
A A						10f. ZIP (10g. CITIZE	N OF W	HAT COUNTRY?
FUNERAL	35 Gravelo Circle							21220	-	.S.A	١.
15	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT	T EVER IN U.S. ARM	ED	13. W	S DECENDE	T OF HISPA	NIC ORIGIN? (Specify V	s or No- 1	4. RACE -	- American Indian, White, atc.
B	3 Widowed 4 N Divorced	IF YES, GIVE W				YES 2 X		en, Puerto Rican, etc.) ly:		Specify	
		1									White
里	15. DECEDENT'S EDI (Specify only highest grad	completed)	(G/M	e kind of t	USUAL OCC	UPATION ing most of w	orking	16b. KIND OF B	JSINESS/INDU	STRY	
1	Elementary/Secondary (0-12)	College (1-4 or 5 +		Do NOT us	se retired.)						
\$	3				Pain	ter		Maint	ainanc	e Co	mpany
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. A	OTHER'S NA	AME (First, Middle, Maide	Surname)		
BE	Louis Sch	isler						Hinkel			
2	19a. INFORMANT'S NAME (Type/Print)	ATELEO	19b.	MAILING	AODRESS (Street and Nur	nber or Aural	Route Number, City or To	vn, State, Zip C	ode)	
F	Christina Leigh	Barr	35	Gra	velo	Circ1	e Bali	timore Mar	vland	2122	20
	20a, METHOD OF DISPOSITION	intar 2	20b. PLACE AN	ID DATE	OF DISPOSIT	ON (Name of		DATE 20c. L			
	1 Dongtion 5 Other (Specify)	noval from State	Morela	atory or o	Memor:	ial Pa	rk 0	/25/91 Ba			
	21. SIGNATURE OF FUNERAL SERVICE	DENSEE	THOTELS	1		ME ANO ADI			LCTIIIOT	2 00	uncy, MD
		3 5	h- 1	h.				uneral Hom	e P.A.		
	yours,	2010	7	-	140	7 Eas	tern A	Ave. Balti	more M	ary]	and 21221
	23. PART I Enter the diseecea, or ehock, or heart feliure.	complications that	ceused the deel	th. Do r	ot enter th	e mode of	dying, auc	h es cardiec or reep	iratory arrea	ıt,	Approximata
	IMMEDIATE CAUSE (Fine)	C. C.	se on eech line.								interval Between Onset and Death
	diaeasa or condition	Source	and do	11	18	- (/				Onset and Death
	recuiting in death)	OUE TO	OR AS A CONSEQU	ENCE OF	Cel-		un	6			-
7					,						j
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate	DUE TO	OR AS A CONSEQU	ENCE OF	า:						
¥	cause. Enter UNDERLYING		111 111 1111111111111111111111111111111								i
1 5	CAUSE (Disease or injury thet initieted events	DUE TO	OR AS A CONSEQU	ENCE OF	า:						-
E	resulting in deeth) LAST				,						i
8		d									
4	PART ii. Other eignificant condition	s contributing to	death but not rea	uiting i	n the unde	riying caus	e given in	Part i. 24s. WAS AF	AUTOPSY	24b. W	VERE AUTOPSY FINDINGS
MEDICA								PERFO	RMED?	A	WAILABLE PRIOR TO
0								1 _ YES :	NO		F DEATH?
										1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL										
ū	EXAMINER?	HOSPITAL:			OTHER:	26. PLACE O	F OEATH (Ch	eck only one)			
YS	1 YES 2 NO	1 - Inpetient 2 -	ER/Outpetlant 3	DOA		Home 5	Residence	8 Other (Specify)			
H	27. MANNER OF DEATH	26a, DATE OF (Month, Da	INJURY y, Ybar)	28b. TIMI INJ	E OF 20	c. INJURY AT		28d. OEŞCRIBE HOW	INJURY OCCUP	REO	
B⊀	1 Nstural 5 Pending 2 Accident Investigation				M	1 YES	2 □ NO				
0	3 Suicide 8 Could not be	28s. PLACE OF building, s	INJURY — At home itc. (Specify)	, tarm, s	trest, factory	, office		281. LOCATION (Street	and Number or	Rural Rou	ite Number,
ETE	4 Homicide determined							City or Town, State			
P. E.	29a. CERTIFIER (Check only	CIAN: To the best of s	my knowledge, death	n occume	d at the time	data and ol	ace and due	to the sauge(s) and me			
COMPL	one) 2 MEDICAL EXAMINE	R: On the basis of ax	aminstion and/or inv	estigation	n, in my onle	ion, death ~	cured at the	time data and sleep and	ord due to the	aug at-	
	296. SIGNATURE AND TITLE OF PERTIFIE				.,				ru dus to the c	=u=e(8) 8	nu manner as sisted.
H	250. SIGNAL ONE AND TITLE OF FERTIFIE		0			29c. l	JCENSE NUN	ABER	29d. OATE S	IGNED (N	fonth, Day, Year)
0	1/1/10	0 1	643			14	-39C	221	17/	24	191
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	E OF DEATH (ITEM :	27) (Type,	Print)	1			/		

199 GUNDATURE JUNGSON-Rendelle

25

21237

SQ De Balt



BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

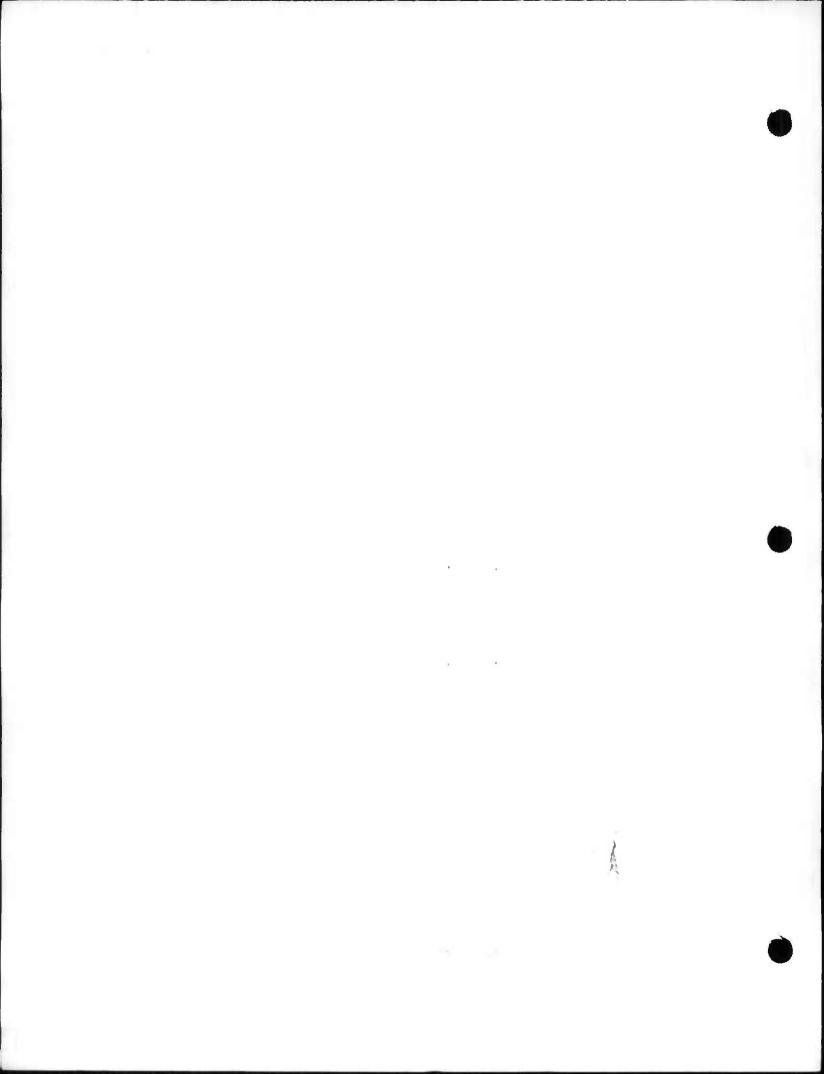
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-motifs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

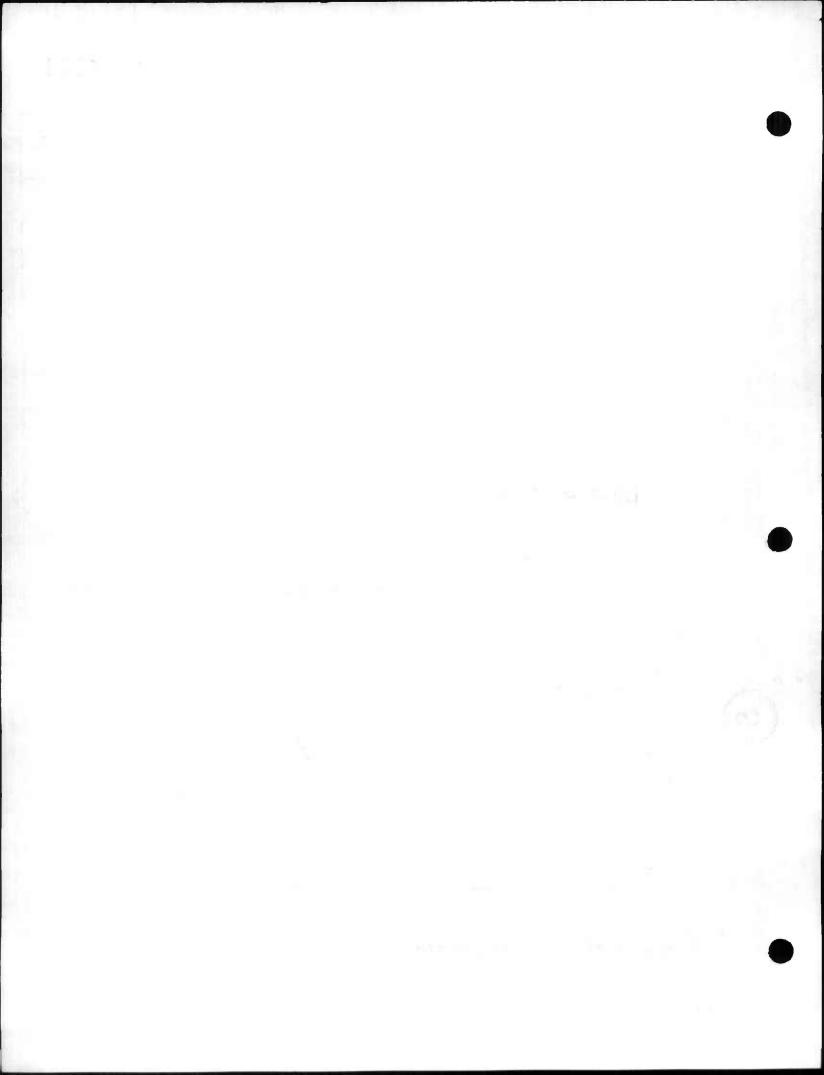
STATE	OF MARYLAN	D / DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
		CERTIFICATE	OF DEAT	ГН		REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, Last)	Smith	JAMES D.	SMITH	2. DATE OF DEATH MONTH DA	101	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215-34-8307			UNDER 1 YEAR IF UNDER 24 HRS ITHS DAYS HOURS MIN.	7/14	6. BIRT	THPLACE (State or Foreign
90. FACILITY NAME (If not institution, give DEATON HOSPY RESIDENCE OF DECEMENT	street and number) Medical Ce		CITY TOWN OR LOCATION OF	DEATH	9c. COUNTY OF	DEATH 9
10e. STATE 10b. COUNT	na		own or Location Ltimore			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10% STREET AND NUMBER Deaton Nurs Home	611 S.Char	les Street	101. ZIP CODE	1230	10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Mever Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENOENT OF HISP if yes, specify Cuban, Mex 1 YES 2 NO Spe	Ican, Puerto Rican, etc.)	Bla	CE — American Indian, lock, White, etc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12)		16e. DECEDENT'S USU (Give kind of work ilfe. Do NOT use rel	done during most of working	166. KIND OF BUS	SINESS/INDUSTRY	
17, FATHER'S NAME (First, Middle, Last)			16. MOTHER'S	NAME (First, Middle, Maiden	Surname)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street end Number or Rur	al Route Number, City or Tow	n, Stete, Zip Code)	
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rer 4 Donetion 5 Other (Specify)	novel from State	other place)	ON (Name of cemetery, crematory of		CATION — CHy or Anatomy	
Junace 1	U/auce	9/20/91	655 W. Baltin	more St, Ba	ltimore,	
23. PART I. Enter the diséases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cun Ce		CLLLY PX	uch as cardiac or respi	ratory arrest,	Approximate Interval Between Onset and Death
Sequantially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):				
PART II. Other significant condition	ns contributing to death i	but not resulting in t	ha undariying ceuse given	in Part i. 24a. WAS AN PERFOR	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH	(Check only one)		
1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Dimpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)		□ Nursing Home 5 □ Resident F 28c, INJURY AT	28d. DEŞCRIBE HOW I	NJURY OCCURED	
3 Suicide 6 Could not be determined	28e, PLACE OF INJUR	Y — At home, farm, streetelly)	et, factory, office	261. LOCATION (Street City or Town, State)	and Number or Run	al Route Number,
(Orlean orley			n my opinion, death occured at			e(s) and manner as stated.
296. SIGNATURE AND TOTLE OF CERTIFI	HO COMPLETEO CAUSE OF D	Med)	29c. LICENSE I	NUMBER 1467E	29d. DATE SIGNI	Ep (Month, Day, Year)
H.L. Mu.	NEW, TAM	10 611	5. Chau	les Sti	Balto	, md2123.
31. DATE FILS EP. 2. 5"199	1 Fuha David	John Handell				



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	the form of this are certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	The state of the s	any injury, or other traumatic event, the medical examiner must be notified at once
D. BOX 68760	utificate be executed with	ng physician and comple tiene prior to burial, cre	other traumatic ever
CORDS, P	sured that the death of	Hear and Menta Hy	any injury, or
VITAL	CIAN TA Im popule	Andream has be Start Desc.	or Homes as
ISION OF	DSPITAL OR ATTENDING PHYSICIAN	INERAL DIRECTOR: After this certifuthin 72 hours after death with the State	ANT: If item 28 is marked, or item
DIV	OSPITAL OR AT	UNERAL DIRECTION 1	NAT: If item ;

	1 - STATE REGISTRAR	SIAIE UF MA	RYLAND / DEPAI CERTIF					IENTAL HYGIEN REG. NO.	E		
	t. DECEDENT'S NAME (First, Middle, La							2. DATE OF DEATH			3. TIME OF OEATH
	WILLIAM TROST	LE, JR.						MONTH Q	22 9	YEAR	11:25 A M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)			IF UNDER		7. DATE OF BIRTH	7	8. BIRTHPL	LACE (State or Foreign
	213-14-9574	1 🗓 M 2 🗆 F	70 67 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 4-27- 21	924	Country)	LAND
	9a. FACILITY NAME (If not institution, gi	ive street and number)	-	9b. CITY	, TOWN O	R LOCATIO	ON OF DEA		16.7	TY OF OEA	
DIRECTOR	2501 ASHTON ST			B.	ALTI	MORE	CITY	Y			
ַל	RESIDENCE OF DECEDENT										
IR.		NIT		Y, TOWN O		ION				1	Od. INSIDE CITY LIMITS?
	MARYLAND 100. STREET AND NUMBER		BA	LTIM							X YES 2 NO
RA		IID TI COM			101.	ZIP CODE					AT COUNTRY?
FUNERAL	2501 ASHTON ST		VED BUILD ADMISS				1223			JSA	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 X IF YES, GIVE WAR WWW IT	YES 2 NO OR DATES	1	f yes, spe	ENDENT OF CUBBI 2 X NO	n, Maxican,	C ORIGIN? (Specify Yas Puarto Rican, etc.)	or No—	Specify:	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S E (Specify only highest gr	DUCATION	16a. DECEDENT'S	USUAL OC	CUPATIO	N		16b. KIND OF BUS	INESS/INDU		
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life, Do NOT u	work done d se retired.)	during mos	st of working	9				
MP	6TH		WAREHO	USEM	AN			A & P	WAREH	HOUSE	
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAM	E (First, Middle, Malden	Sumame)		
BE	WILLIAM TROSTLE	E, SR.			5	U.	NAVA	ILABLE			
2	19a. INFORMANT'S NAME (Type/Print)							ute Number, City or Town			
	WILLIAM TROSTLE	III	1504 S	ULPH	UR S	PRIN	G RD	APT 2,BAI	TIMOH	RE,MD	21227
	20a. METHOD OF DISPOSITION 1 XBurlel 2 Cremation 3 R 4 Donation 5 Other (Specify)	amoval from State	20b. PLACE AND DATE COMMETTER, Cremetery, Cremetery or Charles				ETERY	0ATE 20c. LOG	TIMOF	RE M	ARYLAND
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22.1	NAME AN	D ADDRES	S OF FACI	LITY			
	▶ Dawn d	. Fisher						HOME INC		RE. M	D. 21229
CERTIFICATION	IMMEDIATE CAUSE (Finsi disesse or condition resulting in death) Sequentially list conditions, if sny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR	AS A CONSEQUENCE OF	shen F):		WET	30 5 T D <	\\$			Interval Batween Onset and Daeth
HYSICIAN: MEDICAL	PART II. Other significant condit			in the und	dariying	cause g	iven in Pa	PERFORI	MEDY	AN CC OI	ERE AUTOPSY FINOINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
Ĭ,	25. WAS CASE REFERRED TO MEDICAL				26. PL/	ACE OF DE	ATH (Check	t only one)			
Sign	EXAMINER?	HOSPITAL:	/Outpatient 3 DOA	OTHER	:			☐ Other (Specify)			
È	27. MANNER OF DEATH	28s. DATE OF INJU	JRY 28b. TIM	E OF	28c. INJU	RY AT		ed. DESCRIBE HOW IN	JURY OCCU	JREO	
<u> </u>	1 Natural 5 Pending 2 Accident Investigatio	(Month, Day, W		URY M	WOF	ES 2		Ν.	70		
8	3 Suicide 6 Could not t	26s PLACE OF IN	JURY — At home, larm, a	street, facto	ery, offica		2	61. LOCATION (Street a	nd Number o	r Rural Rout	te Number,
ED	4 Homicide determined	32.00.0	NA					City or Town, State)			
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PH	YSICIAN: To the best of my I	knowledge, death occurrent	nd at the tir	me, date a	and place,	and due to	the cause(s) and menine, date and place, and	ner as stated	f. ceuse(s) er	nd menner as stated.
u	296. SIGNATURE AND TITLE OF CERTIF	TIER					SE NUMB				fonth, Day, Year)
n n	Verchel H	· Selleton	cm -			DAT	527		1	-23-	
2	DR. RICHARD H.	SCHLOTTMAN	F DEATH (ITEM 27) (Туре, - 3635 OLI	Print) COU	RT F			KESVILLE,			
	SEP 25 1991	32. REGISTRAN'S:	SIGNATURE L-Handell								



ş	3		
š	2		
ŧ	- 70		
7	8	9	
į	à		
ş	9		
8	70		0
ŗ	90		6
ŗ	2		*
2	pp		3
ï	9		1
ŧ	90		00
ŝ	5		9
ř	a		+
	ğ		9116
Ļ	ž		6
	70		9
	nera		E
í	2		EX.
ì	朝	SVa.	-
	Š	em	E S
	9	7 70	e u
Billionness of services and for recovery on fermina while	ille	e.	6
	ly f	atio	=
	ete	E	ŧ
	g	5	S
	8	la I	9 3
	and	B	at
	UZ.	9	5
	Sici	ijo.	1
	Ě	9	9
	0	jier	45
	ndij	£	7
	atte	Ital	7
	96	Mer	2
	y II	B	Ξ
	p p	3	2
	gne	alth	60
	1 59	H	3
	ee	0	S
	IS D	ept	23
	1	0 9	5
	cate	stat	Ite
	rtific	9	16
	Ce	4	-
	this	Will	Ke
	er i	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s marked, or item 23 shows any injury, or other fraumatic event, the medical examiner must be neethed at once
	AH	des	S

1. DECEDENT'S NAME (First, Middle, Last MELVIN 4. SOCIAL SECURITY NUMBER 216 98 8613		CEH			DEATH	MENTAL HYGIE		9 1	
216 98 8613	JOSEPH	GE (In yrs. lest bir	T	OPA 3;	COL	2. DATE OF DEATH MONTH 2.	DAY 199	YEAR DIDTHIB	TIME OF DEATH 12:50A M MCE (State or Foreign
99. FACILITY NAME (If not institution, give RAILROAD TRACKS—	1 IXM 2 F 22 YRS. MONTHS DAYS HOURS MIN. (MONTH OF YEAR) give street end number) S—UNDER BELITWAY 695 Pb. CITY, TOWN OR LOCATION OF GEATH ESSEX							County C	Н
	Baltimore	.10		wn or Loca Baltii	11770				d. INSIDE CITY LIMITS? YES 2 X NO
10e. STREET AND NUMBER 8045 Babikow 11. MARITAL STATUS RF Never Married	Rd.	R IN U.S. ARMED			21237	NIC ORIGIN? (Specify)		USA	T COUNTRY?
3 Widowed 4 Divorced	FDRCES? 1 1 YES, GIVE WAR O	ES 2 NO R DATES		If yea, ap	ecify Cuben, Mexic 2 NO Spec	an, Puerlo Ricen, etc.)	ee or No.		American Indian, hite, atc. White
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	(Give k	ENT'S USUA ind of work of NOT use retir	AL OCCUPATION DO	ON ist of working	16b. KIND OF B	usiness/indu		
17. FATHER'S NAME (First, Middle, Last) Melvin 19e. INFORMANT'S NAME (Type/Print)	J. Topa, Jr.		W INC.	PEO C	Sh		rity		
Albert R. Jones 1500 Dornton Ave. Baltimore, Md. 21220								State	
1 Description 2 Cremetion 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF UNERAL SERVICE LI	CENSEE	Höllig		22. NAME AI		ens $9/24/$	91 B	Baltin	ore Co.,
23. PART I. Enter the dieeesea, or ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition reaulting in deeth)	. MULTIP	eech line.	JUR	nter the mo	de of dying, au	ch se cerdiac or res	piratory srres	st,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (DR AS A CONSEDUENCE DF): DUE TO (DR AS A CONSEDUENCE DF):									
PART II. Other elanificent condition	d	h but not reeul	ting in the	underlying	ceuse given in		N AUTOPSY		RE AUTOPSY FINDINGS
Significant condition							PAMED?	CO	ILABLE PRIOR TO
againean conditio						_ / \		10	MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 \(\text{ NO} \) 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/C	21.71	OA 4 🗆	IER: Nursing Hom	-	€XXOther (Specify) U		ELIWA	DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? AC YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	1 Inpetient 2 ER/C 28e. DATE DF INJUR (Month, Day, Yea 092121 28e. PLACE DF INJUR	1991 12 187 – At home, 1	TIME OF INJURY	HER: Nursing Hom 28c. INJ WO 1 1 1	URY AT RK?	28d. DESCRIBE HOW DRIVER 28f. LOCATION (Street	IN AUT	ELTWA	DEATH? YES 2 NO YES 2 NO AY 695 PACT
25. WAS CASE REFERRED TO MEDICAL EXAMINER? X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 1 Netural 5 Could not be 4 Homicide 6 Could not be 4 Homicide 6 Could not be 4 CERTIFIER (Check only 1 CERTIFYING PHYS	28e. DATE DF INJUE 28e. DATE DF INJUE (Month, Day, Yes 09 2 1 21 28e. PLACE DF INJUE building, etc. (6 RATT IROAD	1991 12 RY — At home, is pecify) TRACKS—	D. TIME OF INJURY 2:50A ^h arm, street, -UNDEI	A 28c. INJ WO 1 1 1 factory, office	e 5 Reeldence URY AT RKY VES XX NO V	28d. DESCRIBE HOW DRIVER 28f. LOCATION (Street City or Town, State BALT) to the ceuse(e) and mi	IN AUT end Number or TIMORE	ELTWA RED O IME Rural Route COUNT	DEATH? VES 2 NO AY 695 PACT Number:
25. WAS CASE REFERRED TO MEDICAL EXAMINER? X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 1 Netural 5 Could not be 4 Homicide 6 Could not be 4 Homicide 6 Could not be 4 CERTIFIER (Check only 1 CERTIFYING PHYS	28e. DATE DF INJUF (Month, Day, Yea O 9 2 1 21 28e. PLACE DF INJUF	1991 12 IRY — At home, to pecify TRACKS—owledge, death of tition end/or invest	o. TIME OF INJURY 2:50Aharm, street, -UNDEI courred at tiligation, in n	A 28c. INJ WO 1 1 1 factory, office	e 5 Reeldence URY AT RKY VES XX NO V	28d. DESCRIBE HOW DRIVER 28f. LOCATION (Street City or Town, Steft BALT) to the cause(e) and mittime, date and place, a	IN AUT end Number or IMORE enner ee stated and due to the or	ELTWA RED O IME Rurel Route COUNT .	DEATH? YES 2 NO AY 695 PACT Number, TY

at your analysis J. . - 17. . 18. - 17.

	REGISTRAR	CI	ERTIFI	CATE OF	DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) EBOUL B. WINN					2. DATE MONTH	of DEATH D	~21	YEAR 97	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 M F	6. AGE (In yrs. las	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	12	Day, Year) - 5 - 82	2	B. BIRTH Countr	PLACE (State or Foreign V)
TOR	99. FACILITY NAME (If not institution, give street and number) UNIVERSITY HOSPITAL RESIDENCE OF DECEDENT				LTIMORE			9c. COU	INTY OF D	EATH
DIRECTOR	100. STATE 100. COUNTY			EN BUR						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10. STREET AND NUMBER 6399 CENTENNIAL CIRCL	E B	LDG.		21061			10g. CIT	IZEN OF W	YHAT COUNTRY?
В	1 V Never Merried 2 Merried FORCES?	NT EVER IN U.S. AR I YES 2 (X) I MAR OR DATES	IMED NO	If yes, a	CENDENT OF HISPA pecify Cuben, Mexic S 2 X NO Speci	an, Puerto R	(Specify Yee ican, etc.)	or No—	Black	- American Indian, t, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5	(G	CEDENT'S Live kind of w	usual occupat ork done during n o settred.)	ION ost of working	16b.	Ch.	ild	DUSTRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) DAVID HILL 19a. INFORMANT'S NAME (Type/Print)				EVELY	V G.	WINN	,		
2	MARGO SPENCER 20e. METHOD OF OISPOSITION	6	399	CENTER	end Number or Rural	IR./(BLEN	BURI	NIE,	
	1 N Burlel 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	CONTRACTOR	MODATE OF	FDISPOSITION /A	ETERY	OATE	NE V	VARK	, N.	Wn, State J.
	· Frank	-05		WM.		F.H				ORTH AVE.
	23. PART I. Enter the diseases, or complications the shock, or heart failure. List only one cet IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	et coused the de use on each line ardiac (OR AS A CONSEC	h.		ode of dying, suc	ch es cerdi	ec or respi	ratory ar	rest,	Approximete interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events D. Preumocysti's Carine Preumonia OUE TO (OR AS A CONSEQUENCE OF): ATDS OUE TO (OR AS A CONSEQUENCE OF):									
- 11	resulting in deeth) LAST		nfec							8 413
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to Thrombourtopenia Neutropenia	deeth but not n	esulting in	the underlyin	g cause given in		PERFOR	MEO?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 17 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			26. P	LACE OF DEATH (Ch	neck only one				
H	27. MANNER OF DEATH 28e. DATE OF	ER/Outpatient 3 INJURY	28b. TIME	4 - Nursing Hor	ne 5 🗆 Residence		(Specify)	ALIUPY OC	CURED	
ВУР	1 Natural 5 Pending (Month, D		DLMI	RY M 1 🗆	YES 2 NO					
	3 Suicide 8 Could not be determined 28e. PLACE C building,	F INJURY — At horeote. (Specify)	me, ferm, st	reet, fectory, offic		281. LOCA City o	TION (Street e Town, State)	nd Number	or Rurel Re	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of examiner: On the best of examiner:	my knowledge, de xamination end/or i	eth occurred	at the time, date	end place, end due	to the caus	e(e) end men nd plece, end	ner es stat	ed. e cause(e)	end menner ee stated.
H H	29b. SIGNATURE AND TITLE OF CERTIFIER	MD			29c. LICENSE NUI					(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU	S THE			QA TA	~0	100	212		1.4
		R'S SIGNATURE		1	BALTIM	VICT, I	A C	212	0/	

burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21213-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hose TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

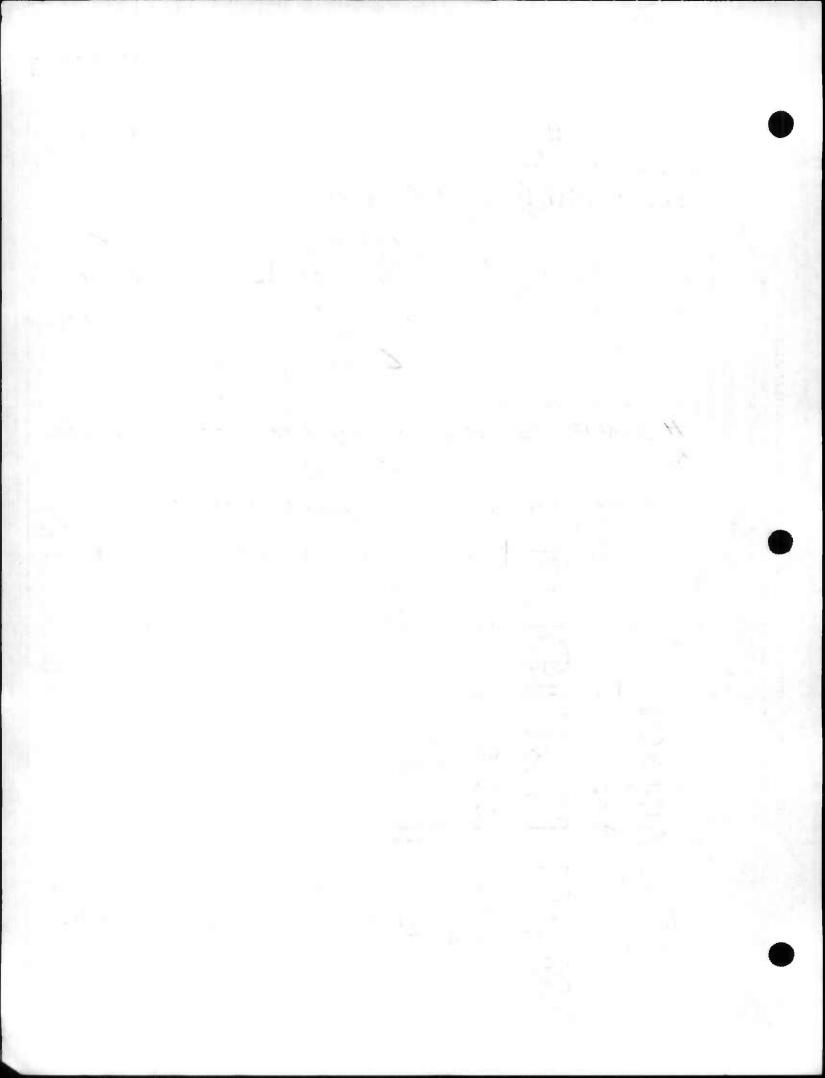
IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one.

ZZ czy od a plas Lie cznyczn

_
_
0
7
8
BOX 68760
6
8
0
, P.O.
í
ő
8
0
O
*
A
5
I OF VITAL RECORDS,
0
Z
0
DIVISION OF
5
=

	1 - STATE REGISTRAR	STATE OF MARYLAND	ERTIFICATE OF DEAT		REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) 2. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (in yrs. ie	WOODYUP	HRS. 7. DATE	20 (9°	3. TIME OF DEATH 9-35 P BIRTHPLACE (State or Foceign
OR	217 366398 90. FACILITY NAME (II, not institution, give s Liberty Me	atreet and number) Cent	YRS. MONTHS DAYS HOURS 9b. CITY, TOWN OR LOCATIO	MIN. (Month		ingings/and
IAL DIRECTOR	10a. STREET AND NUMBER	Y	10c. CITY, TOWN OR LOCATION BALTIMORE 101. ZIP CODE)	10a. CITIZEN	10d. INSIDE CITY LIMITS? 1 PYES 2 NO
BY FUNERA	TOA L. J.S. 1. MARITAL STATUS 1. Never Married 2. Married 3. Widowed 4. Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR ON DATES	RMED 13. WAS DECENDENT OF If yes, specify Guban		? (Specify Yea or No.— 14.	RACE - American Indian, Black, White, etc. Specify: Pinek
ETED	15. DECEDENT'S EDU (Specify only-highest grade Elementary/Seconday (0-12)	completed) (ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working fe. Do NOT use regired.) A BOR		KIND OF BUSINESS/INDUS	ICTION
E COMPL	17. FATHER'S NAME (First, Middle, Lest)	INKNOWN	18. MOTH	ER'S NAME (First, A	Middle, Majden Surname) WKWSWW	/
TO B	19a. INFORMANT'S NAME (Typo/Print)	Wooden	9b. MAILING ADDRESS (Street and Number of	or Rural Route Numb	per, City or Town, State, Zip Co	10027.832 NIC
	20a METHOD OF DISPOSITION 107 Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		E ANO OATE OF OISPOSITION (Name ry crematory or other place)	9/2	20c. LOCATION - CH	of Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI	enol Home	22. NAME AND ADDRES	v. C	AROLV C	Approximate
		List only one couse on each line. Pheu		spir	,	Interval Between Onset and De
AL CERTIFICATION	Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· Hyp+	EOUENCE OF):	n		
	PART II. Other significant condition	e Tes	resulting in the underlying ceuse g	iven in Part I.	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	J-3		711,140		18 18 19 10	OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DE OTHER:	ATH (Check only or	76)	
TYSICIAN:	EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/Outpetient 28s. OATE OF INJURY (Month, Day, Year)	26. PLACE OF DE	sidence 8 🗆 Othe	76)	1 TYES 2 NO
ED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpettent 2 ER/Outpatient 28a. OATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY AL	26. PLACE OF DE 26. PLACE OF DE 26. PLACE OF DE 26. PLACE OF DE 26. NJURY 27. NJURY 28. PLACE OF DE 28. PLACE OF DE 28. PLACE OF DE 28. PLACE OF DE	28d. DES	ne) vr (Specify)	1 YES 2 NO
LETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNEB OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS	1	26. PLACE OF DE 26. PLACE OF DE 27. PLACE OF DE 28. PLACE OF DE 4 Nursing Home 5 Re 28. PLACE OF DE	NO 28f. LOC Chy	or (Specify) SCRIBE HOW INJURY OCCUP ATION (Street and Number or or Town, State)	1 YES 2 NO
TED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNEB OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS	1 Inpatient 2 ER/Outpatient 28a. OATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — All building, sic. (Specify) SICIAN: To the best of my knowledge, IER: On the basis of examination and/o	26. PLACE OF DE 26. PLACE OF DE 3 DOA 4 Nursing Home 5 Res 28b. TIME OF INJURY AT WORK? 1 YES 2 home, farm, street, factory, office death occurred at the lime, date and place, or investigation, in my opinion, death occur	NO 28f. LOC Chy	or (Specify) SCRIBE HOW INJURY OCCUR ATION (Street and Number or or Town, State) use(a) and manner as stated, a and place, and due to like of	1 YES 2 NO





3. TIME OF DEATH 1:00

1 - FOR STATE REGISTRAR

13146,	menantand safette
O. BOX	andifferent for
OF VITAL RECORDS, P.O. BOX 13146	The second control of
TAL REC	White the same
N OF V	TO DESCRIPTION OF
DIVISION	ALCO ATTENDED
	i

	4. SOCIAL SECURITY N		6. SEX	6. AGE (In yrs. i	rat on triony/	IF UNDER 1 Y		TR 24 HRS.	7. DATE	Day Voerl		6. BIRTHPLACE	
HARDINGE OF DEFENSE. 10. STREET NO BOUNTY MAY JANN MANUAL PROCESS TO STREET S	212-48	3-5136	1 □ M 2 💢 F	99	YRS.	MONTHS D	AYS HOURS	MIN.	02/	14/92		Ru	ssia
Sec. STREET MATE Sec. COUNTY Sec. COUNTY (NOW ON DOCKED Sec. CITIZEN OF WAS COUNTY Sec. STREET AND NOMBER Sec. CITIZEN OF WAS COUNTY Sec. STREET AND NOMBER Sec. CITIZEN OF WAS COUNTY Sec. SEC. COUNTY Sec. Sec. CITIZEN OF WAS COUNTY Sec. Sec. CITIZEN NAME (PS) Market Sec. CITIZEN SEC. CITIZEN SEC. CITIZEN SEC. CITIZEN SEC. Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec						% carv, to Kings	wn or Local	TION OF DI	EATH		9c. COUN Ba	altimor	е
Maryland Baltimore Kingsville 1942 PRODE 1.1608 Stockdale Road 21087 U.S.P.A. 1.1608 Stockdale Road 3. Web control from Number of Part of Number of Read Road (Number of Read Road) In Number of Read Road (Number of Read Road) In Number of Read Road (Number of Read Road) In Number of Read Road (Number of Read Road) In Number of Read Road (Number of Read Road) In Number of Read Road (Number of Read Road) In Number of Read Road (Number of Read Road) In Number of Read Road (Number of Read R	RESIDENCE OF	DECEDENT											
THE STREET AND NUMBER 1 THE AND NUMBER 1 THE STREET AND NUMBER 1 THE AND						.,						10d. II	INITS?
11. MARTEL STATUS 11. MARTEL STATUS 12. WAS DECEDENT FYER IN U.S. AMAED 13. WAS DECEDENT FYER IN U.S. AMAED 13. WAS DECEDENT FYER IN U.S. AMAED 14. WAS DECEDENT FYER IN U.S. AMAED 15. WAS DECEDENT FYER IN U.S. AMAED 16. WAS DECEDENT FYER IN U.S. AMAED 17. WAS DECEDENT FYER IN U.S. AMAED 18. WAS DECEDENT FYER IN U.S. AMAED 19. WAS DE	Maryland	Balti	more		Ki.	ngsvil	lle					1 🗆	YES 2 NO
11. MARTIAL STATUS 11. WAS DECEDENT EMPLOYED 12. WAS DECEDENT SUBJECT OF SUBJECT SUBJECT OF SUBJECT SUBJECT OF SUBJECT SUBJECT OF SUBJECT SUBJ	10e. STREET AND NUM	BER					10f. ZIP CO	DE					OUNTRY?
Type Septify Cales, Markets Complete Septiment Type	11608	Stockdal	Le Road				21	087			U	.S.A.	
16. DECEDENT'S EDUCATION See DECEDENT'S SUBJUAL COCUMENTO Business of Seed o	1 Never Married 2		FORCES?	YES 2 W	RMED NO	If ye	s, specify Cul	en, Mexica	ın, Puerto I		or No-	Black, White	, atc.
Close pict of whethy and photon ground or growth Codes (1-d or 5-1) Robert of working Robert of Wart Models, Models, Models, Models Summary Robert of Rout Foundation Robert Rout Foundation Rober	^		10471011	100					1000		1		111 00
The property of the property o	(Specifi	y only highest grade	completed)		Give kind of to Do NOT u	work done duri	ng most of wor	king	160	KIND OF BUS	BINESS/IND	USTRY	
196. MACHING OF DISPOSITION DO 1'S Zaiko 100 MALING ADDRESS (Street and Number or Ranel Rouge Number; City or Now.; Stem, 1/2 Code) 116.10 Stockdale Road Kingsyville, MD 21087 200. METHOD OF DISPOSITION 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	12		College (1-4 or 5	+)						Home	9		
Do ris Zaiko 11610 Stockdale Road Kingsville, MD 21087 20s. NETHOD OF DEPOSITION Removal from State 20s. PLACE OF DEATH Check Places 10s. Place	17. FATHER'S NAME (Fir	st, Middle, Last)					18. MO	THER'S NA	ME (First, A	Alddle, Maiden	Surname)		
200. FLACE OF DISPOSITION	19e. INFORMANT'S NAI	ME (Type/Print)		1	9b. MAILING	ADDRESS (S	treet and Numb	er or Rural	Route Numi	per, City or Town	n, State, Zip	Code)	
Be. PLACE OF DISPOSITION Size String Str	Doris	7aiko			1161	0 Sto	ckdale	Road	i Ki	ngsvil	lle.	MD 210	187
Committee Comm	20e. METHOD OF DISP	OSITION		20b. PLAC	E OF DISPO			_		-			ite
21. SIGNATURE OF FUNERAL SERVICE UCENSEE Markin James Duppel R. 71.10 Belair Road Baltimore, MD. 21.2 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, interval Boundary or cause on each line. Interval Boundary or cause of the death of the	1 Burial 2 Crem	nation 3 🗆 Rem	noval from State	otner	Hace)								
22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory enters, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death of dying, such as cardisc or respiratory enters. Interval B Inte	21. SIGNATURE OF FUN	IERAL SERVICE LI	CENSEE			22. NAI							
CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSCOURCE OF): The sulting in death) LAST DESCRIPTION OF (OF DEATH COMPLETION OF (OF DEATH) 1 YES 2 NO 1 Injuries 1 1 YES 2 NO YES YES	shock, immediate cause disease or condition resulting in death) Sequentially list could fany, leading to in	or heart fellure. (Final	s. Peripous Due to	hera O (OR AS A CONS	e. Vo	ascu					natory sin		Interval Betwonset and D
25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 26. PLACE OF DEATH (Check only one) EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Homa 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Buickide 6 Could not be datermined 2 North, Day, Year) 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. DESCRIBE HOW INJURY OCCURED 28. CERTIFIER Check only one) 28. CERTIFIER Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) end manner as stated. 29. CERTIFIER PLACE OF INJURY AT North Physician: To the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) end manner as stated. 29. CERTIFIER PLACE OF INJURY AT North Physician: To the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) end manner as stated. 29. CERTIFIER PLACE OF INJURY AT North Physician: To the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) end manner as stated. 29. CERTIFIER PLACE OF INJURY AT North Physician: To the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) end manner as stated. 29. CERTIFIER PLACE OF INJURY AT NORTH PROPERTY A	CAUSE (Disease or that initiated eventure resulting in death)	Injury	d	O (OR AS A CONS	EOUENCE O	orge							
EXAMINER? No	PART II. Other sign	Idlanut appetitio				1	at to a second						
1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA A Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 28d. Accident 1 YES 2 NO 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 28d. DESCRIBE HOW INJURY OCCURED 2 Accident Accident Injury At WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURE	-	ificant condition	ns contributing to	death but not	resulting	in the unde	rlying cause	given in	Part I.	PERFOR	RMED?	AMARLA COMP OF DE	ABLE PRIOR TO LETION OF CAUS ATH?
27. MANNER OF DEATH Netural 1			ns contributing to	death but not	resulting					PERFOR	RMED?	AMARLA COMP OF DE	ABLE PRIOR TO LETION OF CAUS ATH?
3 Suicide 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the lime, date end placa, end due to the cause(e) end manner as stated. 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the lime, date end placa, end due to the cause(e) end manner as stated. 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29b. Medical end placa, end due to the cause(e) end manner as stated. 29a. CICENSE NUMBER 29b. LICENSE NUMBER 29c. LICENSE NUM	EXAMINER?	ED TO MEDICAL	HOSPITAL:			OTHER:	26. PLACE OF	DEATH (C/	heck only or	PERFOR	RMED?	AMARLA COMP OF DE	ABLE PRIOR TO LETION OF CAUS ATH?
(Check only 1) CERTIFYING PHYSICIAN: 10 the best of my knowledge, death occurred at the lime, date end place, and due to the cause(e) end manner as stated. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner see a stated. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner see a stated. 29c. LICENSE NUMBER	EXAMINER? 1 VES 2 27. MANNER OF DEATH Natural	ED TO MEDICAL	HOSPITAL: 1 Inpatient 2	☐ ER/Outpatient	3 DOA 286. TIM	OTHER: 4 Nursing AE OF 28	26. PLACE OF g Homa 5 X ic. INJURY AT WORK?	DEATH (C/	heck only or	PERFOR 1 YES 2 (a) (b) (c) (c) (c) (c) (c) (c) (c	NO NO	MARL/ COMP OF DE	ABLE PRIOR TO LETION OF CAUS ATH?
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2807 Jerusalem Rd. Kingsville Md 21087 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 2 Accident 3 Suicide	ED TO MEDICAL	HOSPITAL: 1 inpetient 2 28e. DATE O (Month,) 28e. PLACE	ER/Outpatient FINJURY Day, Year) OF INJURY — At	3 DOA	OTHER: 4 Nursing AE OF JURY M	26. PLACE OF g Homa 5 X ic. INJURY AT WORK? 1 YES 2	DEATH (C/	6 Other 28d. DE:	PERFOR 1 YES 2 4 YES 2 4 YES 2 ATION (Street	NJURY OCC	AMAIL COMP OF DE 1	ABLE PRIOR TO LETION OF CAL ATH? YES 2 PNO
2807 Jerusalem Rd. Kingsville Md 21087 31. Date Filed (Morith, Day, Year) 32. REGISTRAR'S SIGNATURE	EXAMINER? 1 YES 2 NC 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2	ED TO MEDICAL D Investigation Could not be datermined CERTIFYING PHYS MEDICAL EXAMIN	HOSPITAL: 1 Inpatient 2 28e. DATE O (Month, 1) 28e. PLACE building SICIAN: To the best of	ER/Outpatient F INJURY Day, Year) OF INJURY — At I, etc. (Specify)	3 DOA 28b. Tili	OTHER: 4 Nursing AE OF 28 JURY M street, factory	26. PLACE OF PLACE OF PLACE INJURY TWORK? I YES 2, office	DEATH (C/	S Chy or State 28d, DEt	PERFOR 1 YES 2 4 TO Specify) SCRIBE HOW I ATION (Street or Town, State)	NJURY OCC	AMAIL COMP OF DE 1 CURED Or Rural Route N	umber,
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 U	ED TO MEDICAL	HOSPITAL: 1 Inpetient 2 28e. DATE O (Month, 28e. PLACE building BICIAN: To the best of	ER/Outpatient F INJURY Day, Year) OF INJURY — At I, etc. (Specify) of my knowledge, examination end/or	3 DOA 28b. Tili	OTHER: 4 Nursing AE OF 28 JURY M street, factory red at the lime ion, in my opin	26. PLACE OF g Home 5 ic. INJURY AT WORK? 1 YES 2 , office dete end ple sion, death occ	DEATH (C/	beck only or 6 Othe 28d. DE: 28t. LOC City to the care time, date	PERFOR 1 YES 2 4 TO Specify) SCRIBE HOW I ATION (Street or Town, State)	NJURY OCC	AMAIL COMP OF DE 1 1 CURED or Rural Route N eed.	umber,
	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 2 Activati 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 U	ED TO MEDICAL	HOSPITAL: 1 Inpetient 2 28e. DATE O (Month, 28e. PLACE building BICIAN: To the best of	ER/Outpatient F INJURY Day, Year) OF INJURY — At I, etc. (Specify) of my knowledge, examination end/or	3 DOA 28b. Tili	OTHER: 4 Nursing AE OF 28 JURY M street, factory red at the lime ion, in my opin	26. PLACE OF g Home 5 ic. INJURY AT WORK? 1 YES 2 , office dete end ple sion, death occ	DEATH (C/	beck only or 6 Othe 28d. DE: 28t. LOC City to the care time, date	PERFOR 1 YES 2 4 TO Specify) SCRIBE HOW I ATION (Street or Town, State)	NJURY OCC	AMAIL COMP OF DE 1 1 CURED or Rural Route N eed.	umber,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH MONTH

TABLE 19

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Par TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral does filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner is

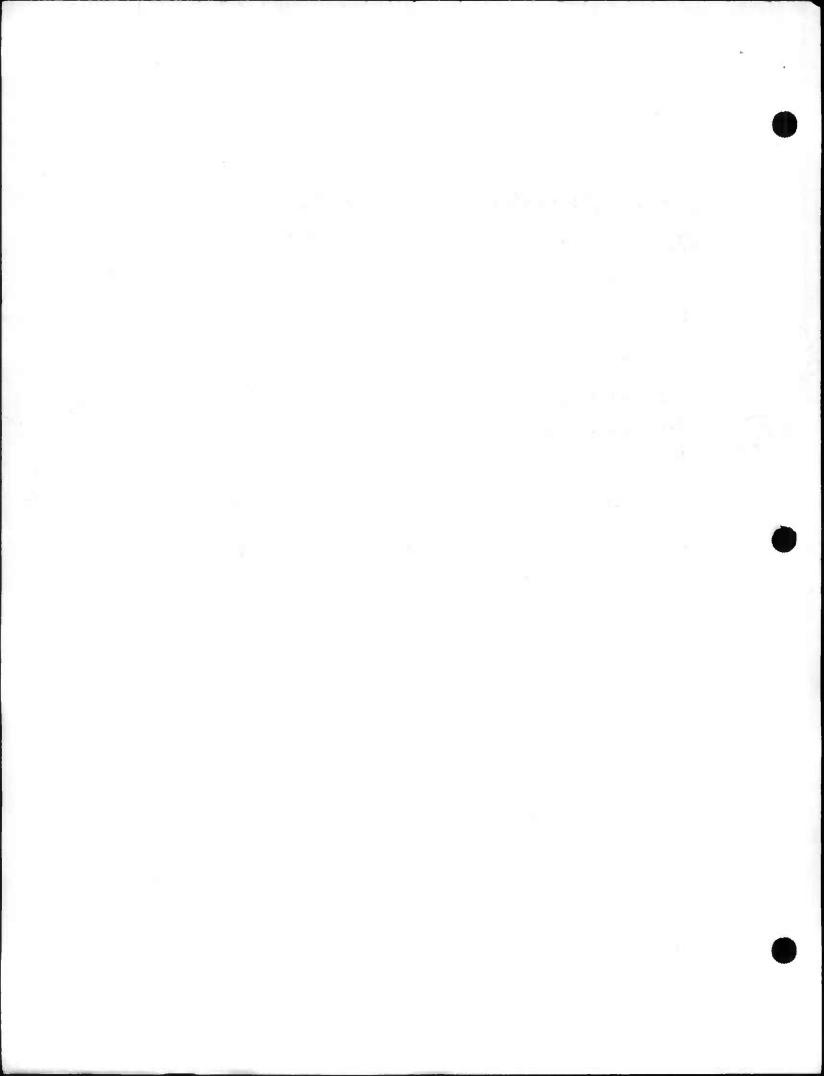
Griffin,

Dean

SEP 16 '91

						91	20000
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / CE		OF HEALTH AND	MENTAL HYGIEN REG. NO.	E	
	1. DECEMENT'S NAME (First, Middle, Last)	ARIE A	DAMS		2. DATE OF DEATH	2 4	3. TIME OF DEATH AR 9.44 PM
	056-10-2723	SEX 6. AGE (In yrs. lest	VRS. F UNDER	A 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) JEW JERSEY
TOR	9a. FACILITY NAME (If not institution, give stree	RUNDRIVE	96. CITY	NKS BURG	EATH - M.D. 2104	9c. COUNTY	OF DEATH KROUL
DIRECTOR	10a, STATE 10b, COUNTY	COLL	10c. CITY, TOWN	OR LOCATION THINSTER	6		10d. INSIDE CITY LIMITS 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 27 MON ROL	E STREET		101. ZIP CODE 21157		10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Notation A Divorced	2. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 PAR IF YES, GIVE WAR OR DATES	6	WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica 1 YES 2 NO Specifi	in, Puerto Rican, atc.)	or No.— 14.	RACE — American Indian, Black, Whita, etc. Specify:
COMPLETED	15. OECEDENT'S EDUCAT (Specify only highest grade co.	TION 16a. DEC (Gh // // // // // // // // // // // // //	0 2	during most of working	166. KIND OF BU	SINESS/INDUST	
	17. FATHER'S NAME (First, Middle, Last)	1BB	+10U3U	EWIPE 18. MOTHER'S NA HE	ME (First, Middle, Maiden	`	
TO BE	19a. INFORMANT'S NAME (Type/Print) RATH-LEEN H	ENNEMAN	MAILING ADDRES	S (Street and Number or Rural			100 100 100 100
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remova		OF DISPOSITION (M	ame of cometery, crematory or	x B.	CATION — City	or Town, Stata
	21. SIGNATURE OF SUFFERAL SERVICE LICEN	A. Muser	22.	MAKE AND ADDRESS OF FA	-		Mis ST. 21157 E WESTAINST
	23. PART I. Enter the diseases, pr cor shock, or heart failure. Lis	mplications that coused the deast only one cause on each line.	ath. Do not ente	r tha moda of dying, suc			Approximate interval Batween
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Chemical	dear	H 2 700	raflund.	food	Onset and Death
ON	Sequantially list conditions,	Trackedon	nchi	metastas	of "	/	4/91
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	Cavanov DUE TO (OR AS A CONSEQ	in or	the Bou	rel		1984
CERT	resulting in death) LAST		U				
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to death but not re	esulting in the u	nderlying cause given in	Part i. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?
N. W							1 TYES 2 NO
SICI		HOSPITAL:	□ DOA 4 □ Nu	26. PLACE OF DEATH (CI R: rsing Home 5 Residence			
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	NJURY OCCUR	ED
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hor building, atc. (Specify)	me, ferm, street, ted	ctory, office	281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	cont.	AN: To the best of my knowledge, de On the basis of examination and/or i					ause(a) and manner as stated.
O BE C	2000 SIGNATURE AND TITLE OF CERTIFIER	71	W	29c. LICENSE NU DO 4		29d. DATE SI	Segot 9/
-	II 30-WAME AND ADDRESS OF DEDSON WHO	COMPLETED CAUSE OF DEATH (ITEM	M 273 /Simo Orient				

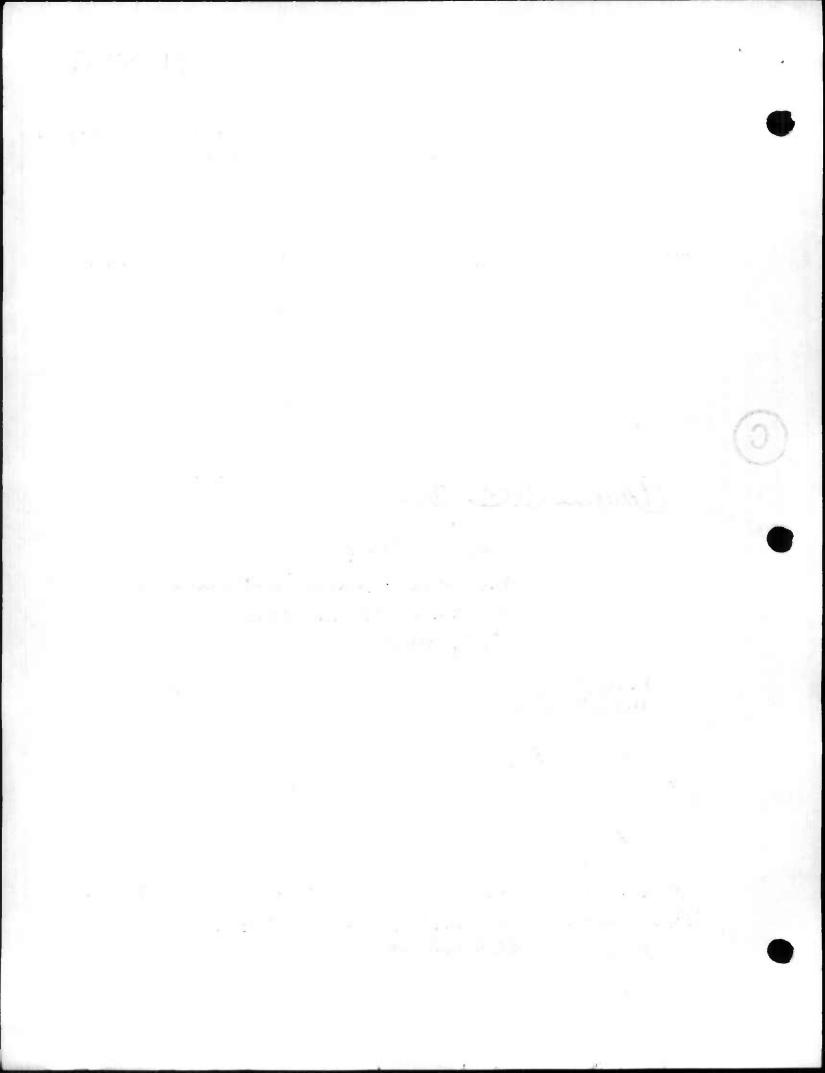
M.D. 19 Ridge Road, Westminster,



32. REGISTRAR'S SIGNATURE
Julia Davidson-Rondall

31. DATE FILED (Month, Day, Year)
SEP 17 '91

	ast)			REG. NO.			
	FRANCIS	BLUME		Sep. 12, M	991 YEAR 3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 215-10-9990	1 MALEF		F UNDER 1 YEAR F UNDER 24 HOURS MI	- Mr. Str. Co. Str	8. BIRTHPLACE (State or Foreign MARYTYAND		
9a. FACILITY NAME (If not institution, FREDERICK MEMOR	IAL HOSPITAL	1	FREDERICK		%. COUNTY OF DEATH FREDERICK		
RESIDENCE OF DECEDENT	YRROLL	REYMA	TOWN OR LOCATION		10d. MSTDE CITY		
748 FRANCIS SCO	TT KEY HGWY.		101. ZIP CODE 1	757	1 YES 2 NO		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Married 2 Married FORCES? 1 Y		13. WAS DECENDENT OF HIS If yee, specify Cuben, Ma 1 YES 2 NO	SPANIC ORIGIN? (Specify Yee or xxcan, Puerto Rican, etc.) Spoily:	No— 14. RACE — American Indian, Black, White, etc.		
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of wor Me. Do NOT use I DRIVER	k done during most of working	166. KIND OF BUSIN			
17. FATHER'S NAME (First, Middle, Last WILLIAM BLUME)		18. MOTHER'S	NAME (First, Middle, Maiden Su A GARBER	meme)		
199. INFORMANT'S NAME (Type/Print) LENA K. BLUME		19b. MAILING AI 746 FRAN	NCIS SCOTT KE	ural Route Number, City or Town, S KEYMAR	State, Zip Code) MD 21757		
20e. METHOD OF DISPOSITION BUT 1 Burlet 2 Cremation 3 1 4 Donation 5 Other (Specify)	JKLAL Removal from State	20b. PLACE AND DATE OF	DISPOSITION (Name of MEMORIAL GAR)	DENS DATE 200. LOCA	FREDERICK, MD		
21. SIGNATURE OF FUNERAL SERVIC	E LICENSEE	Blen	22. NAME AND ADDRESS OF WOOD	SBORO, MD	ARTZLER & SONS		
23. PART I. Enter tha diseases, ahock, or heart falls immediate CAUSE (Final disease or condition resulting in death)	Sev.	en agen line.		such as cardiac or reapirat	Approximate Interval Betwee Onset and Dea		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Bild. DUE TO FOR.	AS A CONSEQUENCE OF:	neuronia fibrillate		-0.00		
PART II. Other significant condi	tions contributing to desi	th but not resulting in	the underlying cause given	In Part I. 24a. WAS AN AU PERFORME 1 YES 2	D? AVAILABLE PRIOR TO		
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		26. PLACE OF DEATH				
27. MANNER OF DEATH 11 Netural 5 Pending	28e. DATE OF INJU (Month, Day, Ye	RY 285 TIME C		28d. DESCRIBE HOW INJU	JRY OCCURED		
2 Accident investigati 3 Suicide 6 Could not 4 Homicide determine	be 28e. PLACE OF INJ	URY — At home, farm, stre Specify)		261. LOCATION (Street end City or Town, Stelle)	Number or Rural Route Number,		
29a. CERTIFIER (Check only one) 1 CERTIFYING PROPERTY ONE) 2 MEDICAL EXAM	IYSICIAN: To the best of my k	nowledge, death occurred a	it like lime, data and place, and in my opinion, death occured at	due to the cause(e) and manner the time, data end place, end d	r ee stated. ue to lihe ceuse(s) end manner ee stated.		
					COLUMN TO THE CO		



nust be notified at

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within completely fixed in DI THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fixed in DI be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or reminiMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the media DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Charles	Herbert	Bowers	5					2. DATE	of DEATH	ž , 199	3. 1	9:10 a m
	S. SEX	6. AGE (In yrs. Is 76	yrs.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Day Year)	914	BIRTHPLA Couptry) Mary	CE (Steta or Foreign
90. FACILITY NAME (If not institution, give stree Carroll County G	en. Hos	pital		9b. CITY		tmins		ATH		9c. COUNTY		1
RESIDENCE OF DECEDENT 106. STATE Md Carr	roll		10c. CIT	ry, town or location Finksburg							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 2708 Leppo	Lane		101	zip cobi	L048			109. CITIZER	S.A.			
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Olvorced	RMED NO		If yes, sp		n, Mexica	n, Puerto P	? (Specity Yes licen, etc.)	or No- 14	RACE — / Black, Wi Specify:	American Indian, hits, etc.		
15. DECEDENT'S EDUCAT (Specify only highest grade co.	usual of work done se retired.) ter	CCUPATIO during mo	ON at of working	ng	16b.		struct					
17. FATHER'S NAME (First, Middle, Last)		П		16. MOTI			diddle, Maiden Green	Surname)		8		
Bowers Bessie Green 190. INFORMANT'S NAME (Type/Print) Harry E. Moser 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2708 Leppo Lane, Finksburg, Md. 21048												
20e. METHOD OF DISPOSITION 1 Description Burles 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	other	e of dispo					CY		cation - city		
21. SIGNATURE OF FUNERAL SERVICE LICEN	hands	4			NAME AI	chard	ss of fa	unera	1 Chap		i	21117 Mills, Md
23. PART I. Enter the diseases, or con shock, or heart fellure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in death)	at only one cau		na. 701	UIA	the mo							Approximeta Interval Between Onset and Death
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO	(OR AS A CONS	EOUENCE C	DF):								
PART II. Other eignificent conditions	contributing to	death but not	resulting	In the u	nderiyin	g ceuse (given in	Part i.	24a. WAS AN PERFOR	MED?	AMA COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
	3 🗆 DOA	OTHE	R:			eck only on			1			
	HOSPITAL:	nth, Day, Year) INJURY WORK?				28d. DEŞCRIBE HOW INJURY OCCURED						
EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending	28a. DATE OF	INJURY	28b. TII		WC	YES 2	□ NO	280. DES	CRIBE HOW I	NJURY OCCUI	RED	
EXAMINER? 1 YES 2 NO 27. MANNER OF CEATH	28a. DATE OF (Month, D	INJURY	28b. TII	JURY	1 🗆	YES 2	□ NO	261. LOC		and Number or		Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF CEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28s. DATE OF (Month, D 28s. PLACE O building,	INJURY ey, 'Year') F INJURY — At I etc. (Specify) my knowledge,	28b. Til IN home, farm,	street, fac	tory, office	PRK? YES 2 [, and due	26f. LOC City	ATION (Street or Town, State)	and Number or	Rural Route	

PART II. Other eignificent condition	ne contributing to death but not		inderlying couse given in	Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	3 DOA 4 N	26. PLACE OF DEATH (C					
27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28d. DES	CRIBE HOW INJURY OCCU	PRED			
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At I building, etc. (Specify)	home, farm, street, fa		OCATION (Street and Number or Rural Route Number, fly or Town, State)				

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Mogth, Day, Year)
Neil) Sum	D36409	▶ 9/13/91

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SEP 1 6 91	32. REGISTRAR'S SIGNATURE Pandalle

1.07.5

I. DECEDENT'S NAME (F	irst, Middle, Last) NAR	Bo	YKIN						2. DATE OF DEATH MONTH 5/3/2 T	DAY 15	1991	3. TIME OF DEATH
4. SOCIAL SECURITY NU 214-26-71		5. SEX	6. AGE (In yrs. las	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH	930	8. BIRTH	HPLACE (State or Foreign Aryland
	more Co	street and number) unty Gen	. Hospit	al			llsto		ATH	9c. CO	Bal	timore
10e. STATE	10b. COUNT	ltimore		10c. CIT		TOWN OR LOCATION Owings Mills						10d. INSIDE CITY LIMITS? 1 YES 2 XNO
10e. STREET AND NUMB	Phlox C	ircle		-57		101	ZIP CODE			10g. Cl		S.A.
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 0	1111	FORCES? 1	TEVER IN U.S. AR A YES 2 1 MAR OR DATES Korean	NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 YES 2 NO Specify:					E — American Indian, k, White, atc.		
	DECEDENT'S EDU only highest grad y (0-12)		16a. DE	ECEDENT'S	work done se retired.)	OCCUPATIO during mo	ON at of working	g	16b. KIND OF E			ry
17. FATHER'S NAME (First	THE STATE OF	Boykin							ME (First, Middle, Maid lizabeth			
19a. INFORMANT'S NAME Flore	e (Type/Print) nce Boy	kin	19						ngs Mills			17
20a. METHOD OF DISPO 1 Deriel 2 Creme 4 Donation 5 Ot	etion 3 🗆 Ren	noval from State	20b. PLACE	AND DAT	E OF DISI	position	(Name	ater	y 9/18/91	LOCATION -	- City or To	own, State
				CALLO	1000	T COLL	Ceme	- 001	3 77 7-	OWIL	-6	
21, SIGNATURE OF FUNE	ERAL SERVICE LI	CENSEE	1	.ana		Eck	no ADDRES	s of fa	neral Cha	pel		21117
23. PART I. Enter the shock, or IMMEDIATE CAUSE (disease or condition	diseases, or r heart failure.	hardt	at caused the de	eath. Do	22.	Eck 116	hard 05 Re	s of fa t Fu eist	oun neral Cha erstown F	pel	Owing	
23. PART I. Enter the shock, or IMMEDIATE CAUSE (diseases, or r heart failure. (Final dittons, mediate LYING injury	complications the	at caused the de	eath. Do	22.	Eck 116	harding No. 100 ADDRESS HARDIN	ss of fa t Fu eist ng, suc	oun neral Cha erstown F	pel	Owing Prest,	21117 s Mills, Md Approximate Interval Between
23. PART I. Enter the shock, or iMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list con if any, leading to impresse. Enter UNDER CAUSE (Disease or it that initiated events	diseases, or r heart failure. (Final ditions, mediate LLYING niury	complications the List only one certain DUE TO DUE TO DUE TO d.	of CRAS A CONSE	COUENCE C	not enta	Eck 116 r the mo	no ADDRESS hard no ADDRESS hard no ADDRESS hard no ADDRESS had not dyle when ADDRESS had no ADDR	t Fu	Part I. 24a. WAS	pel	Dwing prest,	21117 s Mills, Md Approximate Interval Between
23. PART I. Enter the shock, or immediate CAUSE (disease or condition resulting in death) Sequentially flat con if any, leading to immediate CAUSE (Disease or ithat initiated events resulting in death) L PART II. Other algnifications of the cause. Examiner?	diseases, or r heart failure. (Final dittons, mediate LLYING nijury AST	complications the List only one certain one ce	of caused the deuse on each line of COR AS A CONSE	SOUENCE COURNEE COURNE COURNEE COURNE COURNEE	not enta	NAME AN ECK 116 r the mo	NO ADDRESS HARD NO ADDRESS HAR	s of FA t Fu eist ng, suc	Part I. 24a. WAS PERIO	AN AUTOPS'CORMED?	Dwing prest,	21117 s Mills, Md Approximate Interval Between Onset and Death 2 Local 7 2 M/g S b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the shock, of immediate CAUSE (disease or condition resulting in death) Sequentially flat confi sny, leading to limit cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other algniff CAUSE (All CAUSE) (Disease or I that initiated events resulting in death) L 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	a diseases, or r heart failure. (Final ditions, mediate LLYING njury AST licent condition to D ID MEDICAL	complications the List only one certain Due to Due	et caused the deuse on each line O (OR AS A CONSE	COUENCE COUENC	22. not enta	And	NO ADDRESS HARD NO ADDRESS HAR	s of FA t Fu eist ng, suc	Part I. 24a. WAS PERI	an autops	Dwing prest,	21117 s Mills, Md Approximate Interval Between Onset and Death 2 Local 72 Mg S b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the shock, of immediate CAUSE (disease or condition resulting in death) Sequentially flat confi sny, leading to limit cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other algniff CAUSE (Disease or I that initiated events resulting in death) L 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident	diseases, or r heart failure. (Finel ditions, mediate Lidet niury) AST D TO MEDICAL	complications the List only one certain the List one certain the	et caused the deuse on each line O (OR AS A CONSE COUENCE COUENC	OTHE 4 Nu ME OF	Approximately inderty in the modern in the m	g cause g	s of FA t Fu eist ng, suc	Part I. 24a. WAS PERN 1 YES	AN AUTOPS ORMED 2 NO	Dwing prest,	21117 s Mills, Md Approximate Interval Between Onset and Death 2 Local 2 Local 2 Local 2 Local 2 Local 3 Local 4 Local 4 Local 4 Local 5 Local 6 Local 7 L	

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
M.D. 1700 Resters town 32. REGISTRAR'S SIGNATURE
Sulia Savidson-Randall

92

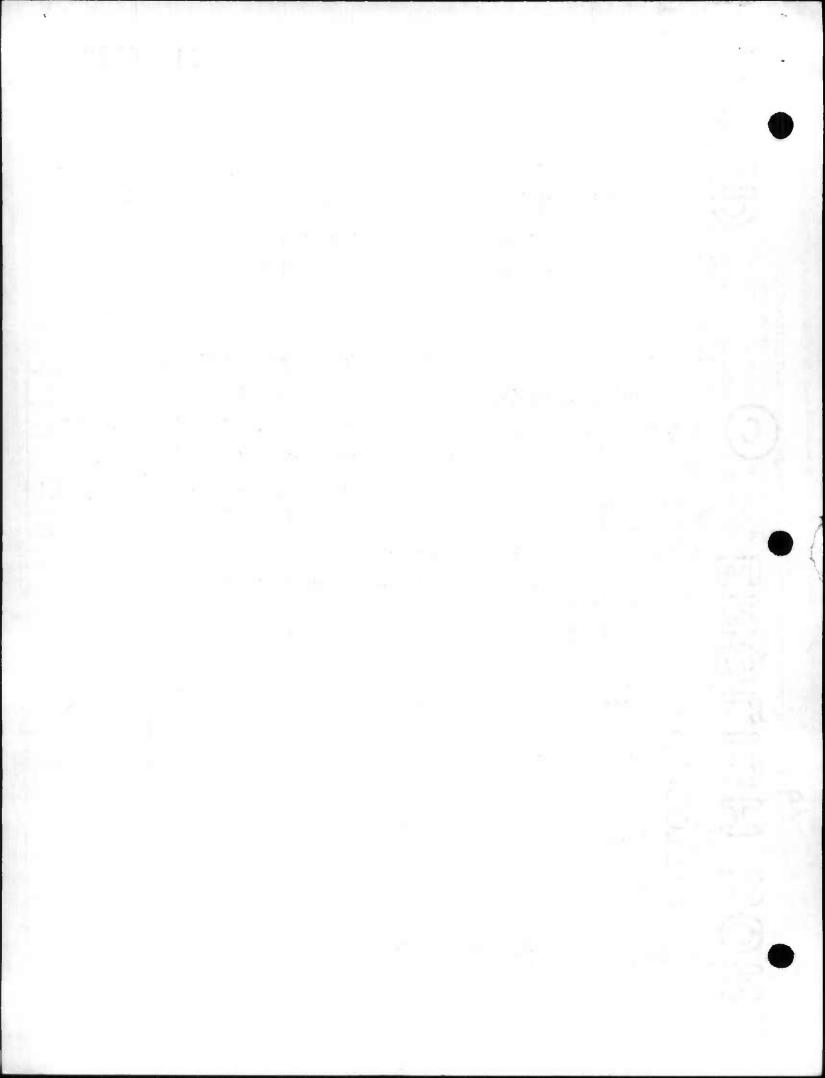
Rd.

Pikesville, md

To work Employed a district of the control of the c

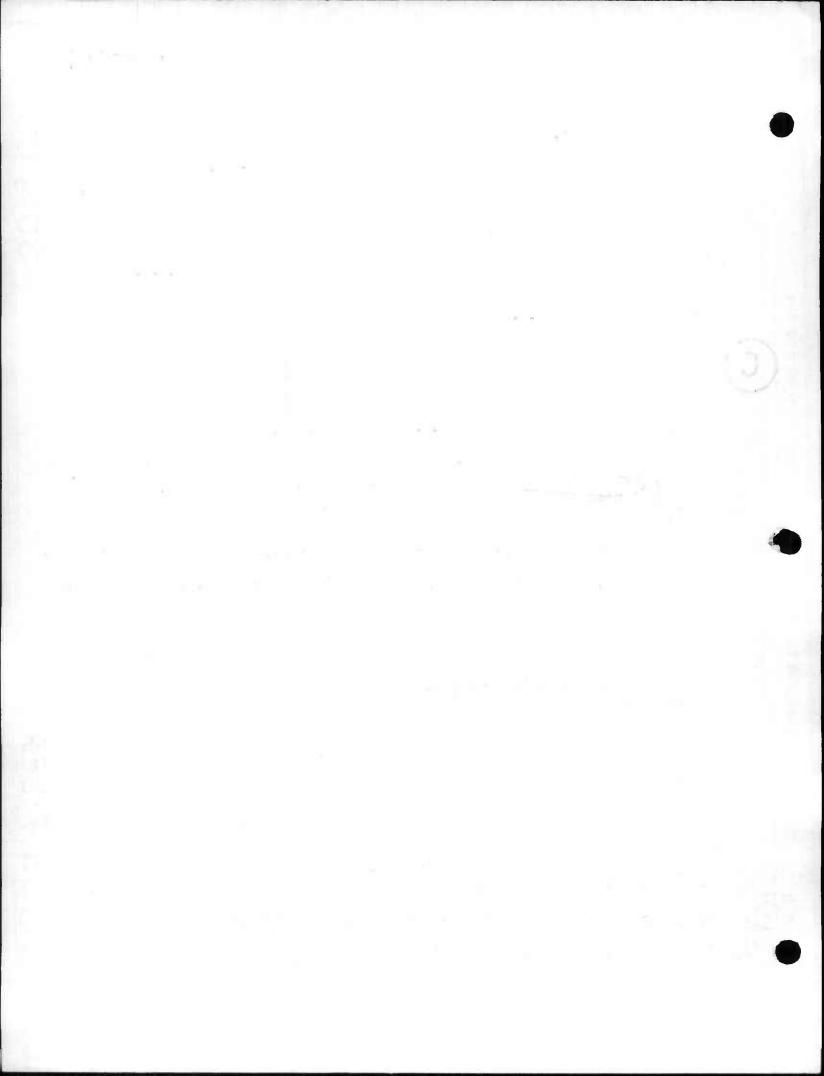
hay be retained by the hospital or attending physician.	per 5 your be detached for use as the burial-transit permit. Pages 1, 2, 3 should	the nutried at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 per be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director mental of the detached for use as the burial-transit permit. Pages 1, 2, 3 should be called the detached for use as the burial-transit permit. Pages 1, 2, 3 should be called the detached for use as the burial-transit permit. Pages 1, 2, 3 should be called the detached for use as the burial-transit permit. Pages 1, 2, 3 should be called the detached for use as the burial-transit permit. Pages 1, 2, 3 should be called the detached for use as the burial-transit permit. Pages 1, 2, 3 should be called the detached for use as the burial-transit permit.	De fled Willin Z flous are used with the State beht, or freeld and include the water, the medical examiner much be noticed at once.

١	FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF HEA		MENTAL HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) J, ROLAND		Bŧ	NEDIC	T	2. DATE OF DEATH DA	199	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 213012119	5. SEX 6. AGE (In y			F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Dec. 2. 1	915 8. BH	RTHPLACE (State or Foreign Balto. Md.	
OR	90. FACILITY NAME (If not institution, give st Good Samaritan H			ь. city, town on Balti		EATH	9c. COUNTY OF DEATN City		
DIRECTOR	TRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md. Ba	Utimore	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL I	100. STREET AND NUMBER 8008 Valley Man				211	17	10g. CITIZEN C	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 X YES IF YES, GIVE WAR OR DATE	S. ARMED 2 NO S	If yes, speci		NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)		ACE — American Indian, leck, White, atc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) High School	CATION 18 completed) College (1-4 or 5+)	(Give kind of wo life. Do NOT use	SUAL OCCUPATION of done during most of retired.)		166. KIND OF BUS		Y	
BE CON	17. FATHER'S NAME (First, Middle, Last) OTVILLE W. E	Senedict Sr.		1		ME (First, Middle, Maiden nelite Full			
TO E	Mr. Robert A. Bev	redict				d. Owings l	lills,	Md. 21117	
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State	LACE AND DATE OF	of disposition (Nather place)	Service		npstead	, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		Eline	Funera	l Home Rei	24 Reis. Stersto	terstown Rd. wn,Md.21136	
	IMMEDIATE CAUSE (Fine)	complications that caused the List only one cause on each	h lins.		of dying, suc	h as cerdiac or respi	ratory arrest,	Approximate Interval Batween Onset and Death	
NO	Sequentially list conditions,	DUE TO (OR AS A CO	VP S		RECURRI	ENT ANEUM	ONIA, U	71	
CERTIFICATION	If sny, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	DUE TO (OR AS A CO							
CERTI	resulting in death) LAST	d							
PHYSICIAN: MEDICAL	SUBARACHNU	HEMATOMA		the underlying of	csuse given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	CE OF DEATH (CA	seck only one) 8 Other (Specify)			
	27. MANNER OF DEATN 1 🔀 Natural 5 🗌 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJUF	TY AT	28d. DESCRIBE NOW I	NJURY OCCURE	D	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, at	reet, factory, office		28t. LOCATION (Street of City or Town, State)	and Number or Ru	ral Route Number,	
COMPLETED	CONDUCTORY /	ICIAN: To the best of my knowled ER: On the basis of examination a						rse(a) and manner as stated.	
BE	296 STONATURE AND TITLE OF CERTIFIE	- PGY-1			29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month: Day, Year)	
10	30. NAVE AND ADDRESS OF PERSON WHO	BERNAL G	COD SH	orini) WARITA	IN HOS	SIPITAL O	F MA	RYLAND	
	SEP 16 '91	Suregistran's signat	Aandell.						



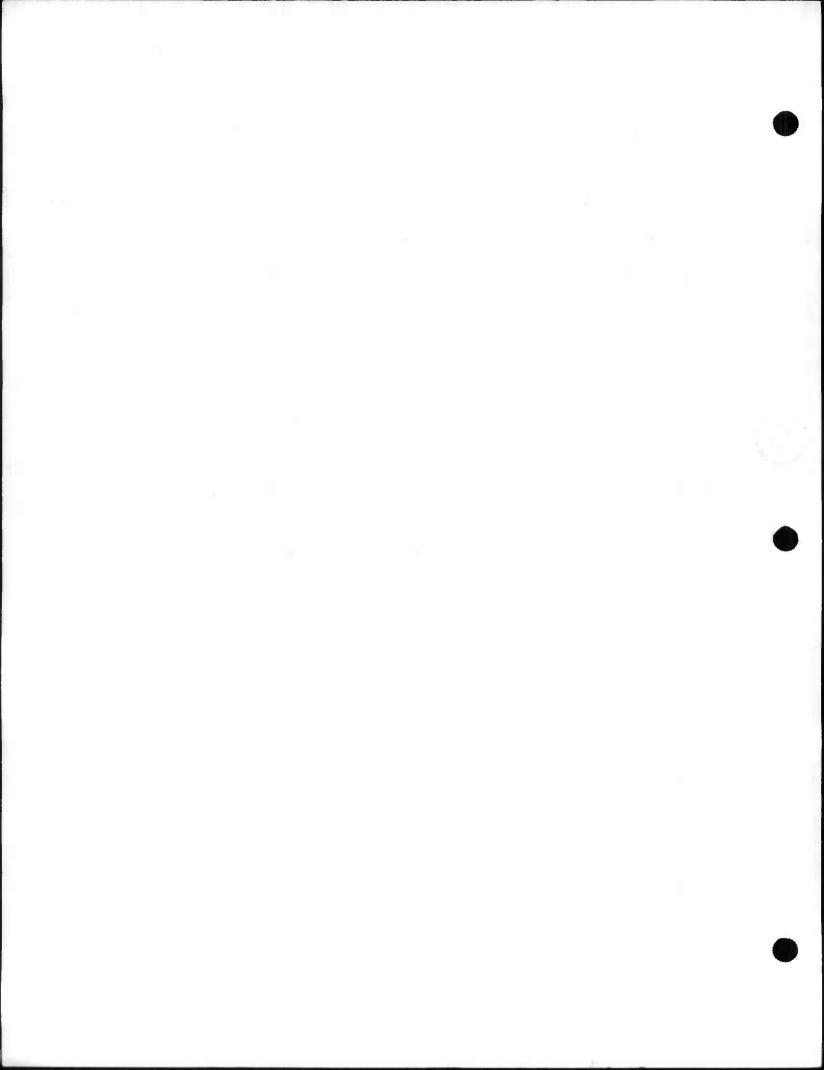
	1000	-			
	P	0		100	ı
	4	2		0	ı
	100	45		=	ŀ
	Je .	10		0	ı
	9	8		-	ı
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ? Jours after death. Page 6 may be retained in	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should in		IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified a	ı
	S.	Ö,		-	
		9		S	ſ
	9	5		Ē	ı
	96	ij.			ı
	E	D		9	ı
	-	2		를	l
	te	100		-	ı
	de	2		X	ı
	L	100	ल	_	Ļ
	#	-	5	60	Г
	10	5	ВП	=	ı
	- S	5	=	•	ı
	2	2	0	E	ı
		ille	e.		ı
	.4	>	90	=	ı
	in in	let	E	-	ı
	#	e	9	5	ĺ
	*	d'L	Ö	2	ı
	B	00	न्न		l
	5	D	L'u	2	ĺ
	9	an	ā	60	ĺ
	83	5	2	E	ı
	3	Sa	0	7	I
	23	Si	50	=	l
	2	=	62	9	ı
	tif	0	6	#	ĺ
	9	Ĕ	ğ	0	ı
	0	20	Í,	6	ı
	att	He	1	-	ı
	9	60	ВП	5	ı
	9	导	ž	르	ı
	45	7	D	=	ı
	Tat	D	2	2	ı
	#3	9	5	8	ı
	63	90	89	90	ı
	5	3	Ĭ	3	ı
	60	E	6	2	ı
	-	9	-	99	ı
	1	S	60	23	ı
	40	Pag.	0	-	ı
	E	a	93	E	ı
	1	Eg	Sta	1	ı
	A	iff	103	-	I
	2	P	5	0	ı
	8	0	5	ď,	ı
	E	Ties	W	9	ı
	0	1	4	2	ı
	Se	fe	at	E	ı
	0	K	de	99	ı
	2	à	9	_	ı
	E	2	aft	28	ı
	×	3	80	=	ı
	38	R	7	-	ı
	_	0	Z	=	ı
	K	A	2	=	ı
	2	E	-	100	ı
	8	Z	45	3	ı
	Ī	E	3	E	ı
	쁘	뿌	2	HO	ı
	Ė	F	黨	2	ı
	B	2	8	3	ı
•	-				

	FOR STATE REGISTRAR	STATE OF M					EALTH AND DEATH	MEN	ITAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Robert							2, I	DATE OF DEATH	AY	YEAR 91	3. TIME OF DEATH 10:00 P.M.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER 24 HRS.	7. 0	ATE OF BIRTH		8. BIRTHE Country	PLACE (State or Foreign
	091-07-2464	1 M 2 F	79	YRS.	MONTHS	DAYS	HOURS MIN.	O	Month, Day, Year)	1911	New	York
	9a. FACILITY NAME (If not institution,	give street and number)			96. CITY	TOWN O	R LOCATION OF	DEATH		9c. COU	NTY OF DE	ATH
8	4707 Brookfiel	d Drive			St	uitla	and			Prin	nce G	eorge's
5	RESIDENCE OF DECEDER	OUNTY		40. 007	Y, TOWN C							
DIRECTOR		ince George	1		itlar		ION				- 1	10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	The George	5	Su	тста		ZIP CODE			Lucian		1 X YES 2 NO
FUNERAL		3 D				107.						HAT COUNTRY?
빙	4707 Brookfiel	Q Drive	EVED IN U.S. 101	4ED	100		20746				5.A.	
3	1 Never Married 2 Married	FORCES? 1	YES 2 NO	D		If yee, spe	cify Cuben, Mexic	can, Pu	RIGIN? (Specify Ye erto Rican, atc.)	or No-	Black,	American Indian, White, atc.
84	3 Widowed 4 Divorced	W.W. I				1 TYES	2XXNO Spec	elfy:			Whi	
	15. DECEDENT	S EDUCATION	16s, DEC	EDENT'S	USUAL O	CCUPATIO	N		18b. KIND OF BU	SINESS/INC		
	(Specify only highes Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Giv	e kind of Do NOT u	work done i se retired.)	during mos	it of working		77. 2 T	7		
COMPLETED	7	0		erat	ing 1	ngi	neer		Union I	ocal	# / /	
5	17. FATHER'S NAME (First, Middle, La	st)						IAME (F	First, Middle, Maiden	Surname)		
BE C	Irvine Bush						Margai	ret	Simpson	1		
0	19a. INFORMANT'S NAME (Type/Print)	19b.	MAILING	ADDRESS	(Street a			Number, City or Tox		Code)	
۲	Margaret Lore	ence	P.	.0.	Box I	123.	Newbur	a, I	MD 20664			
	20s. METHOD OF DISPOSITION 1 X Buriel 2 Cremelion 3			F DISPO			netery, crematory or		V	CATION —	City or Tov	vn, Stata
	4 Donation 5 Other (Specify		Ft. L	inco	ln Ce	emete	ery			entwo		
	21. SIGNATURE OF FUNERAL SEEDS	ICE LICENSEE			22.	NAME AN	D ADDRESS OF F	FACILIT	Lee Fu	inera	l Hon	e, Inc.
	* Al Pales)					Old Alex		der Ferr	y Rd.	•	
	23. PART I. Enter the disease ahock, or heart fe	s, or complications that liura. List only ona caus	caused tha dea e on each line.	th. Do	not anter	the mo	da of dying, au	ich as	cerdiac or resp	iretory an	rest,	Approximata interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	. Myo	canel	al	1.	fa	nutic	h				Minu 40
z		a. Myo DUE TO (or as a conseo	VENCE O	he C	au	diova	kυ	lau Di	leli t	e	MINUTES
ERTIFICATION	Sequentially list conditions, if sny, leading to immadiate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEO	UENCE O	F):							
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQ	UENCE O	F):							
	resulting in death) LAST	d										
0	PART II. Other significant con	ditions contributing to	leath but not re	sulting	in the ur	deriving	cause Given i	n Part	i. 24s, WAS A	ALITOPSY	24b.	WERE AUTOPSY FINDINGS
5	Chranic Ot	structive	Lune	Male	DA H				PERFO			AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	HyperT				C. D. C.				1 TYES	2 NO		DF DEATH?
	- igp-cos											1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDI	CAL				26 PI	ACE OF DEATH (Chack o	ntv one)			
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	EB/Outpetlant 1	□ 00A	OTHE	Rt:	5 Residence					
ž	27. MANNER OF DEATH	28a. DATE OF		26b, TIA		26c. INJ		_	. DESCRIBE HOW	INJURY OC	CURED	
A D	1 Netural 5 Pendin		y, Year)	IN	JURY M	WO	RK? 'ES 2 NO					
00	2 Accident Investig	28a. PLACE OF	INJURY — At hor	ne, farm,	street, fact	tory, office		281	LOCATION (Street	and Number	r or Rural A	oute Number,
	4 Homicide S Could r	building, a	tc. (Specify)						City or Town, State)		
COMPLETED	29a. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the best of a	my knowledge des	th occur	and at the t	lme dete	and place, and d	un to th	o severale) and ma		de d	
ž	anal	AMINER: On the basis of an										and menner as stated.
_	29b. SIGNATURE AND TITLE OF CE		12.4 1	no a	tien	1	29c, LICENSE N					(Month, Day, Year)
BE	Proposales	inel. 0	5-14		-		DO	21	_ >	DAI	9	2 ~ 1
2	30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUS					0.16	/	-44-	- /4	4.0	2.00
	31. DATE FILED (Months Day Year)	101 32. REGISTRA	'S SIGNATURE			ury	rur	14	CITISU	Ire	עואו	20751
	40, 17	or or	chia Davidse	m- As	indell	•						



RYLAND 21203-3146

							91	20075			
		FOR	STATE OF MARYLAND / DE	PARTMENT OF	HEALTH AND N	MENTAL HYGIEN	IE.				
		1 - STATE REGISTRAR	CERT	IFICATE O	F DEATH	REG. NO).				
	1	1. DECEDENT'S NAME (First, Middle, Last)	Anthony Louis Bian	nco	O 2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DEATH DATE OF D			3. TIME OF DEATH			
	1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. lest birth	day) IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	3 9	BIRTHPLACE (State or Foreign			
	4	176-20-7236	1 XM 2 - F 6 d Y	RS. MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	-30 P	ennsylvania			
2, 3 should		9a. FACILITY NAME (If not institution, give stre			N OR LOCATION OF DE	ATH	9c. COUNTY				
2, 3	TOR	GHARLAUHI Belts	Ising Holpiral	La	med		Prin	ce beorge's			
ges 1,	DIRECTOR	10a. STATE 10b. COUNTY		CITY, TOWN OR LO				10d. INSIDE CITY LIMITS?			
ji. 25	1		ue beorge's	Laura			T	1 - YES 2 X NO			
physician. burlal-transit permit, Pages 1,	FUNERAL	100. STREET AND NUMBER	dals Drive		101. ZIP CODE	7	USA	OF WHAT COUNTRY?			
physician. burial-trans	S	11 MADITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ARES 2 NO	13. WAS D	ECENDENT OF HISPAN	IIC ORIGIN? (Specify V		RACE — American Indian,			
	BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	If yes,	specify Cuban, Maxicol ES 2 TNO Specify	n, Puarto Rican, etc.)		Black, White, atc. Specify:			
r attending use as the	ED B	15. DECEDENT'S EDUC	ATION 16a, DECEDE	ENT'S USUAL OCCUPA	ATION	18b. KIND OF BI	JSINESS/INDUS	white			
0 -		(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	nd of work done during IOT use retired.)							
ed pi	COMPL	10	0 Main	tenance S	upervisor			perties			
be detach		17. FATHER'S NAME (First, Middle, Last) Anthony Bianco			Mary You	ME (First, Middle, Malde	n Surname)				
	B	19a. INFORMANT'S NAME (Type/Print)	19b. MA	ILING ADDRESS (Street	et and Number or Rural I		wn, State, Zip Co	ole)			
Should notified	임	Ruth Bianco	851	1 Lindend	ale Drive	Laurel, 1	larylan	d 20707			
must be		20a. METHOD OF DISPOSITION 1 Duriel 2/1/Cremation 3 Remo	val from Stale other place)		cemetery, crematory or		OCATION — City				
		Baltimore-Washington Crematory Laurel, Haryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE \ 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc.									
hunera tami	4	1000	1		Sandy Sp			_			
0 - 0		23. PART I. Entar tha disaases, or co	omplications that caused the dash.								
d in or n		shock, Dr haart fallure. List only one cause Dn each line. Interval Between Onset and Dasth									
		disease or condition resulting in death)	Cardine C	irrhy	Th min						
B 2- 0		disease or condition resulting in death) s. Cardiac Curby Th min Due to (or as a consequence of):									
and and bur	CERTIFICATION	Sequentially list conditions, if any, lasding to immediate	DUE TO (OR AS A CONSEQUEN	ICE OF):							
ficate be physician ne prior to	CAT	cause. Entar UNDERLYING CAUSE (Disease pr. Injury									
certificate be nding physicia Hygiene prior ir other trau	TIFI	that initiated events	DUE TO (OR AS A CONSEQUEN	ICE OF):							
Jeath certificate attending physiene pri	CER		•								
Me the	AL	PART II. Other significant conditions	contributing to dasth but not reau	iting in the underly	ying cause givan in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
requires that the een signed by the of Health and N shows any inji	MEDICAL					1 YES	2 NO	OF DEATH?			
v requires that the been signed by the of Health and shows any is	M					-		1 YES 2 NO			
has Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26	PLACE OF DEATH (Ch	eck only one)					
SiCIAN: The certificate h the State I	YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	OTHER: 4 Nursing I	Iome 5 🗆 Residence	6 Other (Specify)					
PHYSIC this ce with th		27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	INJURY	INJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCCU	RED			
After this death with smarked	ВУ	2 Accident Investigation	28e. PLACE OF INJURY — At home,			26f. LOCATION (Street	t and Number or	Rural Route Number,			
TTEN TOR: after	TED	3 Suicide 8 Could not be 4 Homicide determined	building, alc. (Specify)			City or Town, Ste	te)				
OR DIRI	COMPLETED	29a. CERTIFIER (Check only	CIAN: To the best of my knowledge, death	occurred at the lime,	data and place, and due	to the cause(a) and π	anner as stated				
THE HOSPITAL THE FUNERAL flied within 72 PORTANT: If	WO:	one) 2 MEDICAL EXAMINE	3: On the basis of examination and/or inves	itigation, in my opinio	n, death occured at the	time, data and placa,	and dua to the	cause(a) and manner as stated.			
THE HOSPI THE FUNER IN filed within	BE C	29h SIGNATURE AND TITLE OF CERTIFIER	1 Deputy Me	dical	29c. LICENSE NU			IGNED (Month, Day, Year)			
8-8-8	10 E	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27	(Type, Print)	17018	コト	7 7	-8-41			
5)		PAULA. DE VOR	4 1112 20	11.7600	Rol Hya	thuille	MD .	20731			
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE								
		SEP 1 2 '91	Julia Davidson-Randa	See.							



3. TIME OF DEATH

5:00

DHMH-18 Rev 1/89

B. BIRTHPLACE (State or Foreign Country)

1903 New York

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)
March 23,

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

579-09-4084

1. DECEDENT'S NAME (First, Middle, Last)

ALICE

5. SEX

1 M 2 XE

1

2, 3 should	OR	9a. FACILITY NAME (If not institution, give street and number) 5 413 - 1 4 Place		96. CITY, TOWN OR LOCATION OF DEATH HYATTSVILLE			Prince Hong &	
Pages 1.	DIRECTO	10a. STATE 10b. COUNTY Prince HA		TY, TOWN OR LOCATION	ille		10	Od. INSIDE CITY LIMITS? VES 2 \(\text{NO} \) NO
inset permit.	FUNERAL	10e. STREET AND NUMBER	e W	101. ZIP 207	CODE		Og. CITIZEN OF WHA	AT COUNTRY?
1	B	1 Never Married 2 Merried FORCES? 1 IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO R OR OATES	13. WAS DECENDE	NT OF HISPANIC ORIGI	N? (Specify Yee or	No- 14. RACE Black, V	American Indian, white, etc.
ソ	APLETED	15, DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 9th College (1-4 or 5+)	18a. DECEDENT'S (Give kind of life. Do NOT u Homemak	B USUAL OCCUPATION work done during most of wase retired.)	vorking 16	Own Home	SS/INDUSTRY	.,,,,
and be oute	BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Mossa Habib 19a. INFORMANT'S NAME (Type/Print)		1	Mother's NAME (First, Miriam Man	Middle, Maiden Surr	name)	
t be notified	2	Janet Bashoor Davis 204 METHOD OF DISPOSITION 1 (2) Burley 2 Cremation 3 Remove from State	7401	Wellesley of Disposition (Name of		lege Par		
iner must		1 (A Burlel 2 Cremation 3 Removal from State 4 Donatton 5 Other (Specify) M. SIGNATURE OF BURERAY SERVICE ICENSEE	enwood	Cemetery (09-14-91	Washi	ington DO	
removal.		23. PART I Enter the diseases, or complications that shock or heart failure. List only one of the complex of th	raum	4739 BA	GASCH'S S	HYATTSV]	ILLE, MD.	E, P.A. 20781
al, cremation, or event, the m		STATE OF THE STATE OF THE COURT	ON A CONSEQUENCE OF AS A CONSEQUENCE OF					Approximate Interval Batwee Onset and Deat
Hygiene prior to bur or other traumatic	ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	R AS A CONSEQUENCE OF		ardio vi	ascular	Disease	YEAH
of Health and hows any Ir	MEDICAL C	PART II. Other eignificant conditions contributing to de	eath but not resulting	in the underlying ceu	ee given in Part I.	24a. WAS AN AUT PERFORMED 1 YES 2	NO OF	FRE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
or Item 23 s	YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1967 YES 2 NO 1 Input lent 2 E	R/Outpatient 3 🗆 DOA	26. PLACE O	F DEATH (Check only or			
marked.	ВУ РНУ	27. MANNER OF DEATH To Natural 5 Pending 2 Accident Investigation 28s. DATE OF IN (Month, Day.	Year) INJ	E OF 28c. INJURY A WORK? M 1 YES	28d. OES	OESCRIBE HOW INJURY OCCURED		
wrs after d	ETED	4 Homicide determined	c. (Specify)	, street, factory, office 28f. LOCATION (Street City or Town, State)				Number,
be filed within 72 hours after death with IMPORTANT. If Item 28 is marked	COMPLI	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my one) 2 MEDICAL EXAMINER: On the basts of examiner	y knowledge, death occurry nination and/or investigatio	ed at the time, data and pl	ace, and due to the cau	and place, end du	ea stated. e to the cause(a) an	d menner as stated.
De filed IMPOR	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Della Della Completed Cause 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	Degroty Exa	mena 200	O 171	2 290	9-12	onth, Day, Year) -G/
		PAUL A- DE VORE MS 31. DATE (STEP) (MODIF), DONNARY 324REGISTRANS	9203 (P)	velusbur	0175.	rattuil	H-MO	2078/
		SET 13 91 Julia Davi	dson-Pandell					

(10

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR

IF UNDER 24 HRS.

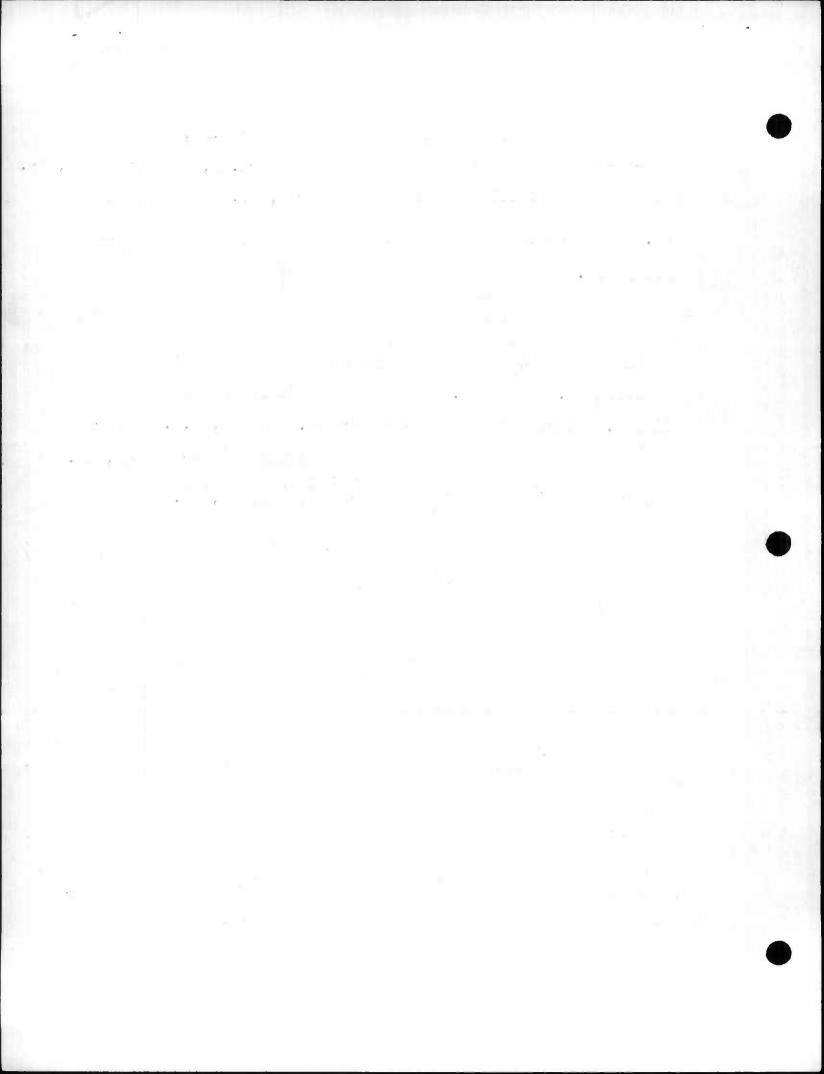
BASHOOR

8. AGE (In yrs. last birthday,

e was to the total

by the hospital or attending physician	be detached for use as the burial-trianst permit.	at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within = now after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNETRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transformation of the funeral director.	be filed within 12 hours after death with this state begin, or regain any wenter hybrine prior to current, or remover. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral property of the fun	De med within 12 hours are death with the State Dept. Or headin and IMPORTANT: If item 28 is marked, or item 23 shows any in

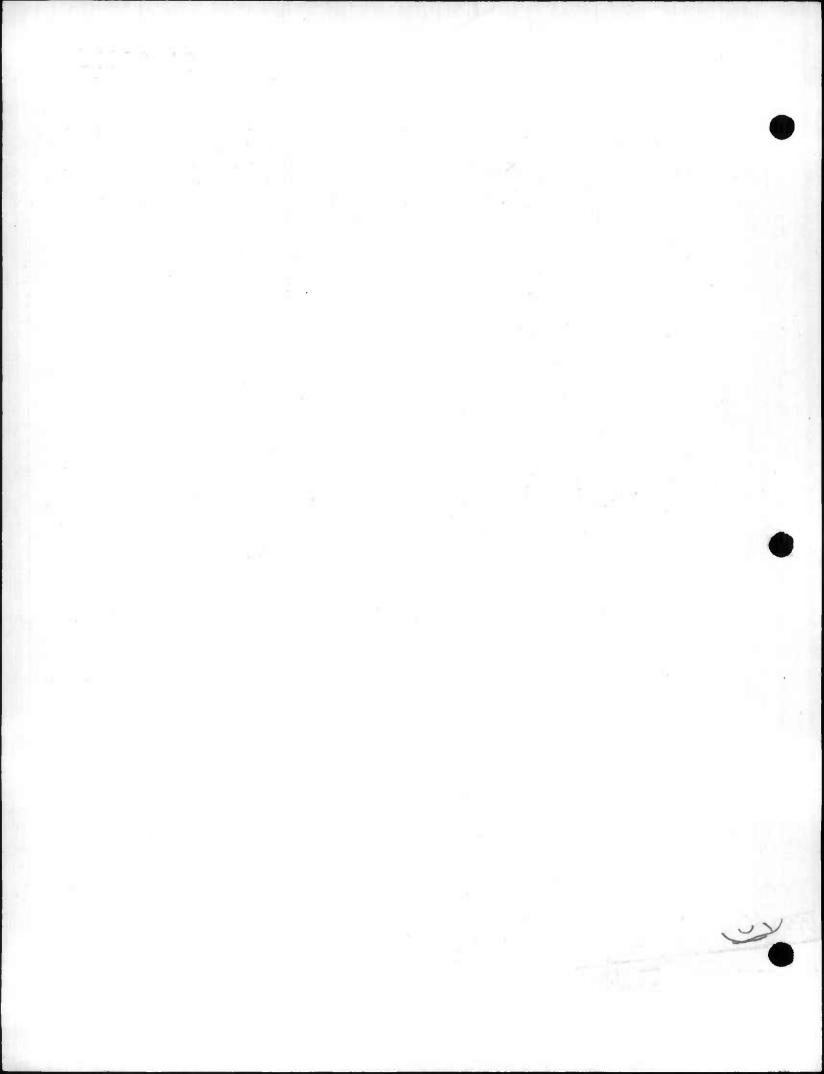
REGISTRAR 1. DECEDENT'S NAME (First, Middle, L	esti		1-1-					2 04-	E OF DEATN			9 THE OF THE
Robert Th		eton II	ТТ					MDN	pt.13	790	YEAR	2:00F
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I		IE IMPE	R 1 YEAR	IF UNDER	24 MBC	7. DAT	OF BIRTN			NPLACE (State or For
264-36-0809		63	YRS.	MONTHS	DAYS	HOURS	MIN.	T (Mor	10, 1	929	Coun	chmond,
Do. FACILITY NAME (If not institution, g				AL OFF	y mount	OR LOCATION	ON OF D		10,1	-	INTY OF	
Garrett Count		al Hos	enite			akla				96. COU		rett
RESIDENCE OF DECEDENT		Lai IIV	3PT 0	1-		akie	mru ,	110	•		Gar	Ten
10a. STATE 10b. CO			10c. Cl	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY
WV.	lucker			Dav	is							LIMITS?
100. STREET AND NUMBER					10	f. ZIP CODE	E			10g. CIT	IZEN OF	WHAT COUNTRY?
Henry Ave.						262	60				USA	1
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	NT EVER IN U.S. A 1 X YES 2 WAR OR DATES		13.	If yes, sp	CENDENT Coocify Cuba	n, Mexica	in, Puarto	IN? (Specify Your Ricen, etc.)	na or No	14, RAC Blac Spe	CE — American Indiadok, Whita, etc.
15. DECEDENT'S		16a. C	DECEDENT'S	S USUAL C	OCCUPATI	ON		16	b. KIND OF B	JSINESS/IN	DUSTRY	WIII 00
(Specify only highest g Elementary/Secondery (0-12)	rade completed) College (1-4 or 5		(Give kind of Ife. Do NOT L	work done use retired.)	during mo	ost of worldr	ng					
12	4	,	Bus	ssin	ess	man			5	ski s	Shop	
17. FATHER'S NAME (First, Middle, Last			25 (41)				NER'S NA	ME (First,	Middle, Malde			
Robert	. Bartor	ı Jr.							Pari			
ISa. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRES	SS (Street				nber, City or To		io Corlei	
Edith B. She	eerin		57						ny, N			.2203
20s. METHOD OF DISPOSITION 1 Durisl 2 Cremation 3 1	E OF DISPO	SITION (N	lame of ce	metery, cran	natory or		20c. L	OCATION -		Fown, State		
21. SIGNATURE OF FUNERAL SERVIC	E LICENSEE	1	a					~	1 Hon			7
· A.t.	1/1	11			Hin	k e	F'un	era	1 Hon	le		
23: PART I. Enter the disease, shock, or heart falls IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Cast	tuen te	ne. ostin	not ente	Box or the mo	186 ode of dy	ing, suc	Dav	is, W	IV.		Approxima Interval Be Onset and
shock, or heart falls IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. List pnly one ce	O (OR AS A COME	no. POSTIN POLIENCE C	npt ente	Box or the mo	186 ode of dy	ing, suc	Dav	is, W	IV.		Approxima interval Be
shock, or heart falls iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	a. Due to	O (OR AS A CONS	DEQUENCE C	npt ente	Box for the mon	: 186 ode of dy	on h	Dav	is, h	N .	rreet,	Approxima interval Be Onset and jim but
shock, or heart falls iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	a. Due to	O (OR AS A CONS	DEQUENCE C	npt ente	Box for the mon	: 186 ode of dy	on h	Dav	is, b	N AUTOPSY	rreet,	Approxima interval Be
shock, or heart falls IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent cond	a. Due ro	O (OR AS A CONS	DEQUENCE C	npt ente	Box or the mo	: 186 ode of dy	Ing, suc	Dav	24a. WAS A PERFC	N AUTOPSY	rreet,	Approximatinterval Be Onset and Implementation of the Completion of Comp
shock, or heart falls IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificent cond EXAMINER?	a. Due ro	O (OR AS A CONS	PS 4 (A PROVENCE OF THE PROVEN	npt ente	Box or the mo	eng cause	oling, suc	Dav	24a. WAS A PERFC 1 YES	N AUTOPSY	rreet,	Approximatinterval Be Onset and Implementation of the Completion of Comp
shock, or heart falls IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificent cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	a. DUE TO d. DUE TO d. HOSPITAL: 1/2 Inpatient: 2 28a. DATE O	O (OR AS A CONS	TO DOA 1 200. TILL	OF:	Box or the mo	I 186 ode of dy On Ov ing cause of the control o	oling, suc	Part I.	24a. WAS A PERFC 1 YES	N AUTOPSY RMEO?	24	Approximatinterval Be Onset and Implementation of the Completion of Comp
shock, or heart fallt IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificent cond 22. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	a. Due ro b. Due ro c. Due ro d. HOSPITAL: 1 1 Inpatient: 2 28a. DATE O (Month, I	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	TO DOA 1 200. TILL	npt ente	Box or the mo	elace of D	oling, suc	Part I.	24a. WAS A PERFC 1 YES	N AUTOPSY RMEO?	24	Approximatinterval Be Onset and Implementation of the Completion of Comp
shock, or heart falls IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificent cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	a. Due To b. Due To c. Due To d	O (OR AS A CONS	BEQUENCE C	OF): OTHE 4 Nu	Box or the mo	elace of Draw 5 Royal Art Onk?	given in	Part I.	24a. WAS A PERFC 1 _ YES	N AUTOPSY PRIMEO? INJURY OC and Numbur and Numbur	24	Approximatinterval Be Onset and Implementation of the Completion of Comp
shock, or heart fallt IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificent cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigat 3 Suicide 8 Could not detarmine 29a. CERTIFIER (Check only)	a. Due To b. Due To c. Due To d	D (OR AS A CONS D (OR AS A CON	DOA 26b. Till like home, ferm, death occur	OF): OF): OTHE 4 Nu ME OF INJURY M street, fac	Box or the me conderiying 26. Pr 28c. IN. 28c. IN. 1 □ ctory, office	DLACE OF D TO STY AT OUR	given in	Part I.	24a. WAS A PERFC 1 YES	N AUTOPSY RMEO? 2 NO INJURY OC	24 CCURED or or Rural ated.	Approximatinterval Be Oneet and Jim Indiana Be Oneet and Jim Indiana Be
shock, or heart fallt IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liat conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificent cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 Netural 5 Pending Investigat 3 Suicide 8 Could no detarmine 29a. CERTIFIER (Check only One) 2 MEDICAL EXA	a. Due To b. Due To c. Due To d	D (OR AS A CONS D (OR AS A CON	DOA 26b. Till like home, ferm, death occur	OF): OF): OTHE 4 Nu ME OF INJURY M street, fac	Box or the me conderiying 26. Pr 28c. IN. 28c. IN. 1 □ ctory, office	I 186 ode of dy UN () Ig cause () PLACE OF D The 5 Ri JURY AT ORK? YES 2 ce e end place death occur	given in	Part I. Part I. 28d. D 28f. LC	24a. WAS A PERFC 1 YES	N AUTOPSY PRIMEO? 2 NO INJURY OCIAN AND AND AND AND AND AND AND AND AND A	ccured ar or Rural ated.	Approximatinterval Be Oneet and Jim Indiana Be Oneet and Jim Indiana Be
shock, or heart fallt IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other eignificent cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigat 3 Suicide 8 Could not detarmine 29a. CERTIFIER (Check only)	a. Due To b. Due To c. Due To d	D (OR AS A CONS D (OR AS A CON	DOA 26b. Till like home, ferm, death occur	OF): OF): OTHE 4 Nu ME OF INJURY M street, fac	Box or the me conderiying 26. Pr 28c. IN. 28c. IN. 1 □ ctory, office	I 186 ode of dy UN () Ig cause () PLACE OF D The 5 Ri JURY AT ORK? YES 2 ce e end place death occur	given in	Part I. Part I. 28d. D 28f. LC	24a. WAS A PERFC 1 YES	N AUTOPSY PRIMEO? 2 NO INJURY OCIAN AND AND AND AND AND AND AND AND AND A	ccured ar or Rural ated.	Approxima interval Be Onset and interval Be



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNEALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fineral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to bunial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	eath. Page 6 may be retained by the hospi	funeral director, page 5 should be detached		caminer must be notified at once.
000=	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	i filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	APORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex

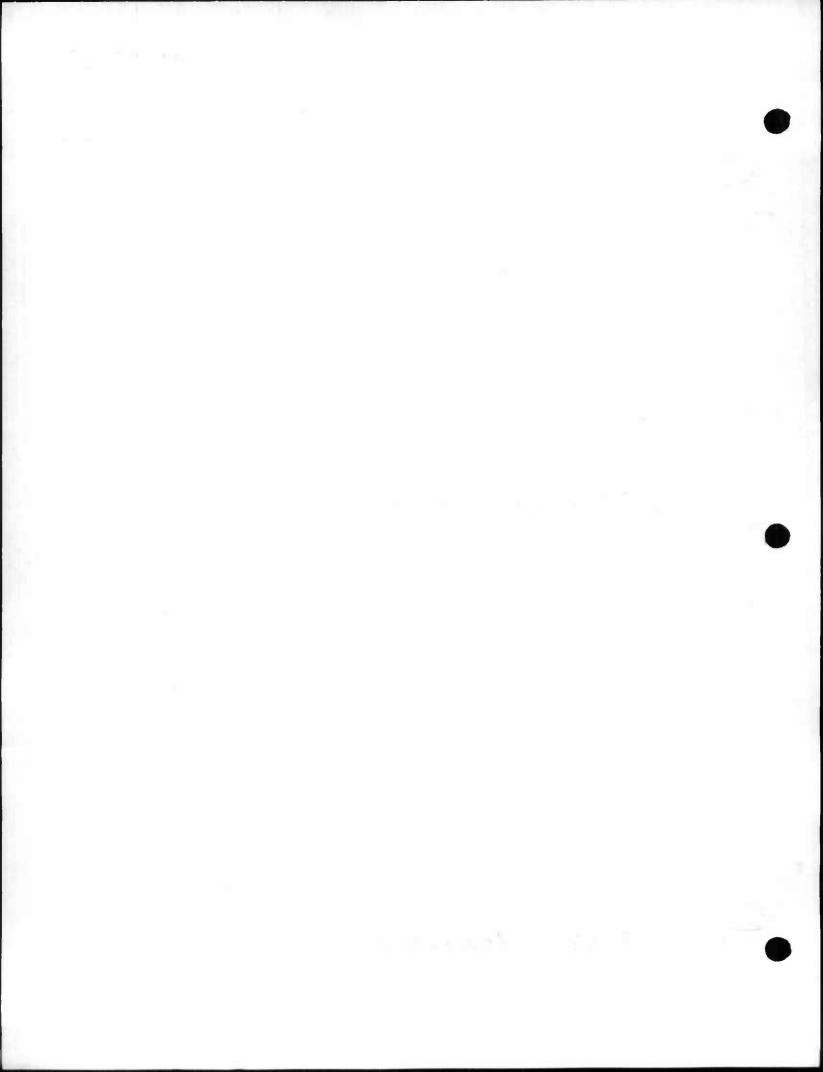
1. DECEDE	STRAR NT'S NAME (First, Middle, Last)	- N	BIC	Ollor	·	UF	DEAT	п	2. DATE O	Di	AY	YEAR	3. TIME OF DEATH
	CHARLOTTE N. BISCHUF 8. 31 9									41	II A M		
11,70,000	4-3072	5. SEX	6. AGE (In yrs. 84	YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE O	Ti 19	07		PLACE (State or Foreign Fyland
9a. FACILIT	Y NAME (if not institution, give					TOWN (OR LOCATIO	ON OF DE	EATH		9c. COU	NTY OF D	EATH
10E	DEN OHKS	NURSI	NG CE	ENTER	JAP	TUR	EL	, 1	D		Pri	nce	Georges
RESIDEI	NCE OF DECEDENT	v		10c CI	Y, TOWN C	OR LOCAT	ION	1					10d. INSIDE CITY
Mary:	land Princ	ce George	's		owie								LIMITS? 1 YES 2 NO
15201200	T AND NUMBER					10	. ZIP CODI						HAT COUNTRY?
	13425 Forest				-		207				-		tates
	Merried 2 Married wed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE 1	IT EVER IN U.S. I YES 2 {	ARMED	3	lf yea, sp		n, Mexica	n, Puerto Ri	(Specify Yellican, etc.)	or No—	14. RACE — American Indian, Black, White, etc. Specify: White	
	15. DECEOENT'S EDU	JCATION	18a.	DECEDENT'S	USUAL O	CCUPATION	ON		18b.	KIND OF BU	SINESS/INE	USTRY	
	(Specify only highest grad tery/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u omemak	ree retired.)	during mo	at of workir	ng		Own I	lome		
	'S NAME (First, Middle, Last)		12.00	memar			*15. MOT	HER'S NA	ME (First, M	iddle, Maiden	Sumame)		
	.Ia	ames A. N	orton				Н	etti	e	Kid	lwell		
19a. INFOR	MANT'S NAME (Type/Print)		OZ COM	19b. MAILING	ADDRES:	S (Street i				er, City or Tow	n, State, Zip	Code)	
Mrs.	Jean B. Crah	oill Daug	hter	1B No	rthw	av (reen	belt	. Mai	ryland	1 20	770	
20a, METH	Irs. Jean B. Crabill Daughter 1B Northway Greenbelt, Maryland 20770 METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of commeter), cremetory or Other place) 20c. LOCATION — City or Town, State 20c. Document 20c. Document												
1	Pobut	EEUT	ens 1	Pres		Beal 1600	00 An	vans	Fune		Bowie	, Ma	ryland20715
IMMEDIA disease d	I Enter the diseases, or ehock, or heart fellure. TE CAUSE (Finel or condition in deeth)	e. Acc	at caused the use on each I	ine.	C				ch es cerdi		Fail	rest,	Approximate Interval Between Onset and Daeth
if any, ied	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING b. DUE TO (OR AS A CONSEQUENCE OF): CONSEQUENCE OF):												
CAUSE (I	nter UNDERLYING Disease or injury sted events In death) LAST	cO	OF AS A CON	SEOUENCE (He OF):	ar		re	ilut	<u>e</u> ,			
		d											
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 ONO 1 VES 2 ONO 1 VES 2 ONO									AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
25. WAS CA	NSE REFERRED TO MEDICAL	1100001711					LACE OF C	EATH (C	neck only one	9)			
	ES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 XNu		ne 5 🗆 R	esidence	8 🗆 Other	(Specify)			
1 X No							IME OF Sec. INJURY AT WORK? M 1 YES 2 NO			28d. DESCRIBE HOW INJURY OCCURED			
3 Suicide 8 Could not be determined City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number of Rural Route Number of Town, State)									Route Number,				
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.													
(Check	J,	All the second	examination and	or investigat	lon, in my	opinion,	death occu	red at the	time, date	and place, a	nd due to t	he cause(i	a) and manner as stated.

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randell



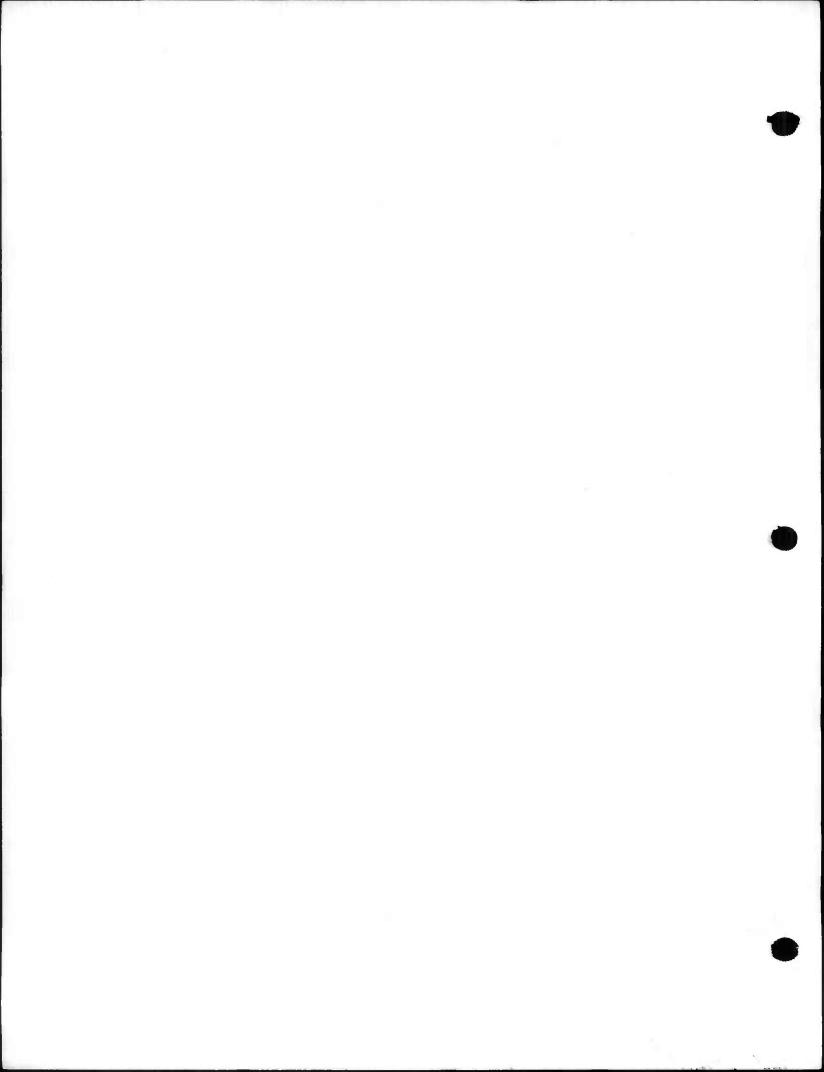
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Deut, of Heath and Mental Hypiene prior to burial, cremation, or removal	
spital or	hed for us	
y the ho	be detac	at once
etained t	should	ptiffed
nay be r	page 5	it be n
30e 6 n	director	er mus
death.	e funeral	examin
urs after	in by th	edical
in 24 ho	ely filled	the T
rted with	complet	c event
be exec	cian and ior to bu	raumati
ertificate	ing physi	other t
death c	Aental Hy	ury, or
that the	th and I	any in
requires	been sign	shows
The law	ate has	tem 23
SICIAN	th the S	d, or 1
ING PHY	After this death wit	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ATTEN	ECTOR:	1 28 is
TAL OR	JAL DIR	If Item
E HOSPI	E FUNEF	RTANT:
TO TH	TO TH	IMPO

	1 - FOR STATE REGISTRAR	STATE OF MAR		RTMENT OF		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) Anna L. Bergero 4. Social Security Number					2. DATE OF DEATH MONTH D.	AY YE	S. TIME OF DEATH 250 A M		
)	037-24-3474	1 □ M 2XXF 8	GE (In yrs. last birthday) 3 yrs.	MONTHS DAYS		Sept. 4,	1000	BIRTHPLACE (State or Foreign Country) hode Island		
OR	9e. FACILITY NAME (If not institution, give s Crofton Convales	treet and number) ent Center		Ob. CITY, TOWN	OR LOCATION OF I	DEATH	oc county Anne	of DEATH Arundel		
FUNERAL DIRECTOR	Maryland Prince	e George's		ry, TOWN OR LOC				10d. INSIDE CITY LIMITS? YXX YES 2 \(\square\) NO		
RAL	10e. STREET AND NUMBER				IOF, ZIP CODE			OF WHAT COUNTRY?		
-UNE	15907 Ann Arbor	Court 12. WAS DECEDENT EVE FORCES? 1 7	R IN U.S. ARMED	13. WAS D	20716 ECENDENT OF HISP	ANIC ORIGIN? (Specify Yes		ted States RACE — American Indian,		
₽	1 Never Married 2 Married 3 WWIdowed 4 Divorced	IF YES, GIVE WAR OF NO			ES 2 NO Spec	can, Puerto Rican, atc.)	С	Black, White, etc. Specify: AUCASIAN		
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)		USUAL OCCUPA work done during i se retired.)	TION nost of working	16b. KIND OF BUS		FRY		
COM	17. FATHER'S NAME (First, Middle, Last) Emilio Iabazzo		Owner		18. MOTHER'S N	Restara AME (First Middle, Melden ina Olivier				
TO BE	190. INFORMANT'S NAME (Type/Print) Marguerite Spetr:	ini	19b. MAILING Same	as # 10		I Route Number, City or Tow		de)		
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem. 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DATE cameters, or of St. Ann S	of DISPOSITION (Nama of		cation - city			
	21. SIGNATURE OF PUNETAL SERVICE LIC	E Eva	MD Pa	1600	O Annapol	Funeral Hom Lis Rd. Bow	ie,MD	20715		
	23. PART I. Anter the diseases, or o shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	of the Ce	entire		tailu	ratory arrast,	Approximate interval Between Onset and Daath		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): C. CALLIVIVITY CALLING ACCUMENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
ERTIF										
PHYSICIAN: MEDICAL C	PERFORMED? 1 YES 2 NO							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. I	PLACE OF DEATH (C	heck only one)				
HYS	1 TYES 2 NO 27. MANNEB-OF DEATH	1 Inpatient 2 ER/O	RY 28b. TIM	4 Nursing Ho	me 5 🗆 Residence	6 Other (Specify)	I Illay occupa	ED.		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year	Wear) INJURY WORK? M 1 YES 2 NO			3000000				
ETE	3 Suicide 4 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)									
COMPLETED		CIAN: To the best of my kn R: On the besis of examins						use(a) and manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	now	64		29c. LICENSE NU	828	29d. DATE SIG	GNED (Month., Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type)	Print) 75?	J Reto	lie Hwy.	- Cley 1	Burnie des		
	31. DATE FILED (SEP 10 191	32, REGISTRAR'S SI	avidson-Rand	182				2,06)		



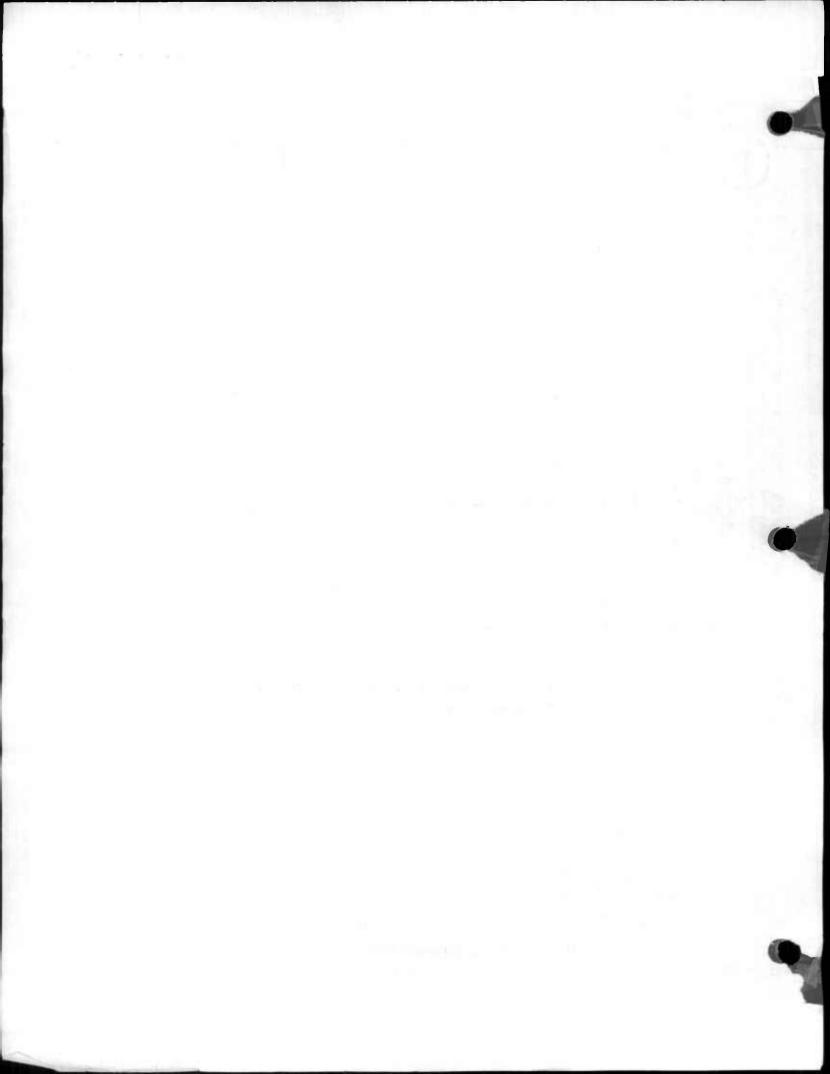
Four after death, Page 6 may be retained by the hid in by the funeral director, page 5 should be detain or removal. medical examiner must be notified at onc	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital properties of the second se	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
F 0 0 6	SICIAN; The law requires that the death certificate be executed within 24 m	certificate has been signed by the attending physician and completely filled by the State Dept, of Health and Mental Hyglene prior to burial, cremation, or	d, or item 23 shows any injury, or other traumatic event, the n
SICIAN: The law requires that the death certificate be executed within excertificate has been signed by the attending physician and completely filler the State Dept. of Health and Mental Hygiene prior to burial, cremation, or litem 23 shows any injury, or other traumatic event, the	TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with	IMPORTANT: If item 28 is marked

1. BECCEPT NAME (PIN, MORAL LAT) 1. SEEX 1. SOCIAL SCORNEY NAME (PIN, MORAL NAME) 1. SEEX 1. SOCIAL SCORNEY NAME (PIN, MORAL NAME) 1. SEEX 1. SOCIAL SCORNEY NAME (PIN, MORAL NAME) 1. SEEX 1. SOCIAL SCORNEY NAME (PIN, MORAL NAME) 1. SEEX 1. SOCIAL SCORNEY NAME (PIN, MORAL NAME) 1. SEEX 1. SOCIAL SCORNEY NAME (PIN, MORAL NAME) 1. SEEX 1. SOCIAL SCORNEY NAME (PIN, MORAL NAME) 1. SEEX 1. SOCIAL SCORNEY NAME (PIN, MORAL NAME) 1. SEEX 1. SOCIAL SCORNEY NAME (PIN, MORAL NAME) 1. SEEX 1. SOCIAL SCORNEY NAME (PIN, MORAL NAME) 1. SEEX 1. SOCIAL SCORNEY NAME (PIN, MORAL NAME) 1. SEEX 1. SOCIAL SCORNEY NAME (PIN, MORAL NAME) 1. SEEX 1. SOCIAL SCORNEY NAME (PIN, MORAL NAME) 1. SEEX 1. SOCIAL SCORNEY NAME (PIN, MORAL NAME) 1. SEEX 1. SOCIAL SCORNEY NAME (PIN, MORAL NAME) 1. SEEX 1. SOCIAL SCORNEY NAME (PIN, MORAL NAME) 1. SEEX 1. SEEX 1. SOCIAL SCORNEY NAME (PIN, MORAL NAME) 1. SEEX 1. SOCIAL SCORNEY NAME (PIN, MORAL NAME) 1. SEEX 1. SOCIAL SCORNEY NAME (PIN, MORAL NAME) 1. SEEX 1. SOCIAL SCORNEY NAME (PIN, MORAL NAME) 1. SEEX	1 - STATE REGISTRAR	STATE OF MARYLAND) / DEPARTMI Certifica			MENTA	L HYGIENI REG. NO.	Ē		
185-26-3168	1. DECEDENT'S NAME (First, Middle, Las	BAILEY	,					Y 6		TIME OF DEATH
THE STOCK POWER OF DESCRIPTION OF SHAPE AND ADMENT OF DEATH AND ADMENT OF DEACH AND AD			MONT	_			th, Day, Year)		Country	
Sequentially list conditions Sequentially list conditions	a. FACILITY NAME (If not institution, give					EATH	17 -			
Maryland Anne Arundel Edgewater 100.2006 100.000000 100.000000 100.0000000 100.0000000 100.0000000000								Mont	7	
LANTIAL STATUS SAME					ON					LIMITS?
MARTIAL STRING MINESTER AND CONTROL OF THE ALL AND AND PROCESS 1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	o. STREET AND NUMBER	1 00 1000			ZIP CODE	4 *	7 ~			
Widowed Grammer 10 year 20 working 10 year 20 working 10 year 20 working 10 wo	A A STATE OF THE S	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	ARMED	13. WAS DECI	cify Cuban, Maxica	n, Puerto			4. RACE — Black, W	
Clima billing from control working Clima billing from control working Control and control working Control and control working Control and co	_	IF YES, GIVE WAR OR DATES		1 🗌 YES	2 A NO Specif	y:			Specify:	HITE
The Norther's NAME (First. Models, Last) Solid Arthur Boyer Norther's NAME (First. Models, Associal Learny Boyer Norther's NAME (First. Models, Associal Learny Boyer Norther's Name (First. Models, Associal Learny Solid Name) Norther's Name (First. Models, Associal Learny Solid Name) Norther's Name (First. Models, Associal Learny Solid Name) Norther's Name (First. Models, Associal Learny Norther's	(Specify only highest gra	College (1-4 or 5 +)	(Give kind of work of life. Do NOT use reti	done during mos ired.)	et of working					an Sanitat
Lester Railey Husband 1621 Fairhill Drive Edgewater, Maryland 21037		Во	yer			ME (First,		Surname)	Coı	
20. PLACE OF DISPOSITION Sizes Size Si		lev Huchand								21037
23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cerdisc or reapiratory errest, shock, or heart failure. List only one cause on asch line. MMEDIATE CAUSE (Finel disease or condition as the caused the death. Do not antar the mode of dying, such as cerdisc or reapiratory errest, and consider the caused the death. Do not antar the mode of dying, such as cerdisc or reapiratory errest, and consider the caused the death. Do not antar the mode of dying, such as cerdisc or reapiratory errest, and consider the caused the death. Do not antar the mode of dying, such as cerdisc or reapiratory errest, and consider the caused the death. Do not antar the mode of dying, such as cerdisc or reapiratory errest, and consider the caused the death. Do not antar the mode of dying, such as cerdisc or reapiratory errest, and consider the cause of the consideration of the considerat	On METHOD OF DISPOSITION Buriel 2 Cremation 3 Re	20b. PLA								
APART I. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQ	1. SIGNATURE OF FUNERAL SERVICE		Ones							vland 2071
AMAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 28. DATE OF INJURY 1 Netural 5 Pending Investigation 2 Accident 1 Per 2 Pending Investigation 2 Pending Investigation 2 Pending Investigation 2 Pending Investigation 3 Suicide 6 Could not be determined 2 Pending Investigation 2 Place Of INJURY At home, farm, street, factory, office 2 Place Of Injury At Pending Investigation 3 Suicide 6 Could not be determined 2 Place Of Injury At home, farm, street, factory, office 2 Place Of Injury At Pending Investigation 3 Suicide 6 Could not be determined 2 Place Of Injury At home, farm, street, factory, office 2 Place Of Injury At Pending Investigation 3 Suicide 6 Could not be determined 2 Place Of Injury At home, farm, street, factory, office 2 Place Of Injury At Pending Investigation, In estigation, In Investigation, Investigation, Investigation, Investigation, Investigation, Investigation, Investigation, Investigation, Investigation, I	Gequentially list conditions, f any, leading to immediate sauce. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	b. Diabet DUE TO (OR AS A COM	NSEQUENCE OF):	ardi	omy of	nto	Ly.			Onset and Daatr
EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 DOA 2 DOA	PART II. Other eignificent conditi	one contributing to death but n	ot resulting in th	ne undarlying	g causa given in	Part i.	PERFOR	RMED?	CC	AILABLE PRIOR TO HIPLETION OF CAUSE DEATH?
7. MANNER OF DEATH 1. Netural 2	EXAMINER?	HOSPITAL:		THER:						
28e. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide 5 Could not be 4 Homicide 6 Could not be 4 Homicide 6 Could not be 5 CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Pey, Veer) 3 7247 29d. DATE SIGNED (Month, Pey, Veer)	1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ WO	URY AT	T		NJURY OCC	URED	
(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 9b. SIGNATURE AND THE DESCRIPTION 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Pay, Vear)	3 Suicide 6 Could not i	28e. PLACE OF INJURY — A building, atc. (Specify)	At home, farm, street	t, factory, office	15			and Number o	or Rural Rout	e Number,
9b. SIGNATURE AND THE DECEMBER 29d. DATE SIGNED (Month, May, Near) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, May, Near) 37247 29d. DATE SIGNED (Month, May, Near)	(Check only									nd manner as stated.
O. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WILLIAM FOX, H.D. 2KNOLL NORTH OCIEN COLUMN MIN 21A	0			,			45			
11. DATE FILED (Moon) Day, Year) 32. REGISTRAR'S SIGNATURE	Willian	NFOX, M.D	. 2	"Kno!	1 Nort	28	rive	Colu	ulda	MD 2104



la o	JO.	
dsou	ched	ej.
after death. Page 6 may be retained by the hospital or	det	5
A D	B	P P
faire	Shou	ŧ
20	8	9
may	H ×	H
9 96	9	Ē
T.	Till I	all
O S	3	B
after .	A th	cal
SUNO	HI F	Dem
24 1	filler ion.	the
vithin	pletely	ant,
bed v	comp al. c	ev
EXECT	and o	natic
De De	ician ior t	ושה
ficate	phys of an	her
Cert	Hydie	10 1
death	afte	ıy,
the	y the	를
that	ned b	any
puires	Hea Hea	SW0
W rec	beer of	Sh
he la	has be	m 2
AN: T	ificate Stat	2
SICI	the the	d, 0
PH	r this	ar e
DING	Afte	E
UTEN	after	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be mained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the the funeral director, page 5 shound be detached for be filled within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or mimore.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be nutified at once.
TAL	RAL	=
HOSP	FUNE	TANT
THE	THE	POR
2	2 %	E

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPAR	RTMENT	OF H	EALTH DEAT	AND I	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) Andrew KERF(2. DATE OF DEATN	AY YEA	3. TIME OF DEATH 1:30 A. M
	4. SOCIAL SECURITY NUMBER 5	SEX 6. AGE (In yrs. In	st birthday)	IF UNDER		IF UNDER	-	7. DATE OF BIRTH	8. BI	IRTNPLACE (State or Foreign
	212-10-0337 1 9a. FACILITY NAME (If not institution, give stree	M 2 F 86	5 YRS.	MONTHS Sh. CITY	DAYS TOWAL O	HOURS	MIN.	(Month, Day, Year) 10/16/(Maryland
FUNERAL DIRECTOR	DOCTORS COMMUNITY			LANH		n LOUATIC	OF DE			GEORGE 'S
EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN C	R LOCATI	ON				10d. INSIDE CITY
DIR	Md. Princ	ce Georges	U	Inive	rsit	y Pa	rk			LIMITS?
7	10e. STREET AND NUMBER				101.	ZIP CODE			10a CITIZEN	OF WHAT COUNTRY?
ER/	4212 East West H	ωv				207	82			
S		2. WAS DECEDENT EVER IN U.S. AF	RMED	13.	WAS DECE			IC ORIGIN? (Specify Yes		S.A.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES 2 THE IF YES, GIVE WAR OR DATES	NO	- 31	1 yea, spe	elfy Cubar 2 X NO	ı, Maxicai	7, Puarto Rican, atc.)	6	Black, Willa ite e
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con		ECEDENT'S	USUAL O	CUPATIO	N		16b. KIND OF BU	SINESS/INDUSTP	ty .
<u> </u>		College (1-4 or 5+)	Bive kind of b. Do NOT u	se retired.)	unng mos	t of working	g			
MP	12th		Insid	le Re	pair	man		Potomac	Telep	home Co.
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTN	ER'S NA	ME (First, Middle, Maiden		
BE	Brice Bowie, Sr.					S	arah	Elizabeth	n Kerfo	ot
10	18a. INFORMANT'S NAME (Type/Print)							loute Number, City or Tow		
	Frances H. Bowie		4ZIZ	Last	Wes	E HW	y . U	niversity	Park. 1	
	1 Donation 5 Other (Second)	cemetery, cre	ematory or o	ther place!				1		
	21. SIGNATURE OF TUNERAL SERVICE LICENS	fee / Port	Line	22.1	NAME AND	ADDRES	S OF FAC	CILITY	rentwoo	
	1 put 131	Solven		Ga	sch'	s Fun	nera	1 Home 473	39 Balt	imore Ave.,
	23. PART I. Enter the diseases, or com	pilications that caused the det only one cause on each line	ath. Do r	not antar	tha mod	a of dylr	ng, suct	as cardiac or respi	retory arrest,	Approximata
		- 1		,	, _	/				Intarval Batween Onset and Death
	disease or condition reaulting in death)	OUE TO GRAS A CONSE	e He	ear t	10	-1/0	10			6mos.
		OUE TO OR AS A CONSE	OUENCE O	7				1,		
Z	Sequentially list conditions, b.	ISChem;	-	0-	dio	mye	محرد	thy.		1 41.
CERTIFICATION	If any, leading to immediate	OUE TO (OR AS A CONSE	OUENCE O	F):		,	7			
2	CAUSE (Disease or injury									
Ë	that initiated events reaulting in death) LAST	OUE TO (OR AS A CONSE	OUENCE O	F):						
5	d									
	PART II. Other significant conditions o	ontributing to death but not i	resulting	in the un	darlying	capse gi	wen in_	Part I. 24s, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
CAL	April Stene	osis, Colon	(0	P	20-	101	e (PERFOR	IMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDI	Presend A	antonice						1 🗆 YES 2	- NO	OF DEATH?
2		20/601141						-		1 YES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL				26 PLA	CE OF DE	ATH (Cho	ck only one)		
Sic		OSPITAL: Inpatient 2 - ER/Outpatient 3		OTHER	:					
ΞI	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM		ing Hame 28c, INJU		Idence 1	28d. DE\$CRIBE NOW II	WIEW COOLINGS	
	1 Natural 5 Pending	(Month, Day, Year)		URY	WOR	K? 1	NO.	200. DESCRIBE NOW II	IJUNY OCCURED	,
B	2 Accident Investigation 3 Suicide Could get be	28s. PLACE OF INJURY A1 ho	me farm s	ttrant facto		3 2	NO	and I control (or	-144	
COMPLETED	4 Nomicide 8 Could not be determined	building, atc. (Specify)		Tout, racto	ay, omea			28f. LOCATION (Street a City or Town, State)	na number or Hur	al Houte Number,
2	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the best of my knowledge, da	isth occurre	ed at the tir	ne, data a	nd placa,	and dua t	to the cause(a) and man	mer as stated.	
8	one) 2 MEDICAL EXAMINER: 0	In the basia of axamination and/or	investigatio	n, in my op	olnion, de	ith occure	d at the t	lme, data and place, an	d due to the caur	ee(a) and manner as stated.
	286. SIGNATURE AND ATLE OF PERMITER	- 00	_			29c. LICEN				NEB (Month, Day, Year)
BE	Stut L	Cit						201		6 91
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITE	M 27) (Type.	Print)		-		2001010	- J-	171
	Stuart T. 167	kewitz.	, 1.77	3	10	ens	be !	14, 1nd.	とのアラ	Dr. #430
	SEP 1 91	32. REGISTRAR'S SIGNATURE								



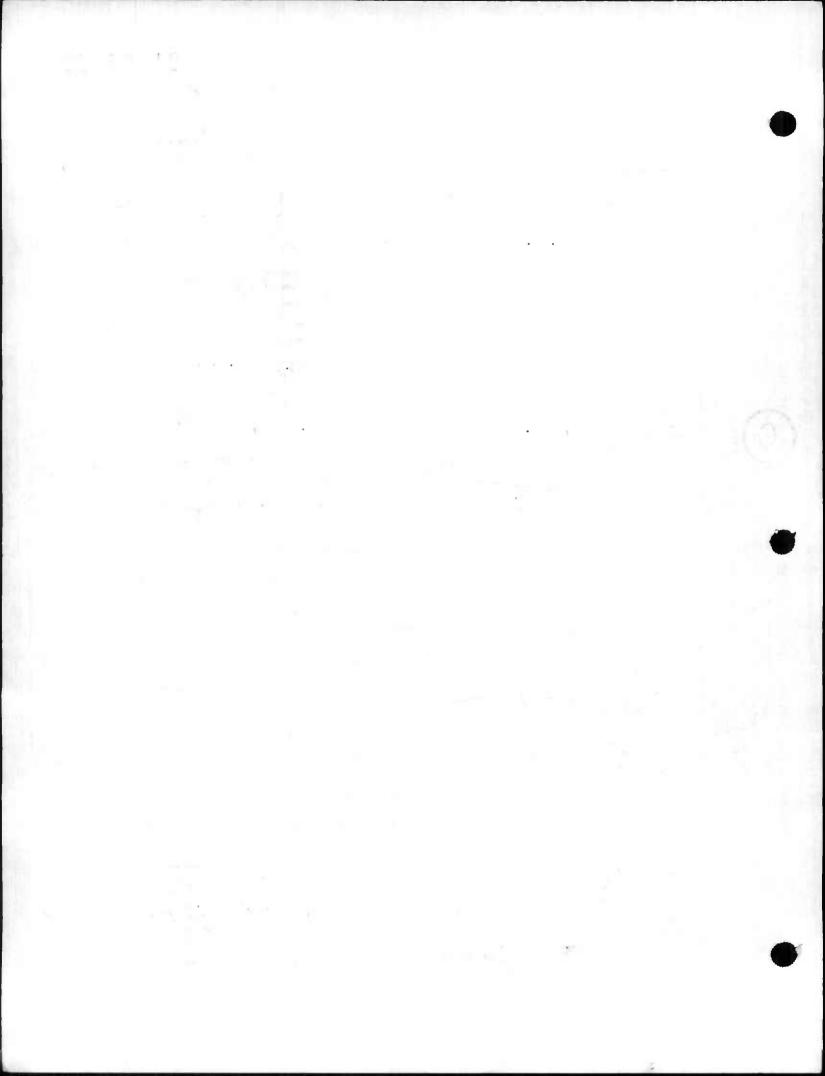
S should		
Jes 1, 2,		
ermit. Pag		
-transit p		
the buria		
r use as		
ached to	ce.	
n pe de	od at on	
1	e notifi	
E JOHN THE	must b	
funeral di	xaminer	
in by the removal.	edical e	
nation, or	I, the m	
d complet	ic even	
sician and	traumal	C. Person
nding phy Hygiene	or other	
the atte	injury,	
signed by Health an	ws any	
has been Dept. of	1 23 she	
certificate the State	, or iten	
INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, may 5 and 1 be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	NNT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
ECTOR: A	n 28 is	
ERAL DIR	T: If Her	
35	3	

1. DECEDENT'S NAME (First, Middle, Last)			CERTIF	ICATE O	DEATH	2. DATE OF DEAT			3. TIME OF DEATH
	THANIEL	DD At	WNER			MONTH	DAY	YEAR	
4. SOCIAL SECURITY NUMBER	5. SEX		VINER yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	13	91 Ta BIRT	HPLACE (State or Foreign
	TY M 2 F	28	YRS.	MONTHS DAYS	-	(Month, Day, Ye 9 29	1962	Coun	
217-86-6247 9a. FACILITY NAME (If not institution, give	1	40		Sh CITY TOWN	OR LOCATION OF			DUNTY OF	
PRINCE GEORGE'S		L CENT	TER		ERLY	PEATI.			GEORGE'S
10a. STATE 10b. COUNT	P. G.			y, town on Localensburg					10d. INSIDE CITY LIMITS? YES 2 NO
10e, STREET AND NUMBER					10f. ZIP CODE		10g. 0	CITIZEN OF	WHAT COUNTRY?
5800 Annapolis	Road #2	210			20710		Ţ	JSA	
11. MARITAL STATUS 1 XNever Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDE FORCES? IF YES, GIVE	NT EVER IN U.	2 NO	If yes,	ECENDENT OF HISF aposits Cuben, Mex ES 2 NO Spe	ANIC ORIGIN? (Speci ican, Puerto Rican, at offy:	y Yea or No-	Spe	CE — American Indien, ck, White, etc.
15. DECEDENT'S EDI		16	8e. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND O	F BUSINESS/	INDUSTRY	
(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5	i+)	(Give kind of life. Do NOT u	work done during a se retired.)	most of working				
12th Grade			Cuatome	er Serv	ice Rep.	U.S.	A. Too	lay	-
17. FATHER'S NAME (First, Middle, Last)						NAME (First, Middle, M			
Unknown		hu.		-80	Sharon	Brawner	}	6	
19e, INFORMANT'S NAME (Type/Print)						al Route Number, City		, ,	
Stuart Johnson,	Jr.		5800 A	Annapol:	is Rd. #	210, Blad	ensbu	rg, M	d. 20710
20e. METHOD OF DISPOSITION 1√2 Burlel 2 □ Cremation 3 □ Rer	novel from State		PLACE AND DAT	E OF DISPOSITION	ON (Name	DATE 20	c. LOCATION	— City or 1	Town, State
4 Donetion 5 Other (Specify)	NOVE TONI OTERC		mony Me		Dark	5/17/91	Land	dover	Md.
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	22000							
	A			22. NAME	AND ADDRESS OF	FACILITY			
· Du	the	$\overline{}$		Sam]	and address of Butler F	ineral Se	rvice		
23. PART I. Enter the diseases, pr	de	net ceused ti		22. NAME Sam 1 716 1	AND ADDRESS OF Butler Fi Kennedy	raciusty uneral Se St. N. W.	rvice Wash	ingto	
23. PART I. Enter the diseases, pr ahock, or heert fellure	complications th	et ceused to	the death, Do	22. NAME Sam 1 716 1	AND ADDRESS OF Butler Fi Kennedy	raciusty uneral Se St. N. W.	rvice Wash	ingto	n, D. C. 20
ahock, or heert fellure IMMEDIATE CAUSE (Final disease or condition	complications th	et ceused to	the death, Do	22. NAME Sam 1 716 1	AND ADDRESS OF Butler Fi Kennedy	raciusty uneral Se St. N. W.	rvice Wash	ingto	n, D. C. 20
ahock, or heert feilure IMMEDIATE CAUSE (Final	complications the List only one ce	UW	the death, Do	22. NAME Sam 1 71.6 1 1 1 1 1 1 1 1 1	AND ADDRESS OF Butler Fi Kennedy	raciusty uneral Se St. N. W.	rvice Wash	ingto	n, D. C. 20
ahock, or heert fellure IMMEDIATE CAUSE (Final disease or condition	complicatione the List only one ce	O (OR AS A C	the death. Do	22. NAME Sam] 716	AND ADDRESS OF Butler Fi Kennedy	raciusty uneral Se St. N. W.	rvice Wash	ingto	n, D. C. 20
shock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complicatione the List only one ce	O (OR AS A C	onsequence of	22. NAME Sam] 716] Total of the results of the re	AND ADDRESS OF BUTLET FY Kennedy Strong of dying, s	racilify ineral Se St. N. W. uch ae cerdiac or	rvice Wash: respiratory	ingto	n, D. C. 20
shock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complicatione the List only one ce	O (OR AS A C	onsequence of	22. NAME Sam] 716] Total of the results of the re	AND ADDRESS OF BUTLET FY Kennedy Strong of dying, s	in Part i. 24a. W. P.	rvice Wash: respiratory	ingto srrest,	Approximate interval Between Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat
shock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complicatione the List only one ce	O (OR AS A C	onsequence of	22. NAME Sam] 716] Total of the results of the re	AND ADDRESS OF BUTLET FY Kennedy Strong of dying, s	in Part i. 24a. W. P.	rvice Wash: respiratory	ingto srrest,	Approximate interval Between Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat
shock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complicatione the List only one ce	O (OR AS A C	onsequence of	22. NAME Sam] 716] Total of the results of the re	AND ADDRESS OF BUTLET FY Kennedy Strong of dying, s	in Part i. 24a. W. P.	rvice Wash: respiratory	ingto srrest,	Approximate interval Between Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat
shock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complicatione the List only one ce	O (OR AS A C	onsequence of	22. NAME Sam] 716] not enter the r	AND ADDRESS OF BUTLET FY Kennedy Strong of dying, s	in Part i. 24a. W.	rvice Wash: respiratory	ingto srrest,	Approximate interval Between Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat
shock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially liet conditione, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	complicatione the List only one ce s. DUE TO	O (OR AS A CO O death but	onsequence of	22. NAME Sam] 716] not enter the r	AND ADDRESS OF Butler Fit Kennedy Strong of dying, string cause given	in Part i. 24e. W.P.	rvice Wash: respiratory	ingto srrest,	Approximate interval Between Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat
ahock, or heert fellure iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	complicatione the Liet only one ce a. Due To b. Due To d. Due To d	O (OR AS A CO O (OR AS A CO O death but	CONSEQUENCE CONSEQ	22. NAME Sam] 716] not enter the r PF): In the underly 26. OTHER: 4 □ Nursing H ME OF 28c.	AND ADDRESS OF Butler Fit Kennedy Strong of dying, string cause given	in Part i. 24a. W.	TVICE Wash: respiratory AS AN AUTOPERFORMED? ES 2 - MC	ingto srrest,	Approximate interval Between Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat
shock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO C. DUE TO DU	O (OR AS A CO O death but	CONSEQUENCE CONSEQ	22. NAME Sam] 716] not enter the r DF): In the underly 28. OTHER: 4 Nursing H Mursing H	AND ADDRESS OF BUTLET FOR Kennedy Strong of dying, a ring cause given PLACE OF DEATH TO THE STRONG OF THE STRONG	in Part i. 24a. W. P. Check only one) 24 Other (Specific Specific	TVICE Wash: respiratory AS AN AUTOPERFORMED? ES 2 - MC	ingto srrest,	Approximate interval Between Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat
ahock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	complicatione the List only one ce s. DUE To b. QUE To d. DUE TO d	O (OR AS A CO (OR AS A CO (OR	consequence of the consequence o	22. NAME Sam] 716] not enter the r DF): In the underly 28. OTHER: 4 Nursing H Mursing H	AND ADDRESS OF BUTLET FIXENDED STATES OF BUTLET FIXENDED STATES OF DEATH INJURY AT WORK?	in Part i. 24a. W. P. Check only one) 24 Other (Specific Specific	AS AN AUTOPERFORMED? ES 2 - NO	ingto srrest, 24 OCCURED	Approximate interval Between Onset and Deat Onset Onse
ahock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially liet conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WO 27. MANNEY OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO O (OR AS A CO (OR AS A CO O (OR AS A CO O (OR AS A CO) (OR AS A CO O (OR AS A CO)	consequence of the consequence o	22. NAME Sam] 716] not enter the r PF): In the underly OTHER: 4 Nursing H ME OF J Street, factory, o	AND ADDRESS OF BUTLET FOR Kennedy Stands of dying, a ring cause given PLACE OF DEATH TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL	in Part i. 24a. W. P. Check only one) 28t. LOCATION (City or Town,	AS AN AUTOPPERFORMED? ES 2 NOTE: NOT	srest, Sy 24	Approximate interval Between Onset and Deat Onset Onse	
ahock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined	DUE TO O (OR AS A CO (OR AS A CO (OR	consequence of the consequence o	22. NAME Sam] 716] not enter the r PF): In the underly In the underly OTHER: 4 Nursing H ME OF 28c. JURY 1 street, factory, o	AND ADDRESS OF BUTLET FOR Kennedy Stands of dying, a mode of dying, a mode of dying, a mode of dying, a mode of dying a mode o	in Part i. 24a. W. P. Check only one) 28d. DESCRIBE 28t. LOCATION (City or Town,	AS AN AUTOPERFORMED? ES 2 - WO Street and Nur. Street and Nur. Street and Nur.	street,	Approximate interval Betwee Onset and Deat Onset on	

#017 College 1k, Md 20740

Dennis MD 6201 Greenbelt Rd ew is

32. REGISTRAN'S SIGNATURE



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
8	ē		ž
death.	funer		эхаш
after	by the	EVOM:	ical (
hours	ed in	of re	med
n 24	ly fill	ation	the
withi	mplete	Crem	yent,
recuted	oo put	bunial,	atic e
e eg	cian :	or to	MUE.
ificate	physi	ne pri	her to
Cer	nding	Hygir	10 70
death	e afte	Rental	ury, c
at the	by th	and R	E
se the	paul	alth s	an
require	en sig	of He	Shows
MBI	as be	Dept.	23
N: The	cate	State	Item
ICIA	Sertif	the	0
PHYS	r this (be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	arked
DING	Afte	deat	E
TEN	AD!	after	28
DR A	DIREC	OURS	mel
TAL	JAL I	2	=
HOSPI	FUNEF	within	TANT
표	THE	filed	PORT
2	2	pe	Ξ

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPART	MENT OF H	IEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	C. CONA				2. DATE OF DEATN	AY YEAF	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 217–12–2962	1 XM 2 F 6		IF UNDER 1 YEAR FONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 11-14-24	8. Bif Cod	ATHPLACE (State or Foreign unity) Laryland
TOR	sa. FACILITY NAME (If not institution, give some facility Name (If not institution) (If not inst				SVILLE	EATH	9c. COUNTY OF	
L DIRECTOR	Maryland (H	OWARD		TOWN OR LOCAT	2			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	701 Gaither Road	12. WAS DECEOENT EVER IN U.	S. ARMED			784 NIC ORIGIN? (Specify Yes	U.	S.A. WE — American Indian.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FDRCES? TY YES IF YES, GIVE WAR DR DATE		If yes, sp	2 NO Spec	en, Puerto Ricen, etc.)	BI	white
COMPLETED	15. DECEDENT'S EDU (Specify only highest grads Elementary/Secondary (0-12)	CATION 16 completed) College (1-4 or 5+)	life. Do NOT use	rk done during mo retired.)	st of working		SINESS/INDUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Elmer T. Con	away	Insuran	ce Agen	18. MOTHER'S N	I Insura AME (First, Middle, Melden Aura Picket		ustry
TO B	190. INFORMANT'S NAME (Type/Print) Mrs. Ruth Evelyn	Conaway			nd Number or Rural	Route Number, City or Tow	n, State, Zip Code)	
)	20a, METHOD OF OISPOSITION 1 ABurlet 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	cometer La	ACEANODATE OF T. crematory or othe Ke View	Cemete	ry	9/16 Syk	CATION — CIIY OF	Town, Siste
	21. SIGNATURE OF FUNERAL SERVICE LI			HF	ID ADDRESS OF F	FUNERA TILL, MO	K HOY	nE
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CAR	DIO	PUL		ARY A		Approximata interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (DR AS A CO	ling	wi	th m			
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DR AS A CO	NSEDUENCE DF):	69	me_			
MEDICAL	PART II. Other significant condition	ns contributing to death but of	nDt resulting in	tha undariying	ı cause givan in	Part I. 24e. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 XBR/Outpatie		OTHER:	ACE OF OEATH (CI	8 Other (Specify)		
ВУ РНУ	27. MANNER DF OEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME I	DF 28c. INJU	JRY AT	28d. DESCRIBE HDW II	NJURY OCCUREO	
	2 Accident 3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — building, etc. (Specify)	At home, larm, atre	nat, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or Rura	I Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSI 2 MEDICAL EXAMINE	CIAN: To the best of my knowledg R: On the basis of exemination an	e, death occurred d/or investigation,	st the time, data in my opinion, de	and place, and du	to the cause(a) and man	ner se stated.	e(s) and manner as stated.
TO BE C	296. SIGNATURE AND TOTAL OF CERTIFIES	MD			29c. LICENSE NU	MBER 515	29d. DATE SIGNI	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WIN	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, P	rint) 8	ANCH	OR ST	WESI HI	NSIER MD
	SEP 17 '91	32 REGISTRAR'S SIGNATURAL Prelia Davidson-1			2 2-			21157.

Doze to

- F 22 - 1

James Jack Holling H. Stellar Jackson Jackson Holling Research

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** 2. DATE OF OEATH
9- 6-1. DECEDENT'S NAME (First, Middle, Last) CLIFTON LOREN CLEVENGER Clifton, Clevenger 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 0906 - 02 IF UNDER 24 HRS. DAYS HOURS 578-01-2516 1 X X 2 - F permit. Pages 1, 2, 3 should 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Montgomery, General, Hospital Olney 10c. CITY, TOWN OR LOCATION Maryland Howard Highland FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 13676 Clarksville Pike 20777 detached for use as the burial-transit 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Nothe hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S.A.MED FORCES? 1 YES 2 FORO LAND 21215-0020 1 Never Married 2 Married If yes, specify Cuban, Maxican, Pu FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(China kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Self Contractor once. 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) म ieiserzack Cleavenger
190. INFORMANT'S NAME (Type/Print) Maggie Vanguilder BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 13676 Clarksville Pike Ella Clevenger Highland, MD pe 20a. METHOD OF DISPOSITION
1 □ Burial 2 A Cremation 3 □ Removal from State 20b. PLACE ANO DATE OF DISPOSITION (Name 20c, LOCATION -- City or Town, State must of cemetary, crematory or other place) BALTIMOF n by the funeral director removal. 4 Donation 5 Other (Specify) 21. SIGNATURE OF TUNERAL SERVICE examiner 22. NAME AND ADDRESS OF FACILITY 7601 Sandy Spring Rd. Laurel, HD ovel medical h. Do not anter the mode of dying, such as cardiac or respiratory arrest, 23. PART I. Enter the diseases, or complications that caused the de filled in by shock, or haart failure. List only ona 5 IMMEDIATE CAUSE (Finei been signed by the attending physician and completely fille it. of Health and Mental Hygiene prior to burial, cremation, the HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 disease or condition Isteral neum ouid. resulting in death) event. DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequantielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other t DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s, WAS AN AUTOPSY PERFORMED? MEDICAL Dementia 2 shows any 1 | YES 2 | NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) After this certificate had death with the State Dismersed, or item item HOSPITAL OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 🗆 Nurs ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY 28b. TIME OF 28c, INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Sulcide FUNERAL DIRECTOR: A 1 within 72 hours after de RTANT: It item 28 is 49 ETED 8 Could not be 4 Homicide IMPORTANT: It Item : COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER THE F BE 370 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) OUNEY M

32. REGISTRAR'S SIGNATURE ulia Davidson Randalle

SEP 12 91

YEAR

9c, COUNTY OF DEATH

USA

Montgomery

10g. CITIZEN OF WHAT COUNTRY?

3. TIME OF DEATH

10:30

8. BIRTHPLACE (State or Foreign

Virginia

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

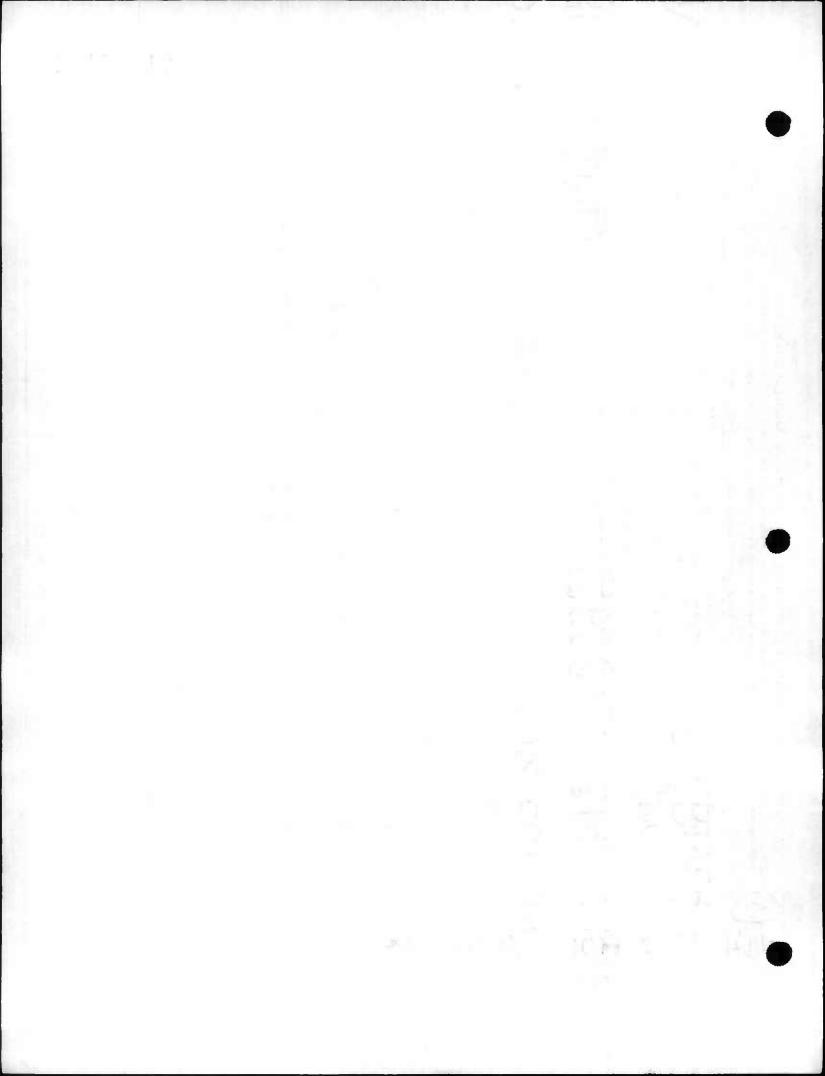
Specify: White

20777

1 YES 2 1 NO

Laurel, Maryland Fleck Funeral Home, Inc. 20707 Approximate Onset and Death 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 TYES 2 NO 281. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) DHMH-18 Rev 1/89

	FOR STATE REGISTRAR	STATE OF MARYLA	OERTIFIC			MENTAL	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)		1111111			2. DATE	OF DEATH		3. T	TIME OF DEATH
		Mr. Earl The				Sept	. 4	1991		5:05P.M. M
	4. SOCIAL SECURITY NUMBER 104-01-2066	1 X XM 2 □ F 72	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Jan.	DE BIRTH Day, Year) 24 1	919 N	Country) ew Yo	
	9e. FACILITY NAME (If not institution, give s 1662 CArlyle Driv		9	Croft	OR LOCATION OF DE	ATH		Anne A		
DIRECTO	nesidence of decedent 10a. state 10b. country Maryland Anne	Arundel	10c. CITY,	ton	TION					I. INSIDE CITY LIMITS? YES 2 NO
I OHENOE	10e. STREET AND NUMBER	Carlyle Dr	ive	101	21114			United		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 XYES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO	If yes, sp	CENDENT OF HISPAN Healty Cuban, Maxica 3 2 X NO Specifi	n, Puerto F			RACE — Black, Wi Specify:	American Indian,
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) -12-	CATION completed) College (1-4 or 5+) -1-	16a. DECEDENT'S US (Give kind of wor life. Do NOT use in Drive	rk done during mo retired.)				siness/indus	TRY	
	17. FATHER'S NAME (First, Middle, Last)	Earl Henry Co	outon		18. MOTHER'S NA			_		
100	19a. INFORMANT'S NAME (Type/Print)	Larr henry Co		DDRESS (Street a	France			y le m, Stata, Zip Co	de)	
2	Yvonne P. Cout	eau Wife			Drive (114
	20a METHOD OF DISPOSITION 12 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b.	PLACE AND DATE OF Demetary, crematory of acred Hea	other place)	(Name 9-7-	1991		CATION — CITY		
	21. SIGNATURE OF FUNERAL SERVICE LIC		acreu nea	22. NAME AI Beal	ND ADDRESS OF FA	Fune	ral H		.А.	and 2071
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):		IN CER					
	PART II. Other significent condition	d.	ut not moulting in	the underlyin	e souss alves le	Dord I	24s. WAS A/	Allmonov	045 945	RE AUTOPSY FINDINGS
4: MEDICAL	- Salar symmetric condition	S contributing to deeth of	at not resulting in	the underlyin	ng couse given in		PERFO	RMED?	AM CO OF	MILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C)	eck only or	18)			
2	1 YES 2 NO 27. MANNER OF GEATH	1 Inpatient 2 ER/Output 28s, DATE OF INJURY	atient 3 DOA 4	OF 28c IN	ne 5 Residence			INJURY OCCUR	PED.	
2 2	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJUI	RY W	YES 2 NO	200.52	, O. II O. I			
ETED	3 Suicide e Could not ba 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, str	eet, factory, offic	ce		ATION (Street or Town, State	and Number or)	Rural Rout	e Number,
֡֓֞֞֞֞֞֩֞֞֩֞֓֓֓֓֡֞֜֟֡֓֡֡֡֡֡֡֡֡֡֡֡֡֡	Condon Gray	ICIAN: To the best of my knowless: On the basis of examination								id manner as stated.
OME					29c. LICENSE NU	MBER		29d DATE S	IGNED (M	
BE COMPL	29b. SIGNATURE AND TITLE OF CERTIFIE	Enste.	Tus		D342	6		> 9.	0	9/
ш	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF DE	7	Print)	sely A	6 ve	54	> 9.	6	91



		- STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	_	
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN
-		LEXIE	A		CANO)	MONTH 9	1 1	991 10:55 PM
(D	1	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign
1, 1	1	219-08-2822	1 □ M 2 XF 1.	5 YRS.	MONTHS DAYS	HOURS MIN,	Nov. 11.		Washington D.C.
1	4_	9a. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN	OR LOCATION OF		9c. COUNT	Y OF DEATH
11 · C	СТОЯ	12500 BLK WOO	DMORE RD.		MITCH	LLVILL	E	PRI	NCE GEORGE 5
Pages 1	딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	100 000	Y, TOWN OR LOCA				
ag .	DIRE		e George's	100, 011		ATION			10d. INSIDE CITY LIMITS?
permit.	AL I	10a. STREET AND NUMBER			Bowie	of, ZIP CODE			1 YES 2 NO
-25	FUNER/	3514	Northshire 1	Lane	"	207	16		ed States
11215-0020 or attending physician. r use as the burial-transit	5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED	13. WAS DE	CENDENT OF HISPA	ANIC ORIGIN? (Specify Ye	es or No— 1	4. RACE — American Indian,
5-0020 nding physic is the burial	BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES X		S 2 NO Spec	en, Puarto Rican, atc.)		Specify: White
15- tendi	ED	15. DECEOENT'S EDU	CATION	18. DECEDENTIA					
		(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of a	USUAL OCCUPATI work done during m se retired.)	iost of working	16b. KINO OF BU	USINESS/INDU	STRY
Spital spital	립	-10-	College (1-4 or 5+)	Stud	lont		Scho	201	
YLAND 2 by the hospital be detached to	COMPL	17. FATHER'S NAME (First, Middle, Last)		Stuc	lent	18. MOTHER'S N	AME (First, Middle, Maider	-	
RYL ed by the udd be of at o	444	Mi	chael B. Ca	ino			Time (1 ast, modes, wards)	Pamla	Brown
MAR retained to 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rura	Route Number, City or Tox	wn, State, Zip C	ode)
5 5 5	=	Pamla Brown	Mother			ire Lane			and 20716
RE, may be of page of be		20a. METHOD OF DISPOSITION 1XX Surial 2 Cramation 3 Ram	comi from State	. PLACE AND DATE	OF DISPOSITION (N				ly or Town, State
MOR ge 6 ma lirector, p		4 Donation 5 Other (Specify)	La	kemont M	ther place) [emorial	Gardens	9-7-91 Da	wideon	ville, Marylan
ALTIMORI death. Page 6 may funeral director, p	П	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME A	UN WARMERS OF P	ACILITY		
BALTIMORE, after death. Page 6 may be noval. noval.		* Kobut	- Evans	Qua	Beal	1-Evans	Funeral Ho	me, P.	Α.
Bhours after d in by the or removal		23. PART I. Inter the diseases, or o	omplications that cause	the death Do	not entar the mo	oda of dving, su	LIS KOAD B	OWie.	Maryland 20715
	1 1	immediate cause (Final	List only one cause on e	ech line.		,,,		mutory arres	intervel Between
		disease or condition resulting in death)	Mu /	100	Tally	250			Onset and Death
3760, ted within completely ial, cremati		resoluting in death)	DUE TO (OR AS A	CONSEQUENCE OF	F):	110			
executed within and completely o bunal, crema matte event,	Z	Sequentially list conditions,	b						
Se pe	CATION	if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	j:				
m = 5 -	I I	CAUSE (Disease or injury	CHE TO COD AS A	000000000000000000000000000000000000000					
i, P.O. B leath certificat attending phy mal Hygiene p y, or other	RTIFI	that initiated events resulting in death) LAST	OUE TO (OH AS A	CONSEQUENCE OF	·):				
OS, P.O. B(the attending physical of the attending physical of the attending physical of the	E		1						
E STE	AL AL	PART II. Other significent condition	s contributing to death b	ut not resulting i	n the underlyin	g ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
	DICAL						1 O YES	RMED? 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
w requires been sign or, of Hea	₩.								OF DEATH?
S of the state of	ICIAN:								
VITAI	C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C	neck only one)		
F VIT. SICIAN: Th certificate the State , or Item	HYSI	YES 2 NO	1 Inpatlant 2 ER/Outp	atlent 3 🗆 DOA	OTHER: 4 Nursing Horr	ne 5 🗆 Rasidence	eX Other (Specify) S	CENE	
○表語書	H	27. MANNER OF DEATN 1 Naturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJ		URY AT DRK?	28d. DEŞCRIBE HOW I	INJURY OCCUP	REO
ION OI NOING PHYS R: After this or death with Is marked.	BY	2 Accident Investigation	9-1-1991	9:33		77	PASSENG		
VISION ATTENDING ECTOR: After s after death	8	3 Suicide 8 Could not be datermined	building, atc. (Spec	— At home, farm, s	treet, factory, offic	4	281. LOCATION (Street : City or Town, State)	and Number or	Rural Route Number,
DIVISION OR ATTENDING P DIRECTOR: After t hours after death Item 28 is mar	Li I	294. CHITTHER		ROAD			!@ 12500		WOODMORE RD.
E BE	COMPLE	CERTIFYING PHYSIC	CIAN: To the best of my knowl	edge, death occurre	d at the time, data	and place, and due	to the cause(s) and mai	nner as stated.	
TO THE HOSPITAL TO THE FUNERAL be filed within 72	8		Un the basis of exemination	and/or investigation	n, in my opinion, d	leath occured at the	time, data and place, an	nd due to the o	ause(a) and manner as stated.
포 포 를 등	BE	296. SIGNATURE AND TITLE OF CERTIFIER	10/1 11	181		29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)
6 6 3 M	2	30, NAME AND ADDRESS OF PERSON WHO	ser /	V)		ОСМ	E	▶ 9-	-2-1991
11		T (AD A) (A) C L	COMPLETED CAUSE OF DEA		. v ·				
(6)		31. DATE FILE MARRIED DOWN NAME A	CAMP	111 N	. PENN	STREET	BALTIMO	RE,MA	ARYLAND 2120
		ocr 10 "91	32. BEGINTRADIS SIGNI	TURE Pandelle					

and the state of t

ă.

John Edward Carlson August 7. OATE OF BIRTH (Month, Day, Yea 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 XM 2 F 482-22-9566 Oct. 14 Sa. FACILITY NAME (If not institution, give street and number; Sb. CITY, TOWN OR LOCATION OF GEATH DIRECTOR Anne Arundel Medical Center Annapolis αï Pages, 1 10c. CITY, TOWN OR LOCATION Anne Arundel County Crofton Maryland permit. FUNERAL 100. STREET AND NUMBER 10f. ZIP CODE use as the burial-transit 1680 forest Hill Court 21114 24 hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED BALTIMORE, MARYLAND 21215-0020 FORCES? TY YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 ☐ YES 2 ☒ NO Specify: 1 Never Married 2 X Married BY 3 Widowed 4 Divorced COMPLETED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION (Specify only highest grade cofor Elementary/Secondary (0-12) College (1-4 or 5+) detached -12-Security Guard once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) page 5 should be notified at Carlson Millie Everett C. BE 1Sa. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1680 Forest Hill Court Crofton, Maryland 21114 Levina A. Carlson 9 20a. METHOD OF DISPOSITION
10. Surial 2 □ Cremetion 3 □ Removal from State 20b. PLACE ANO DATE OF DISPOSITION (Name OATE must Burial 2 Cremation
Donation 5 Other (Specify) director, 1 Maryland Veterans Cemetery examiner 21. SIGNATURE OF FUNERAL SERVICE LICES 22. NAME AND ADDRESS OF FACILITY filled in by the funeral on, or removal. Beall Evans Funeral Home P.A. 0 medical 23. PART I, Enter the disea uses, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List 6 IMMEDIATE CAUSE (Final completely filled rial, cremation, o the diseese or condition HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremat ITANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, it resulting in deeth) DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Ven resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. IMPORTANT: SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29b S THE F BE des WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAN'S SIGNATURED AND 182

CERTIFICATE OF DEATH

FOR STATE REGISTRAR

31. DATE FISE Promp. Day.

1. OECEDENT'S NAME (First, Middle, Last)

1 -

91 26104 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF OEATH MONTH 3. TIME OF DEATH 30 1991 YEAR 1:15P.M. 8. BIRTHPLACE (State or Foreign 1928 Ft. Dodge Iowa 9c. COUNTY OF DEATH Anne Arundel County 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? United States 14. RACE — American Indian, Black, White, etc. White 16b. KIND OF BUSINESS/INDUSTRY United States Government Stonek 20c. LOCATION — City or Town, State Crownsville, Maryland 16000 Annapolis Road Bowie, Maryland 20715 Approximete Interval Between Onset and Death

OHMH-18 Rev 1/89

24b. WERE AUTOPSY FINDINGS

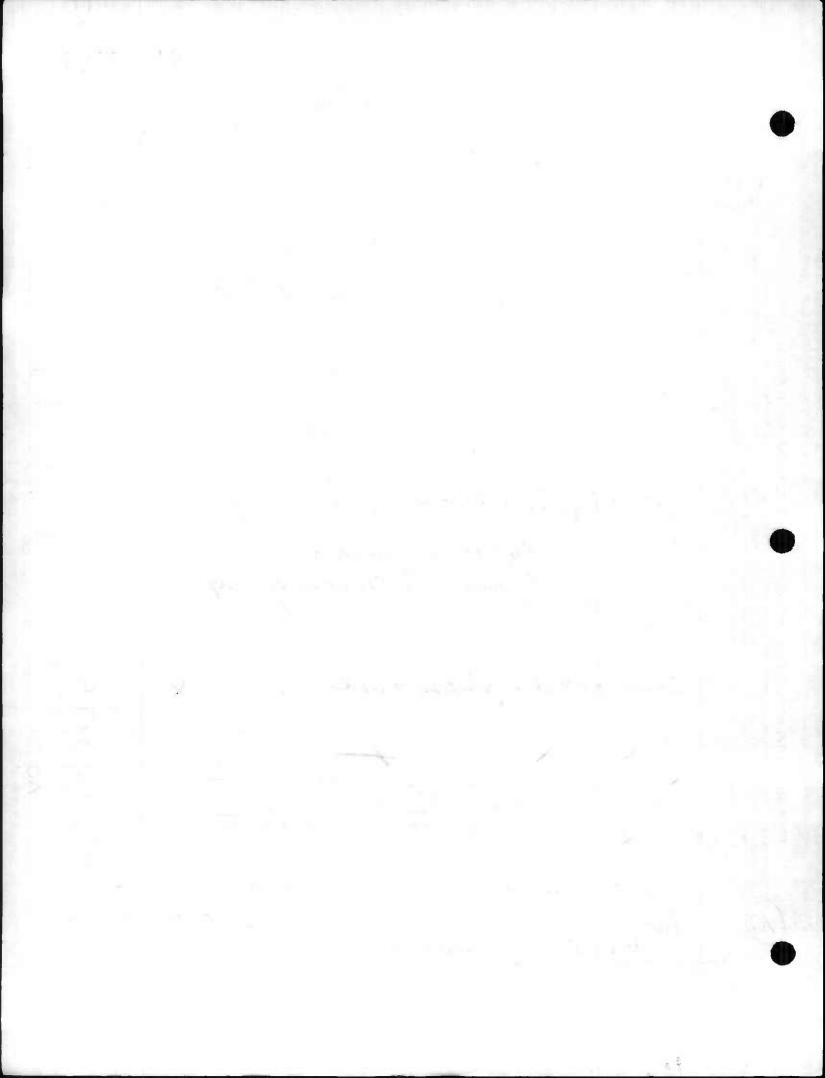
OF DEATH? 1 YES 2 NO

3

1 | YES 2 | NO

MAILABLE PRIOR TO COMPLETION OF CAUSE

	F	ALL) AV	, Middle, Last)	Caro	41		M				2. DATE	OF DEATH	DJN .	YEAR OF THE	3. TIME OF OEAT
1		CIAL SECURITY NUME 5-03-5955	BER	5.56X 1 M 2 D F	76	yrs. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.		Day, Year)	914	Count	HPLACE (State or Form) nsylvani
1		shington			ital				Park	N OF OE			9c. COU	tgom	DEATH
DIRECT	RES	277	10b. COUNT			1000	τν, τοwn ο dorf						1.01	030	10d. INSIDE CITY LIMITS? 1 YES 2
ERAL	0	TREET AND NUMBER		911		Was			. ZIP COOE				USA	IZEN OF	WHAT COUNTRY?
BY FUN	1 🗆 🖪	Never Married 2 Widowed 4 Divo		12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 X NO	1	WAS OEC	ENDENT OF	F HISPAN n, Maxica Specify	n, Puerto F	? (Specify Y lican, etc.)		14. RAC Blac Spec	E — American India k, Whita, atc. :://y: White
PLETED	Ele		CEDENT'S EDU ly highest grad 0-12)		+)	16a. DECEDENT' (Give kind on life. Do NOT	work done duse retired.)	CCUPATIO	ON est of working	g	16b.		usiness/ini nting		
BE COMPL	На	rher's name (First, M	у						Mar	у С	arne	7	n Surneme)		
10		oris Parke				4143							own, State, Zij MD 2		
	1 1 1 8	METHOD OF DISPOSIT Burial 2 Crematic Constion 5 Other	on 3 🗆 Ren	noval from State		PLACE AND DA					9/1		ocation - uitla:		
			leaner lean	annual settlements					land						
ERTIFICATION	Sequif am caus	ART I. Enter the department of the condition of the condi	tions, addata	c	O (OR AS A C	tha death. Do ch line.	not enter	tha mo	da of dyl	ng, suc	h as card	lac or rea		reat,	Interval B
MEDICAL CERTIFI	Sequif am caus CAUS that I resul	ahock, or h EDIATE CAUSE (Figure 6 or condition iting in death) Jentially list condity, leading to imma e. Enter UNDERLY SE (Disease or injulidated events	tions, addata iNG ury	a. Some to be seen to	O (OR AS A (CONSEQUENCE CONSEQUENCE CONSEQUENCE	not enter	Men mo	oda of dyli	ng, suc	n as card	MA 24a. WAS 2	AN AUTOPSY ORMED?		b. WERE AUTOPSY F AWAILABLE PRIOR COMPLETION OF CO
AN: MEDICAL CERTIFI	Sequifi am caus CAUS that I resul	ahock, or h EDIATE CAUSE (Finese or condition iting in death) Jantially list condit y, laading to imma le. Enter UNDERLY SE (Disease or Injunitiated events iting in death) LAS T. H. Other signification AS CASE REFERRED 1 XAMINER?	tions, dileta ing	a. Sold to be sold to	O (OR AS A O	CONSEQUENCE CONSEQUENCE CONSEQUENCE It not resulting	not enter	tha mo	g cause g	piven in	Part I.	24a. WAS PERF	AN AUTOPSY ORMED?		Approximinterval B Onset and Onset a
Y PHYSICIAN: MEDICAL CERTIFI	Sequif am caus CAUS that resul	ahock, or he abock, and he abock and he abock and he abock and he abock, and he	tions, dileta ing	a. Some case as a second of the second of th	O (OR AS A O	CONSEQUENCE CONSEQUENCE CONSEQUENCE It not resulting	ory is	tha mo	g cause g	piven in	Part I.	24a. WAS / PERF 1 YES	AN AUTOPSY ORMED?	24	b. WERE AUTOPSY F AWAILABLE PRIOR COMPLETION OF CO
ETED BY PHYSICIAN: MEDICAL CERTIFIC	Sequif am caus CAUS that result result 25. W/F E 1 27. M/F 2 2 3 4 4 5	ahock, or he below a shock, or he below a see or condition iting in death) tions, dilata ing	a. Solution one case. a. Due to the case of the case	O (OR AS A O O GRAS A O O O O O O O O O O O O O O O O O O	CONSEQUENCE CONSEQUENCE To not resulting Rient 3 DOA 28b. T	OF): OF): OF): OT): OT): NUMY NUMY	tha mo	g cause g	piven in	Part I.	24a. WAS / PERF 1 YES	AN AUTOPSY ORMEO? 2 NO	24	b. WERE AUTOPSY F AWAILABLE PRIOR COMPLETION OF CO	
TED BY PHYSICIAN: MEDICAL CERTIFI	Sequif am caus CAUS that I result 1 25. W/ ED 1 1 27. MA 1 2 [3 [4 [29e. C (C or	abock, or he belock only to the belock on th	tions, dilata ing investigation Could not be detarmined	a. September of the sep	D (OR AS A CO (OR AS A CO (OR AS A CO) (OR AS A CO (OR AS A CO) (OR AS A	CONSEQUENCE CONSEQUENCE CONSEQUENCE It not resulting Consequence At home, farm At home, farm	orp: tha mo	g cause g	piven in EATH (Ch sidence NO	Part I. Part I. 28d. DES 28f. LOC City to the cau	24a. WAS 2 PERF 1 YES Trick (Specify) CRIBE HOV	AN AUTOPSY ORMED? 2 I NO V INJURY OC et and Number tend due to to	24l	b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF 1 OF DEATH? 1 YES 2	
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFIC	Sequif am caus CAUS that I result result 125. W/E E 1 1 27. MA 1 2 [3 [4 [29e. C (C (ahock, or he EDIATE CAUSE (Finese or condition liting in death) Jentially list condition liting in death) Jentially list condition liting in death liting in death last last last last last last last last	tions, dilata ing investigation Could not be detarmined intrying Physics of Person W	a. Solution one case. a. Doe to be solve	D (OR AS A CO) (OR	CONSEQUENCE CONSEQUENCE CONSEQUENCE It not resulting At home, farm (I) At home, farm	OF): OF): OF): OF): or, in the unit of the treet, fact	tha mo	g cause g	piven in EATH (Ch sidence NO	Part I. Part I. 28d. DES 28f. LOC City to the cau	24a. WAS 2 PERF 1 YES Trick (Specify) CRIBE HOV	AN AUTOPSY ORMED? 2 DNO VINJURY OC et and Number end due to 1	24l CCURED or or Rural sted. the cause	D. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF COMPLETION



3. TIME OF DEATH

eun

10d. INSIDE CITY

YES 2 NO

Black

Approximate

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

Interval Betwee

Onset and Death

nous

Black.

758/Am

VIRGINIA

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 9/8/91 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 9 Corbe es JESSIE CORBIN 91 4 5. SEX 6. AGE (In vrs. lest birthday) 7. DATE OF BIRTH 1889 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 0/3 Day, Year) 579-49-869 HOURS 89 1 🗌 M 2 😿 F Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number MONTGOMERY CITY, TOWN OR LOCATION OF DEATH. CHSS DIRECTOR theispre RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION SILVER SPRING MONTGOMERY me m ellerel permit. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 9101 Second Ave 101 ZIP-CODE 9101 14 20910 use as the bunal-transit hospital or attending physician. #4. RACE — American India Black, White, etc. R1 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 L YES &
IF YES, GIVE WAR OR DATES ND 21203-3146 1 Never Married 2 Married BY 3 Widowed 4 ☐ Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ě Elementary/Secondary (0-12) College (1-4 or 5+) 12 1 ched HOMEMAKER PRIVATE 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) NOAH CAMPBELL notified at FIDELA BE MacCAMPRELI 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zio Code) 2 VIRGINIA WEISE 5447 ALTO VISTA ROAD BETHESDA MD e 20a. METHOD OF DISPOSITION
1X Burlel 2 Cremation 3 X Removal from State 20c. LOCATION --- City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or must 4 Donation 5 Other (Specify) MT. **VERNON** BAPTIST CHURCH KILMARNOCK examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral POPE FUNERAL HOME #M883 Ope 2617 Penn. Ave. S.F. WASHINGTON medicai 23. PART I. Enfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, filled in by ahock, or heart failure. List only one cause on each line. 6 IMMEDIATE CAUSE (Final completely filled rial, cremation, the diseese or condition resulting in death) executed within event, DUE TO (OR AS A CONSEQUENCE OF): BOX 13146, certificate has been signed by the attending physician and con h the State Dept. of Health and Mental Hygiene prior to burial, Cerio o clerolie traumatic CERTIFICATION Sequentially list conditions, TO (OR AS A CONSEQUENCE OF) DUE if eny, leading to immediate certificate be ceuse. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events Ö reculting in death) LAST 6 requires that the death injury, RECORDS, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY MEDICAL vilen any 1 TYES 2 NO Shows PHYSICIAN: MP 23 OF VITAL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) The Hem HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO me 5 Residence 8 Other (Specify) 6 28b. TIME OF 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked, Natural 5 Pending investigation 1 YES 2 NO L OR ATTENDING P DIRECTOR: After to hours after death death BY 2 Accident NOISINIO 28e. PLACE OF INJURY — At home, farm, streel, lactory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 59 3 Suicide 8 Could not be COMPLETED 4 Homicide 28 Hem 29a. CERTIFIER

(Chack and)

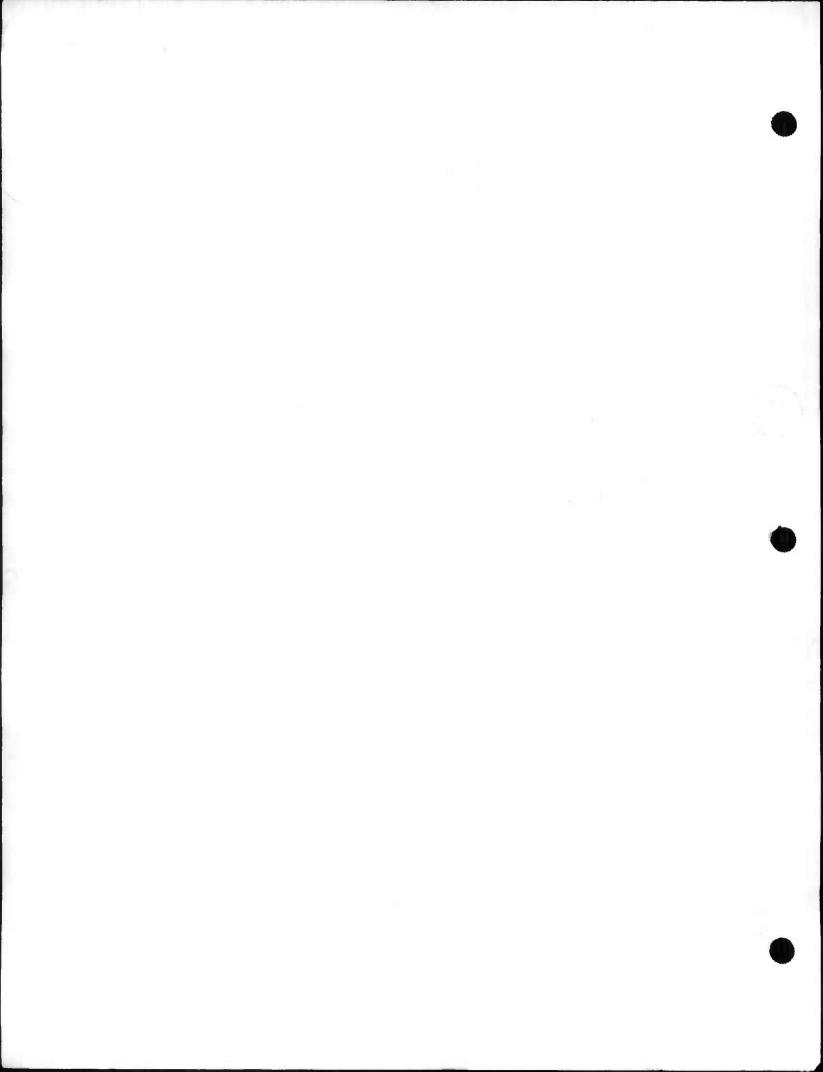
1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FIGOR WITHIN 72 M HOSPITAL 2 MEDICAL EXAMINER: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and n 29b. BUNATURE AND TITLE OF CERTIFIER 29¢ LICENSE NUMBER 29d DATE SIGNED (Month Day Year) BE ustation. 01504 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 5480 Wisconsin Avenue 2 ohn Son 31. DATE FILED (Month, Day, SEP 1 1 9

whia Davidson-Randalle

1

DHMH-18 Rev 1/89

8,1991



THE STATE OF

6. 9

permit. Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

0

山

COMPL

BE

2

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Likia Davidson-Randess

9

HOSPITAL

뿔

223

ъ.	- 22		
ŧ.	æ		al
Ε.	76		3
ĸ.	差	•	5
n	œ	м	
ь	z	- 1	智
-1	6		_
r	-5	,	ĕ
Ð	- 94	,	=
24	σĸ		=
=51	103		2
g.	-		Ξ
9	8		8
8	ä		П.
Ē	4		6
0	유		2
13	8		E
5	=		-
0	-		9
	E		-
5	更		Ε
0	5		23
5	-	_	6
5	4	8	-
=	7	2	60
9	5	E	×
2	-	=	8
5	=	8	Ē
	8	-	-
1	章	5	9
4	>	ij.	#
Ē	6	2	2
3	e	9	E
	9	2	9
2	00	-	-
8	2	·B	6.0
3	D	=	=
8	3	-	2
D	=	8	트
8	123	×	2
	.8	Ę.	E
8	2	C.	-
5	a	8	0
3	0	Ø	두
Ę	2	5	0
	2	I	7
3	ē	700	_
Ď	te	월	>
9	43	9	3
5	5	2	言
3	>	B	-
ĕ	0	Ö	2
5	B	-	E
0	ĕ	등	**
9	5	9	8
5.	07	T	6
Б	9	ō	-
-	3		60
E	40	0	3
2	right services	õ	S
Ĕ.	41	83	E
-	黃	FE	60
ŕ	3	S	==
Š	- Service		Des.
		63	-
2	ert	the	0
200	cert.	th the	d, 0
N S	ais cert	with the	ed, o
No.	this cert	with the	irked, o
de ratole	er this cert	ath with the	narked, o
JIGILLI BNI	After this cert	leath with the	marked, o
DING FITTING	. After this cert	death with the	Is marked, o
CALING PRIVING	R. After this cert	ter death with the	Is marked, o
JENDING PHISIC	TOR: After this cert	after death with the	28 Is marked, o
ALIENDING PRINCIPLE	CTOR: After this cert	s after death with the	1 28 is marked, o
A ALIENDING PRINCIPLE	RECTOR: After this cert	urs after death with the	m 28 is marked, o
UN ALLENDING PRINCIPLE	DIRECTOR: After this cert	nours after death with the	tem 28 is marked, o
L UR ALIENDING PRINCE	L DIRECTOR: After this cert	hours after death with the	Item 28 is marked, o
AL UR ALLENDING PRITOIS	VAL DIRECTOR: After this cert	72 hours after death with the	If Item 28 is marked, o
PLIAL UR ALIENDING PRITOIN	ERAL DIRECTOR: After this cert	n 72 hours after death with the	T: If Item 28 is marked, o
JOHNAL OR ALLENDING PHYSIC	NERAL DIRECTOR: After this cert	thin 72 hours after death with the	NT: If Item 28 is marked, o
HUSPITAL UN ALIENDING PHISIC	FUNERAL DIRECTOR: After this cert	within 72 hours after death with the	IANT: If Item 28 Is marked, o
FUSPILIAL OR ALLENDING PRITISING	FUNERAL DIRECTOR: After this cert	1 within 72 hours after death with the	RTANT: If Item 28 is marked, o
HE HUSPITAL UN ALLENDING PHISIC	HE FUNERAL DIRECTOR: After this cert	ed within 72 hours after death with the	ORTANT: If Item 28 is marked, o
THE PUDPLINE OR ALLENDING PRITOIC	THE FUNERAL DIRECTOR: After this cert	filed within 72 hours after death with the	PORTANT: If Item 28 Is marked, o
U THE MUSICIAL OR ALLEMOING PRITISING	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 meets and a second or the following the following the filler or the following	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Justin Lamare Disney 18. Sept. 1991 0128 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTN (Month, Day, Year 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS 2 MONTHS DAYS MIN. 1 😡 M 2 🗌 F YRS. Sept. 17,1991 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Frederick Frederick Memorial Hospital Frederick RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE Maryland Frederick Frederick 1 X YES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1125 Keswick Place 21702 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Ri 1 VES 2 NO Specify: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Married Specify: 3 Widowed 4 Divorced Black 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) during most of working Elementary/Secondary (0-12) College (1-4 or 8+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Andre Zigler Joanette Rochelle Disney 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joanette Rochelle Disney 1125 Keswick Place, Frederick, MD 21702 20a. METNOD OF DISPOSITION
1 □ Burial 2 Cremation 3 □ Ramoval from State 20c. LOCATION — City or Town, State
Fixed. Md. 2/70/ 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 9239 4 ☐ Donation 8 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James Fred man and 23. PART | Enter the diseases, or complication that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** Premature bisth 22-24 weeks disease or condition ____ Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 TYES 2 NO 1 - YES 21 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL:
1 Impetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED (Month, Day, Year) NI 1 Netural 5 Pending investigation A N/A M 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number of Rural Route Number, City or Town, State) 3 🔲 Suicide 8 Could not be determined NH 4 Homicide 29e. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 250. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) (Physician 29c. LICENSE NUMBER 118 9/ u

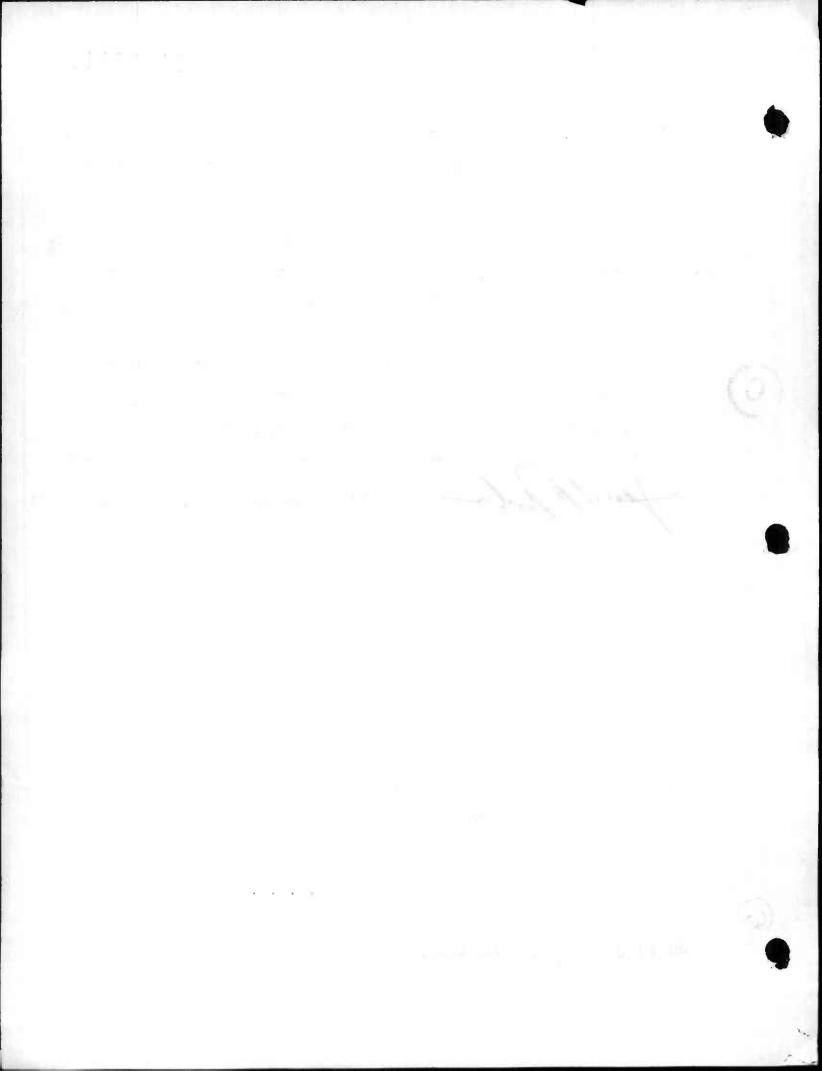
	- 22	ı
	must	
	28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must to	
The state of the s	lows any injury, or other traumatic event, the medical	
2000	the	١
0.110000 110	event,	
-	aumatic	
	Pr tr	l
	othe	
	0	
-	injury,	
	any	
	shows	
-	23	
	Item	
	0	
	marked,	
	-	
	2	

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAI	RTMENT	OF H	IEALTH DEA	AND	MENT	AL HYGIEN		2	26109	
	1. DECEDENT'S NAME (FIRST AUD RL	34	DEPI	4						2. DAT	E OF DEATH	· ·	YEAR	3. TIME OF DEATH 4 · 23	P
	4. SOCIAL SECURITY NUME 578–24–031		5. SEX 1	6. AGE (In yrs. 67	lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DAT (Mor	E OF BIRTH nth, Day, Year) 1-20-23	3	8. BIRTI- Counti	IPLACE (State or Foreign ry) Md .	,
TOR	9a. FACILITY NAME (If not in	ANYLA	ND +	tosPA	THL	9b. CITY,	TOWN (OR LOCATI	Tan	EATH		9c. COU	INTY OF O		-3
DIRECTOR	Md .	10b. COUNT	r nce Georg	e's	10c. Cr	Clin		TION						10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 8510 Keeb		rive				101	207	_			10g. CIT	USA	VHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2	(Mirried proed	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 3X	ARMED MINO	111	yes, sp	ENDENT Cooling Cube	m, Mexics	in, Pueric	IN? (Specify Yee Rican, etc.)	or No-	14. RACE Black Speci	- American Indian, white, etc.	
COMPLETED	15. DEC (Specify only Elementary/Secondary (0	EDENT'S EDU y highest grade 0-12)	CATION completed) College (1-4 or 5 d		DECEDENT'S (Give kind of life. Do NOT u	work done d	luring mo		ng	16	b. KIND OF BUS	HOM			
BE CO	17. FATHER'S NAME (First, M. Henry H.	Hacksh	naw								. Radfo				_
0	190. INFORMANT'S NAME (7) Sharon Ac	gee			1503	Mayf	ielo	nd Number	ad, Ed	dgew	nber, City or Town ater, Mc	n, Stere, Zip 1. 21	.037		
	20a. METHOD OF DISPOSITI XIX Burlel 2 Cremetio 4 Donation 8 Other 21. SIGNATURE OF THE LABORATORY	(Specify)		20b. PLAC	SCA	të Prove	tera	ans C	Cemet		Che	elter	city or to ham,	Md.	
	·Cou	10	Costan	Jotes		66 C1	33 (into	old A	lexa	ande. 0735	Lee Fur r Ferry	Roa	ıd	e,Inc.	
	23. PART I. Enter the cli shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in dasth)		arat only one can	daused that se on each life on and life on and life on an and life on an	ra.		s 4	da of dyi	k such	h aa car	rdiac or reapi	ratory are	rast,	Approximate Interval Betwee Onset and Da	
CERTIFICATION	Sequentially list conditi if any, leading to immed cause, Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAST	diata NG Iry	Cán	OR AS A CONS	4	9-	k	Jur.	d	se	age			4 day	3,0
MEDICAL	Bonch	nt condition	contributing to	death but not	reaulting	in the und	dariying . H	cause g	iven in	Part i.	24a. WAS AN / PERFORI 1 YES 2	MED?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINERY 1 YES 2 NO		HOSPITAL:	ER/Outpatlant	a □ poa	OTHER:		ACE OF DE					_		
ВУ РНУ		Pending nvestigation	28s. DATE OF (Month, De	NUURY	25b, TIM		the INJU	TA YEL		-	SCRIBE HOW IN	JUNY OCC	CURED		_
	3 Suicide 6 C	Could not be determined	28e. PLACE Of building,	INJURY — At I	ome, farm, s	itreet, fector	ry, office			28f. LOC City	CATION (Street er or Town, State)	nd Number	or Rural R	oute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDIC	IFYING PHYSIC	CIAN: To the best of ex	my knowledge, o	feath occurre	nd at the time	ne, date i	and place, eath occurr	end due	to the ca	use(e) end menr	ner ee stat	ed. e ceuse(s)	end manner ee atated.	
TO BE C	29b. SIGNATURE AND TITLE	OF CERTIFIER	- Cl	un)			29c. LICE						(Month, Day, Year)	
	30. NAME AND ADDRESS OF	PERSON WHO	lman	MaD.	9/3	, .	co	ton		pd	cin.	400	ns	20735	_
	31. DATE FILED (ASSEP 1	2 '91	32. REGISTRAF	a Davidson	n-Aand				1	77.1				/ 03	

1 - STATE REGISTRAR	O.M.E. OI II	CE	RTIF	ICATE C	F DEATH	MENIAL	REG. NO		
1. DECEDENT'S NAME (First, Middle, L	est)	3.		. 37.1 0	· PEAIII	2. DATE OF	F DEATH		3. TIME OF DEATH
Hylton G.	D.	oswell				MONTH	0	AY 1	YEAR
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF	26		8. BIRTHPLACE (State or Foreign
570 7/ 0522	1 J-M 2 🗆 F		YAS.	MONTHS DAY		(Month, I	Day, Year)	1000	Country)
578-74-9532 94. FACILITY NAME (If not institution, g	A .	59		ab outs	21 00 1 00 1		01,		Jamaica
					N OR LOCATION OF D	HEATH		9c. COU	INTY OF DEATH
Suburban Hosp	ıtal			Beth	esda			Mon	tgomery
Suburban Hosp RESIDENCE OF DECEDENT 100. STATE 10b. COL			10c. CIT	Y, TOWN OR LO	CATION				10d. IHSIDE CITY
			200						LIMITS?
			_ W	asning	ton, D.C.				1 X YES 2 NO
ING. OTTEL AND NOMBER					10f, ZIP CODE				IZEN OF WHAT COUNTRY?
928 Hamilton S					20011			1	Jamaica
10e. STREET AND NUMBER 928 Hamilton S 11. MARITAL STATUS 1 Never Merried 2 X Merried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI	MED	13. WAS I	DECENDENT OF HISPA specity Cuben, Mexic	HIC ORIGIN?	Specify Ye	or No	14. RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES T			ES 2 NO Speci		an, otc.)		Specify:
	1								Black
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 6 th 17. FATHER'S NAME (First, Middle, Last)	rade completed)	(Gh	ve kind of v	USUAL OCCUPA	TIOH most of working	16b. K	IHD OF BU	SIHESS/IHE	DUSTRY
Elementary/Secondary (0-12)	College (1-4 or 5 +		Do NOT us	se retired.)		1			
6th			Labo	rer		P	riva	te In	ndustry
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S H	AME (First, Mid	dle, Maiden	Surname)	
Ernest Doswell					Litia	sh Fra	nk		
Ernest Doswell 190. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS (Stre	et and Number or Rural			n, State, Zic	D Code)
Norma L. Doswell	1				st., N.				
20e. METHOD OF DISPOSITION		20h PLACEA	NDDATE	OF DISPOSITION					City or Town, State
1 Description 3 Cremetion 3 F	lemoval trom State	cemetery cres	matony or of	ther please!		1			
21. MIGNATURE OF FUNERAL SERVICE	LIDENSEE	FOLL	Line		AHD ADDRESS OF F		Б	rentw	ood, Maryland
	0//			22. NAME	AND ADDRESS OF FA		hnso	1. & r	enkins, Inc.
Hours 1	2 And			716 1	Cennedy S				sh., D.C. 2001
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CONSEC	UENCE OF	ን					
readiting in death) CAST	d								
PART II. Other significant conditions	ions contributing to	death but not re	aulting I	n the underly	ing cause given in	Part I. 24	In. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
						1,500	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						— l'	YES 2	□ NO	DF DEATH?
									1 TYES 2 HO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1		PLACE OF DEATH (C)	eck only one)			
1 X YES 2 ☐ HO	1 Nopatient 2	ER/Outpatient 3	□ DOA	OTHER:	ome 5 🗆 Residence	8 Other (S	(pecify)		
27. MAHHER OF DEATH	26e. DATE OF I (Month, De		28b. TIME		HJURY AT WORK?	28d. DESCR			
1 Hatural 5 Pending 2 Accident Investigation	08 20	1991	11:	10'A 15	YES 2 HO				l off a
3 Suicide 6 Could not		IHJURY At hon	ne, term, s	treet, tectory, or	fice	287. LOCATI	OH (Street	end Number	or Rural Route Number,
4 Homicide datermined	on st					Rando	lown, State)	ъ н	ammonton Roa
29e. CERTIFIER 1 CERTIFYING PH	YSICIAH: To the best of n	ny knowledce de-	th con-	d at the 4-					
(Check only one) 2 MEDICAL EXAM	IHER: On the basis of ax	imination and/or in	westination	n. In my oplotes	death occurred at the	to the cause	e) end mar	ner as stat	led. ne ceuse(e) end menner es stated.
			gario	ar my opinion	, coam occurse at the	ume, date en	u piece, en	a aue to th	ne ceuse(e) end menner es stated,
296. SIGNATURE AND TITLE OF CERTIF	HER				29c. LICENSE HUI	MBER		29d. DATI	E SIGHED (Month, Day, Year)
Monald Or C	Wright MI)			O.C.M.	Ε.		▶ 0	8 27 1991
30. HAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITEM	27) (Туре,	Print)				-	
DONALD G. WRI	GHT MD DC	ME 1	11 1	Penn S	treet	Ral+:	more	Ma	ryland 21201
31. DATE FILED (Month, Day, Year)	32. REGISTRAR			L	02006	~ 4111	TIO L 6	na.	ryrand 21201
SEP 11 '91	Lucia Davidson	- Banda 00							
	()	- 10-10-00							

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

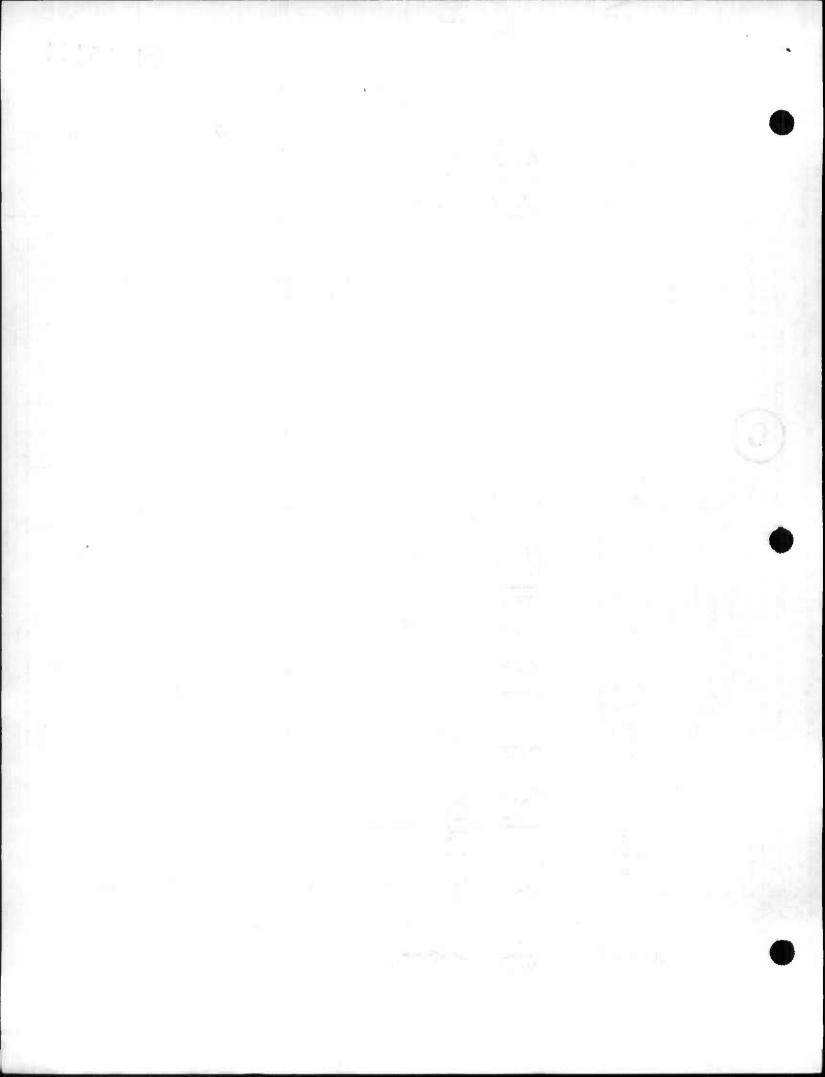
DHMH-16 Rev 1/89



FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Proceedings the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral graduations are also as the contraction of removal	important; if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be multilled at once.
th th	9	2
P	2	2
4	3	JE!
r		重
A	3	k
F	Ψ.	h
÷	م	Ē
S.	6	曹
=	Ē.	E
dea	e fu	8
fer	th th	eg .
55	D P	8
100	- g	Ē
24	lion fi	\$
thin	eteh	Ę,
¥	npm P	2
inte.	Sil	9
exe	and o	Tal
8	cian	2
cate	hysi	- L
Ti-	D Die	-
h ce	直至	6
deat	afte	=
the	the W	클
lat	700	-
as the	Jue	20
alin d	Sign He	8
Je /	peer	-63
100	SBI Den	13
E	ate l	E
AN	iffe.	
SICE	Cen	
궂	this	9
9	ter ter	ag .
è	A	- 00
3	E F	200
RA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeration of the formation of the f	E
07	07	#
PITA	ERA	
8	S	AN
当	出出	8
TO	TO	F
F	- 3	

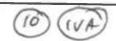
FOR STATE REGISTRAR		CERTIFICATI	OF HEALTH AND	MENTAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First, Middle	Clark (Leroy	Ensor		2. DATE OF DEATH MONTH	4 /6 9	
4. SOCIAL SECURITY NUMBER 214-34-1123	1 M 2 🗆 F	yrs. last birthday) F UNDE! YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/23/33	i i	SIRTHPLACE (State or Foreign Country) Maryland
9a. FACILITY NAME (If not institution O RESIDENCE OF DECEDE	Memorial Hos	polal F	rederice	EATH	Frede	
	Frederick	Woods	on Location Sboro			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
11029 Dubli	12. WAS DECEDENT EVER IN		2170 WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic	NIC ORIGIN? (Specify Ye		S.A. RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	res	1 TYES 2 X NO Specif	ly:		Specify: White
15. DECEDENT (Specify only higher (Specify only higher December (9-12) 1) 17. FATHER'S NAME (First, Middle, L	'S EDUCATION st grade completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL Of (Give kind of work done life. Do NOT use retired.) Mechanic	during most of working	16b, KIND OF BU	utomobi	
17, FATHER'S NAME (First, Middle, L	est)	mechanic		AME (First, Middle, Melder		.16
Martin Leroy			. =	e M. Hansh		
Martin Leroy 190. INFORMANT'S NAME (Type/Pric Kay L. Ensor		The second secon	s (Street and Number or Rural lin Rd. Woo	Route Number, City or Tox	wn, State, Zip Coo	ie)
20e. METHOD OF DISPOSITION 1 K Buriel 2 ☐ Cremetion 3 (Removal from State	PLACE AND DATE OF DISI	POSITION (Name	DATE 20c. L	OCATION - City	
4 Donation 6 Other (Specification) OF FUNERAL SERV		loa) 22	NAME AND ADDRESS OF FA	D.D. I		r & Sons
	es, or complications that caned	tha dasth. Do not ante	Woodsboro, M r the mode of dying, su		piratory arrest	
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Progress		foral leuk	oencepha	logath	interval Between Onset and Death
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	e lerkem	110		3 yr
25. WAS CASE REFERRED TO MED EXAMINER? 1 - YES 2 NO 27. MANNER OF DEATH	nditions contributing to deeth bu	ut not resulting in the u	nderlying ceuse given in	Part i. 24a. WAS A PERFC	N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
ÿ						
25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:	ОТНЕ				
1 VES 2 NO	1 ☐ Inpetient 2 ☐ ER/Outpe	28b. TIME OF	28c, INJURY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	FD
2 Accident Investi	(Month, Day, Year) gation	INJURY M	WORK? 1 YES 2 NO			
	not be building, etc. (Speci	— At home, farm, street, fa	ctory, office	281. LOCATION (Stree City or Town, Stat		Rural Route Number,
Cornect Orny	G PHYSICIAN: To the best of my knowles: EXAMINER: On the basis of examination					ouse(e) end menner ee stated.
B Colinado	the mo - att	whing phys	29c. LICENSE NO 30	JMBER	29d. DATE \$	IGNED (Monthy Day, Year)
	310, Walter	1 1	12. 2179	3	-	
31. DATE FILED (Month, Day, Year) SFP 1 7 °91	32. REGISTRAR'S SIGN.	ATURE				



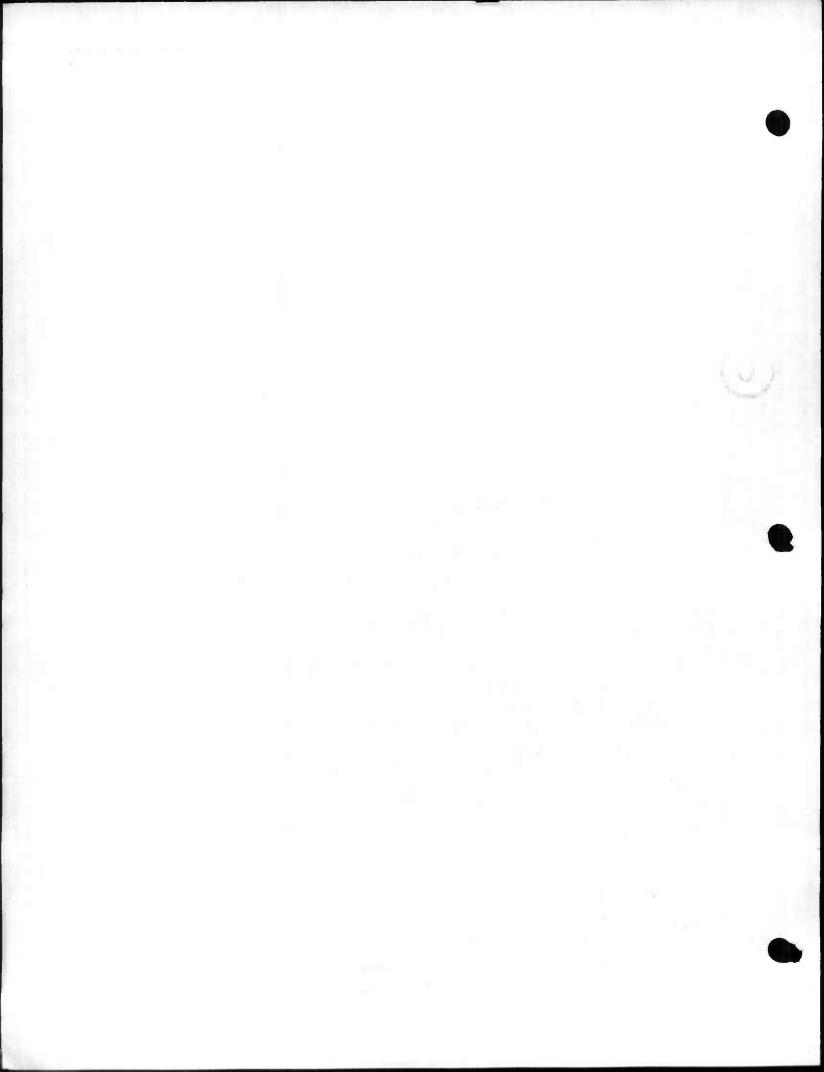
	E	55	not
	d be	30e	pe
	maj	or, p	St
	9 9	-ecti	Ē
	Pag	0	nec
	ath.	ner	Ē
	r de	al fe	ex.
	afte	T YOF	ca
	ULS	E E	Ped
	4 ho	P. o	9
	n 2	atio	=
•	With	plete	ent
	pa	al Si	3
	ecul	buri	
	9 60	E 5	Ë
	e p	Sicia	Ē
	fical	P S	P
	certi	Sing y	5
	uth.	al H	0
	de	he al	L'A
	the	N S	Ξ
	that	ed th	any
	res	sign	100
	redn	10	ho
	A.B	ept.	23
	he	e ha	E
	Z.	Stal	=
	ICIA	the	0
	HYS	his with	per
	9	ath die	nar
	NO	Aff	99
	TEN	after a	28
	RA	REC	E
	TO THE HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ret	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not
	PITA	RA L	2 2
	40S	EN I	AN
	4	부동	JAT
	10	中半	MPC
	F	FB	=

31. DATE FILESTEPIN, 1 37 Year 91

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEP.	ARTMENT	OF H	IEALTH AN Death	D ME	NTAL HYGIEN		۷. ۱)
	1. DECEDENT'S NAME (First, Middle, Last)					DEATH	2.	DATE OF DEATH			3. TIME OF DEATH
		Eslin						MONTH D	0 .	YEAR	7-55 M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birthde	By) IF UNDER		IF UNDER 24 HI	-	DATE OF BIRTH (Month, Day, Year)		6. BIRTH	IPLACE (State or Foreign
	714-07-9021	1 M 2 □ F	96 YRS	3. MONTHS	DAYS	HOURS MI	. 0	2/11/95			ington, DC
~	9a. FACILITY NAME (If not institution, give			9b. CITY,	TOWN C	R LOCATION O	F DEATH		9c. COL	NTY OF D	
DIRECTOR	Southern Maryland	d Hospita	1		6	LINIC	N		PM	NCE	G-EONGE
EC	10a. STATE 10b. COUNT	Υ	10c.	CITY, TOWN O	RLOCAT	ION					
E	Maryland Cal	vert		hesape						27	10d. INSIDE CITY LIMITS? 1 YES 2XX NO
	10e. STREET AND NUMBER		1 01	nesupe		ZIP COOE			10e CIT	TIZEN OF Y	VHAT COUNTRY?
ER/	3121 Highview Roa	ad				20732				S.A.	THAI COONTHY?
BY FUNERAL	11. MARITAL STATUS		T EVER IN U.S. ARMED X YES 2 NO	13. V			SPANIC C	ORIGIN? (Specify Yea		14 RACE	- American Indian,
Y	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES. WWI	111	yes, spe	ecity Cuban, Ma	xican, Procedity:	erto Rican, etc.)		Black Speci	, White, atc.
			MMT				,			Opeca	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDEN' (Give kind	of work done di	CUPATIO	on st of working		16b, KIND OF BUS	INESS/IN	OUSTRY	
٣	Elementary/Secondary (0-12)	College (1-4 or 5)	ier C1				D = \$1	17-	1	
N N	17. FATHER'S NAME (First, Middle, Last)		Casn.	ter CI	erk			Railwa		reign	it .
	George McClellan	Felin				Anna		First, Middle, Maiden	Sumame)		
H	19a. INFORMANT'S NAME (Type/Print)	DOTTH	I don Manua								100
2	Margie E. Kriner							Number City or Town			ad 20784
. 8	20s. METHOO OF DISPOSITION 1 X Burlal 2 Crementon 3 Ram 4 Denation 5 Other (Specify)	oval from Stata	20b. PLACE AND DATE COMMETTER LINCO	TEOF DISPOSIT	TION (Nat	me of	9/1			City or To	wn, Steta Maryland
	21. SIGNATURE OF FUNERAL SERVICE LA	DENGEE /	7	22. N	AME AN	O ADDRESS OF	FACILITY	v			
	·/aut/J	1 Luta	su.	47.	39 E	Baltimo	re .	Sons Fun Ave., Hya	atts	ville	ne, PA e, MD 20781
	23. PART I. Enter the diseases, or shock, or haert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	aA	cute Car	d10-	Pu	de of dying,	Ar	cerdiec or reeple	ratory an	reet,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. ACC DUE TO	OR AS A CONSEQUENCE	of fery	t C	ardy	12	Arryth Attrat	mil tin	2	5 mins
8	PART II. Other algnificent condition	d									
PHYSICIAN: MEDICAL	Houte + Chri Electro Lyte Avanced 25. WAS CASE REFERRED TO MEDICAL	nic Ren Imbal Age i	dath but not resulting for face Multi-545	g in the und	F	ailur	<	PERFORI	MEO?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:		ACE OF DEATH					
Ä	27. MANNER OF OEATH	28a, DATE OF			ng Homa 28c. INJU	5 Raalden			I II I II I I I I I I I I I I I I I I	OLIOTE .	
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Di	lly, Year)	NJURY M	1 Y	RK?	200	. DESCRIBE HOW IN	JUNT OC	COMED	
TED	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE Of building,	FINJURY — At home, term atc. (Specify)	n, street, factor	ry, offica		281.	LOCATION (Street at City or Town, State)	nd Number	or Rural Re	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINE	CIAN: To the best of R: On the basis of ax	my knowledge, death occu	irred at the tim	ie, data a Inlon, de	and place, and o	dua to th	e cause(a) and mane data and placa, and	ner aa stat I dua to th	ed. na cause(a)	and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Furn	n mo			29c. LICENSE I	UMBER	7 m	29d, DATI	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUS	E OF OEATH (ITEM 27) (TA	pe, Print)		000		, ,,,,,		1/11	1911
	Kichard A. Far.	son, MI	128250	Id Fo	rt	Rd 7	7. h	Jash.	Md.	20	744



32. REGISTRAR'S SIGNATURE Fundame Fundame



VEAR

3. TIME OF DEATH

L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 m. evertion to the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral drinks. The state between for use as the burial-transit per hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ade	dim	Er m
ath. P.	neral	mine
ter de	the fu	al exa
urs af	in by	edica
10U 47	filled on, or	he m
rithin .	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu hours after death with the State Dept. of Heath and Mental Hyglene prior to burial, cremation, or removal.	ant, ti
w pay	comp	eve
ехест	to bui	mati
ate be	ysicial	tran
ertifica	ng ph giene	other
ath c	tal Hy	10 Y
the de	the a	nin
that	ed by	any
quires	Healf	SMO
W rec	beer of	3 sh
The la	rte has	em 2
CIAN	ertifica he St	Or II
HYSI	this ce	ked.
NING F	After 1	mar
TEND	after d	28 18
DR AT	DIREC	lem .
-		-

BALTIMORE MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

DIRECTOR: A hours after di

FUNERAL I within 72 h HOSPITAL

THE

5 5 3

뿔

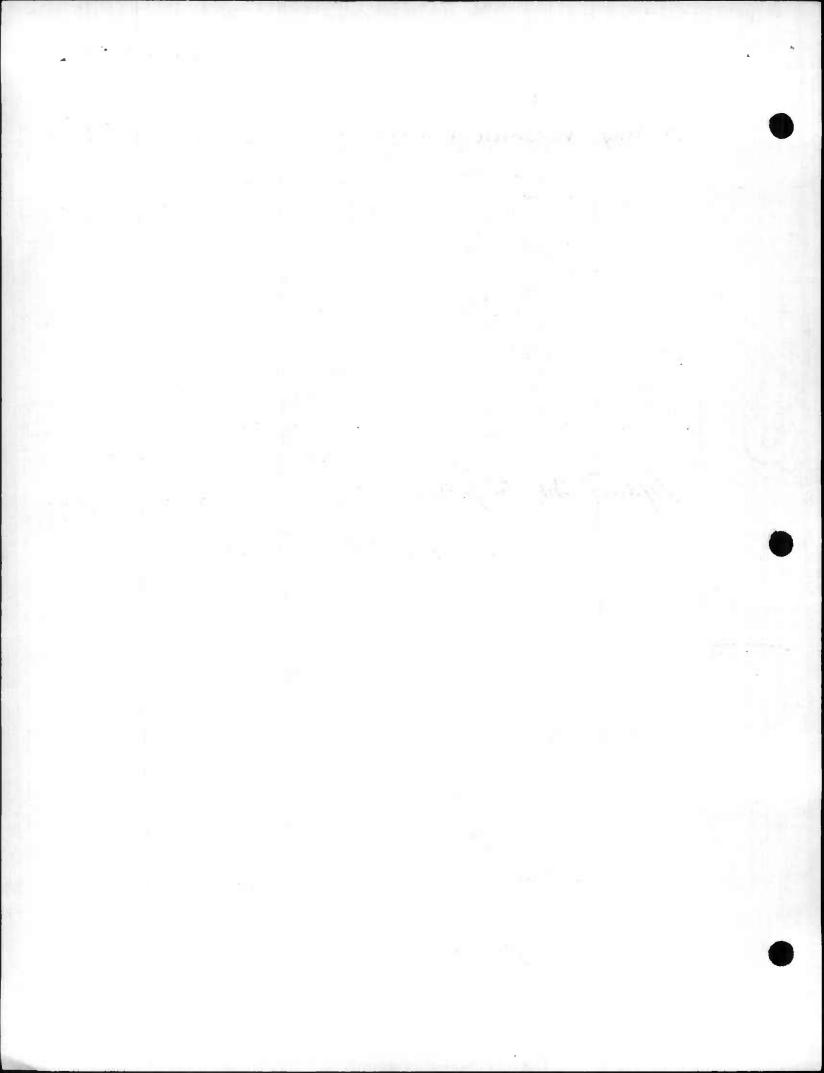
69

IMPORTANT:

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH Dorothy

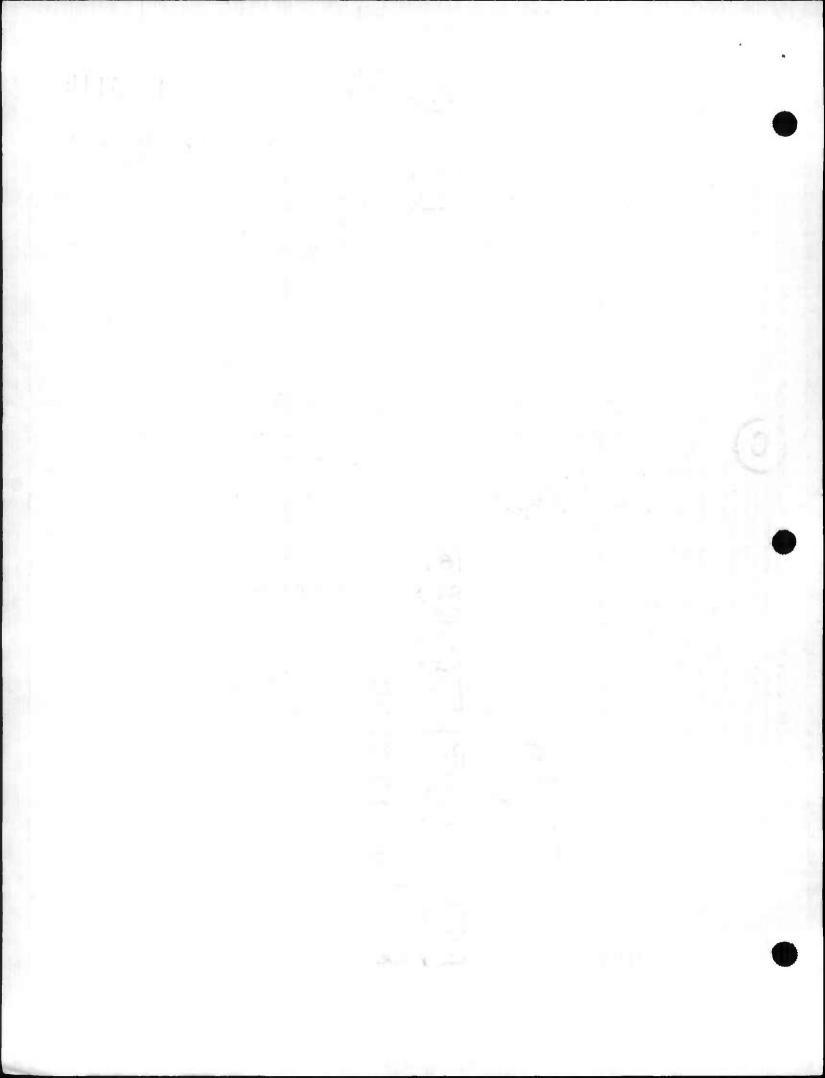
4. SOCIAL SECURITY NUMBER Freeman Veronic 09 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS HOURS 1 M 2 F 579-38-9300 VBS 84 MARCH 10 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH VETERANS NURSING HOME CHARLOTTE HALL RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION

900 A M 91 8. BIRTHPLACE (State or Foreign 1907 MARYLAND 9c COUNTY OF DEATH MARY'S 10d. INSIDE CITY MARYLAND CHARLES 1 YES 2 NO PLATA LA 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? STAR ROUTE #2 BOX 2361 E 20646 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1X Never Married 2 Married 1 YES 2 NO Specify: Specify: 3 Widowed 4 Olvorced 1945-1946 BLACK 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. OECEOENT'S EDUCATION (Specify only highest grade comple 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) dery (0-12) 12TH GRADE NONE NURSE GOVERNMENT & PRIVATE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) SAMUEL FREEMAN MARY MARSHALL FREEMAN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zip Code) SALOME F. HOWARD P.O. BOX #14 POMFRET, MARYLAND 20675 20a. METHOD OF DISPOSITION
1X Buriel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State other place)
JOSEPH'S CHURCH CEMETERY 4 Donation 5 Other (Specify) POMFRET. MARYLAND 4 Donetton 9 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY THELLA THORNTON JOHNBON THORNTON'S FUNERAL HOME, POMONKEY, C. MARYLANI 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. intervai Between **Onset and Death IMMEDIATE CAUSE (Final** Site undetermined disesse or condition uromonn resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditione, if sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause, Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated evente reculting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER 1 | YES 2 | NO nt 2 - ER/Outpetient 3 - DOA ne 5 - Residence 8 - Other (Specify) 4 - Nursing H 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending М 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homlelde 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CHITTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 9/13 19 39522 30. NAME AND ADDIESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) B HIGHSTRAR'S SIGNATURE



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PATHE TO THE THE THE TOWN THE	
24 hours after filled in by the ion, or removal	
24 hours filled in to ion, or rei	
file on,	
_ >= =	4
withir npletel crema	
cuted d con unial,	
an an ar	
hysici prio	
L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within L DRECTOR: After this certificate has been signed by the attending physician and complete, hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crem flam 28 is marked, or item 23 shows any Inlury, or other traumatic event.	
ttend ttal H	
The de the de	
that the that any	
Sign Heal	
beer beer st. of	
he la	
NN: T ficate State	
SICIA certi	
F this F	
After deat	
TEN TOR:	
DR A	
TAL 3AL 3AL 3AL 3AL 3AL 3AL 3AL 3AL 3AL 3	
UNE	
HE F Bed w	
2 2 3	-

I. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF				3. TIME OF DEATH
	Alma	Evelyn	Fran	nklin				MONTH (2)	1 2	7.	YEAR	4:30 A
I. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (/	in yrs. last birthday)	IF UHDER 1 YE		R 24 HRS.	7. DATE OF E	BIRTH	-		HPLACE (State or Foreign
241-32-95	46	1 M 2 F	62	YRS.	MONTHS DA	YS HOURS	MIN.	7-22	-29		Nor	th Carolin
De. FACILITY NAME (If not in	nstitution, give :	street and number)			9b. CITY, TO	WN OR LOCAT	TION OF D	EATH		9c. ÇOU	NTY OF E	
Washington		ty Hospii	tal.	15-77	Hage	rstown	1			Wa	ashi.	ngton Coun
RESIDENCE OF DEC	10b. COUNT	γ		10c, CI	TY, TOWN OR L	OCATION						10d. INSIDE CITY
Maryland	Carr	oll Count	tv		kesvil							LIMITS?
IO. STREET AND NUMBER		022 00021		107	100122	10f. ZIP COS	DE			10g. CIT	IZEN OF	WHAT COUNTRY?
109 Frank	lin Av	enue				2	21784			1	U.S.	Α.
11. MARITAL STATUS		12. WAS DECEDEN				DECENDENT	OF HISPA	NIC ORIGIN? (S			14. RAC	E — American Indian.
Never Married 2		FORCES? 1				s, specify Cub		in, Puarto Ricai y:	n, etc.)		Spec	ck, White, etc.
3 Widowed 4 Dive	orced											White
	EDENT'S EDU			16a. DECEDENT'S	work done during retired.)	PATION og most of work	king	16b, KIN	ID OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)					-		C 11		
12				Nurses	Aide					of M	aryl	and
17. FATHER'S NAME (First, M	1000							ME (First, Midd		Sumame)		
James T.		ın						ElMoo				
Mas Down		mlel du			G ADDRESS (St							0.4
Mr. Earl 2		IIKTIII			Frankl		grue		_			04 fown, State
1 🔀 Burial 2 🗆 Crematic	on 3 🗆 Ran	noval from State		cemetary, cremator Testlaw			nn c	9/16				ille, MD
4 Donation 5 Other		CENSEE		T. ESCTAM					Pict	1100	CSVJ.	TIE, ND
hi.	4	H' .			HAI	GHT FU	NERA	L HOME	(P.	O. B	ox 1	95)
23. PART I. Enter the dahock, or h	diaeases, pr	dough complications the			HAI Syk	GHT FU esvill	JNERA Le, M	L HOME D 2178	4 (3	01)-	795–	1400 Approximate
ahock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events	flaceses, precent fellure, nel	complications the List only one cer a	O (OR AS A		HAI Syk not enter the	GHT FU esvill	JNERA Le, M	L HOME D 2178	4 (3	01)-	795–	1400
ahock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inje	flaceses, precent fellure, nel	complications the List only one cer a	O (OR AS A	CONSEQUENCE	HAI Syk not enter the	GHT FU esvill	JNERA Le, M	L HOME D 2178	4 (3	01)-	795–	Approximate Interval Betwee Onset and Dec
ahock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events	diaeases, prepared to the state of the state	complications the List only one cer a. DUE TO b. DUE TO c. DUE TO d.	O (OR AS A	CONSEQUENCE	HAI Syk not enter the	esvill mode of d af o luft	INERA Le, M ying, suc	L HOME D 2178 th as cardiac	34 (3	I AUTOPSY	795 <u>–</u>	Approximate Interval Betwee Onset and Dec
ahock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS PART II. Other aignific Clau Gan	stiona, ediate filling strong	complications the List only one cer a. DUE TO b. DUE TO c. DUE TO d.	O (OR AS A	CONSEQUENCE	HAI Syk not enter the	esvill mode of d af o luft rlying couse PAR	NERALE, M. Ying, such property of the property	L HOME D 2178 th as cardiac	4 (3) Dr resp	I AUTOPSY	795 <u>–</u>	Approximate Interval Betwee Onset and Dea Do
ahock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuthet initiated events resulting in death) LAS PART II. Other aignification Garan 25. WAS CASE REFERRED T EXAMINER?	stiona, ediate filling strong	complications the List only one certain the List of the List	O (OR AS A	CONSEQUENCE CONSEQ	HAI Syk not enter the	esvill mode of d af o luft rlying couse Ren 26. PLACE OF	MERALE, Mylng, such programme of the pro	Part I. 24	a. WAS AN PERFO	I AUTOPSY	795 <u>–</u>	Approximate Interval Betwee Onset and Dea Do
ahock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuthet Initiated events resulting in death) LAS PART II. Other aignification GLOVI STANNIER? 1 YES 2 NO	stiona, ediate filling strong	complications the List only one certain the List of the List	O (OR AS A	CONSEQUENCE CONSEQ	HAI Syk not enter the	esvill mode of d af o luft rlying ceuse Ren 2. A C 26. PLACE OF	MERALE, Mylng, such programme of the pro	Part I. 24 Wheek only one) 6 Other (S	a. WAS AN PERFO	AUTOPSY	795— rest,	Approximate Interval Betwee Onset and Dea Do
ahock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuthet Initiated events resulting in death) LAS PART II. Other aignification GLAA GLAA 25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	stiona, ediate filling strong	complications the List only one certain the List only one certain the List only one certain the List of the List o	O (OR AS A	CONSEQUENCE CONSEQ	HAI Syk not enter the Spirit Syk DF): DF): DF): DF): DF): DF): DF): DF):	esvill mode of d af a luyt rlying couse Ren a. PLACE OF	JNERA Le, M ying, suc ying, suc given in all DEATH (C	Part I. 24	a. WAS AN PERFO	AUTOPSY	795— rest,	Approximate Interval Betwee Onset and Dea Do
ahock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuited initiated events resulting in death) LAS PART II. Other aignific GLAA GLAA GLAA 25. WAS CASE REFERRED TEXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Accident	diaeases, properties of the pr	complications the List only one certain and the List only one certain and the List only one certain and the List only one to the List on the List one to t	O (OR AS A	CONSEQUENCE CONSEQ	HAI Syk not enter the Syk Porportion OFF: OFF: OFF: OFF: OFF: OFF: OFF: OFF	CHT FL esvill mode of d af a luft riying ceuse Ren 26. PLACE OF Home 5 Home 5 Luft 26. PLACE OF NJURY AT WORK? VES 2	JNERA Le, M ying, suc ying, suc given in all DEATH (C	Part I. 24 Part I. 24 Part I. 24 Part I. 24 Part I. 25 Part I. 25 Part I. 26 Part II. 26 Part III. 2	e. WAS AN PERFO	I AUTOPSY RIMED?	795— Test, 24	Approximate Interval Betwee Onset and Des
ahock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuthat Initiated events resulting in death) LAS PART II. Other aignification GLA 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Accident	diaeases, propert fellure. Itiona, podiate ling ury ST Control MEDICAL. Pending	complications the List only one certain the List of the Li	O (OR AS A	CONSEQUENCE CONSEQ	HAI Syk not enter the Syk Porportion OFF: OFF: OFF: OFF: OFF: OFF: OFF: OFF	CHT FL esvill mode of d af a luft riying ceuse Ren 26. PLACE OF Home 5 Home 5 Luft 26. PLACE OF NJURY AT WORK? VES 2	JNERA Le, M ying, suc ying, suc given in all DEATH (C	Part I. 24 Wheek only one) 6 Other (S) 261. LOCATH	e. WAS AN PERFO	AUTOPSY RMED?	795— Test, 24	Approximate Interval Betwee Onset and Dea Do
ahock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other aignific GLAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 26. Accident 2 Accident 2 Accident 3 Suicide 4 Homicide	diaeases, propert fellure. Itiona, ediate filing arry ST Pending Investigation Could not be datarmined	complications the List only one certain the List of the List	O (OR AS A	CONSEQUENCE CONSEQ	HAI Syk not enter the Syk not enter the Syk DF): DF): OF): OTHER: 4 Nursing ME OF JURY M 28 JURY M 3 street, factory	CHT FL esvill mode of d African lying ceuse Ren African ceuse Ren	JNERA Le, M ying, suc ying, suc given in al o DEATH (C) Rasidence	Part I. 24 Lead to the control of t	a. WAS AN PERFO	AUTOPSY NO	795— Trest, 24	Approximate Interval Betwee Onset and Des
ahock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuted initiated events resulting in death) LAS PART II, Other aignific 25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 27. MANNER OF DEATH 28. Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only) 1 CER	State of the state	complications the List only one certain the List of the List	O (OR AS A	CONSEQUENCE CONSEQ	HAI Syk not enter the Syk not	CHT FT esvill mode of d af a luyt rlying ceuse Ren A C 26. PLACE OF Home 5 = 1. INJURY AT WORKAT WORKAT OFFICE dete and place	JNERA Le, M ying, suc ying, suc given in Al DEATH (C) Rasidence NO	Part I. 24 Part I. 24 Part I. 25 Part I. 25 Part I. 26 Part II. 26 Part III.	a. WAS AN PERFO	AUTOPSY RMED? INJURY OC and Number	795— Trest, 24	Approximate Interval Betwee Onset and Dea
ahock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injet that initiated events resulting in death) LAS PART II. Other aignific GLAM 25. WAS CASE REFERRED T EXAMINER? 1 Netural 5 2 Accident 3 Suicide a 1 2 Accident 3 Suicide a 1 2 MET CERTIFIER (Check only One) 2 MET	pending Investigation Could not be datermined	complications the List only one certain and the List of the	O (OR AS A	CONSEQUENCE CONSEQ	HAI Syk not enter the Syk not	CHT FT esvill mode of d af a luyt rlying ceuse Ren A C 26. PLACE OF Home 5 = 1. INJURY AT WORKAT WORKAT OFFICE dete and place	JNERA Le, M ying, suc ying, suc given in Al DEATH (C) Rasidence NO	Part I. 24 Part I. 24 Part I. 25 Part I. 25 Part I. 26 Part II. 26 Part III.	a. WAS AN PERFO	AUTOPSY RMED? INJURY OC and Number	795— Trest, 24	Approximate Interval Betwee Onset and Des
ahock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuted initiated events resulting in death) LAS PART II, Other aignific 25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 27. MANNER OF DEATH 28. Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only) 1 CER	diaeases, propert fellure. Itiona, ediate ling ury ST TO MEDICAL Pending Investigation Could not be datarmined KTIFYING PHYSIDICAL EXAMIN	complications the List only one certain and contributing to the List of the Li	O (OR AS A	CONSEQUENCE OF CONSEQ	HAI Syk not enter the Syk not	CHT FL esvill mode of d af a luyf luyf Resolution Ce. PLACE OF Home 5 Ce. INJURY AT WORK? YES 2 office dete and plate on, death occ	JNERA Le, M ying, suc ying, suc given in Al DEATH (C) Rasidence NO	Part I. 24 Part I. 24 Part I. 25 Pack only one) 6 Other (S 26d, DESCR	a. WAS AN PERFO	I AUTOPSY RMED? AND NO BINJURY OC BINJURY OC BINJURY OC BINJURY OC BINJURY OC BIND OF	795— rest, 24 ccured or or Rural sted, the cause	Approximate Interval Betwee Onset and Dea



BALTIMORE, WARTHAND 21215-0020	nours after death. Page 6 may be trained the lospital or attending physician.	ed in by the funeral director, page to served a functived for use as the burial-transit permit. Pages 1, 2, 3 sho or removal.	medical examiner must be nother or once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be maintened in attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT; it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be nothing the one

1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.		
1. OECEDENT'S NAME (First, Middle, ROSEMARY	Last)	FIORE		2. DATE OF DEATH MONTH Sep. 13,	1991 YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 097-22-9863	1 - FEMALE	69 YRS. MON		7. DATE OF BIRTH (Month, Sex Year) 03/03/22	NEV	THPLACE (State or Foreign intry) V YORK
99. FACILITY NAME (If not Institution, FREDERICK MEMO)	RIAL HOSPITAL	9b.	FREDERICK	EATH	FREDER	
100 STATE 10b. CO	FREDERICK	196 CITY, 19	TRY			10d. INSIDE CITY LIN 197 1 YES 2 NO
1974FT WOODVILLE	RD.		10f. ZIP CODE 217	71	10g. CITIZEN Q	F WHAT COUNTRY? J. S. A
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed Mt Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO	an, Puerto Rican, etc.)	BI	ACE — American Indian, ack, White, etc.
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5 +)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret HOUSEWIFE	done during most of working lred.)	18b. KIND OF BUS	HOME	
17. FATHER'S NAME (First, Middle, Last LOUIS STERPE	t)			AME (First, Middle, Meiden S Y FRANZA	Surname)	
190. INFORMANT'S NAME (Type/Print) MICHAEL J FIOR		The second second	DRESS (Street and Number or Rural DDVILLE RD. M	Route Number, City or Town		ID 21771
20a. METHOO OF OISPOSITION 1 Burlel 2 Cremation 3 4 Donation 5 Other (Specify, 21. SIGNATURE OF FUNERAL SERVI	Removal from State	ob. PLACE AND DATE OF	MEMORIAL GARD 22. NAME AND ADDRESS OF F	ENS NR		ERICK, MD
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. OUE TO (OR AS	A CONSEQUENCE OF):	Lympu Chiar.		/	Onset and Deat
PART II. Other algnificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	d. ditiona contributing to death	but not resulting in the	na undarlying cause given i	n Part I. 24a. WAS AN. PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:	0	26. PLACE OF DEATH (C	Theck only one)		
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28a, DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA 4 (Nursing Home 5 Residence F 28c, INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED)
2 Accident Investig 3 Suicide 6 Could n 4 Homicide determin	ot be 26e. PLACE OF INJUR	(Y — At home, farm, stree	M 1 YES 2 NO	26f. LOCATION (Street a City or Town, State)	and Number or Ru	rel Route Number,
Onel Only	PHYSICIAN: To the best of my kno AMINER: On the basic of examinat					se(e) end menner as stated.
296. SIGNATURE AND TITLE OF CE	ATIFIER - L	AY	29c. LICENSE N	30125		NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, Pric	v 7 5 50	Fica	2-124	13/9/ 21701 M4
31. DATE FILED (Month, Day, Year) SEP 1 7 '91	32. REGISTRAR'S SIG	ENATURE				

DHMH-16 Rev 1/89

OHMH-16 Rev 1/89

e hospital or attending physician. AND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may 10 THE RUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, p 6 found be filed within 72 hours after death with the State Cept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be not the complete of the co BALTIMORE DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF I	HEALTH AN	D MENTAL HYGIE REG. N		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	3. TIME OF DEATH
1	John Willou	ghby Fro	ck			9	1-9	YEAR I GUY M
			in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR		1	BIRTHPLACE (State or Foreign Country)
	<u> </u>	1 M 2 D F 7	9 YRS.	MONTHS DAYS	HOURS MIN	2/14/19	912	MD
-	9s. FACILITY NAME (If not institution, give stre			96. CITY, TOWN	OR LOCATION O			Y OF DEATH
9	Carroll County	Gen. Hosp.	ital	West	minste	er	Car	roll
	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		10a CIT	Y, TOWN OR LOCA	71001			
DIRECTOR	MD Carr	077	100. 01					10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	011			minste	r		1 YES 2 NO
P. A.	1560 Fridinger	Mill Road	1	1 "	21157	,		EN OF WHAT COUNTRY?
FUNERAL	- 6 -	2 WAS DECEMENT SUSS IN	1110 101100	42 480 05				S.
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 YNO	If yes, s	ecify Cuben, Me	PANIC ORIGIN? (Specify vicen, Puerlo Ricen, etc.) ecily:	fes or No 1	4. RACE — American Indian, Black, White, atc. Specify: White
	15. OECEDENT'S EDUCA (Specify only highest grade co	TION moleted	16a. OECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF B	USINESS/INDU	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	-	work done during m se retired.)	ost of working			
N N	11+		farme	r		agric	cultur	e.
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First, Middle, Maid	on Sumame)	
8	Herbert Frock				Lot	tie Hosfe	eld	
0	19s. INFORMANT'S NAME (Type/Print)					ral Route Number, City or To		
-	Mrs. Lydia Fro		1560	Fridi	nger M	ill Rd.,	Westn	inster, MD
	20e. METHOD OF DISPOSITION 3. Burlai 2 Cremation 3 Remove	of from State 20b	PLACEANDDATE	OF DISPOSITION (N	amo of	DATE 200 I	OCATION OF	A. T. T. Otto
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	[1](e	eadow E	ranch	Cemete	ry 9/18	Westm	inster, MD
		ISEE		22 MAME A	UD ADDRESS OF	neral Hon		
	Robert K. P.	ritts, Sr.		412	Washi	ngton Rd.	. Wes	tminster, MI
CERTIFICATION	ahock, or heart fellure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A		L): (taralia	d Mill e i fer	tien	Interval Between Onset and Death
MEDICAL	PART II. Other eignificant conditions	contributing to deeth be	ut not resulting	in the underlyin	g ceuse given		IN AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			ACE OF DEATH	(Check only one)		
YSI	1 YES 2 TO 1	☐ Inputient 2 □ ER/Outpo	Itlent 3 🗆 DOA	OTHER: 4 Nursing Horn	e 5 🗆 Resident	ce 6 - Other (Specify)		
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM		URY AT	28d. DESCRIBE HOW	INJURY OCCU	RED
ВУ	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO			
ETED	3 Suicide 8 Could not be datarmined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, :	street, factory, offic	•	28f. LOCATION (Stree City or Town, Stat	t and Number or s)	Rural Route Number,
COMPL	29a. CERTIFIER 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowledge. On the bests of examination	edge, death occurre	n, in my opinion, d	and place, and c	fue to the cause(s) and m	anner as stated	cause(s) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE			SIGNED (Month, Day, Year)
TO B	-tomadush	Nabe	no		D181	00	> Q	1-16-91
Ĭ	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	oApos	Le Rol Wa	estone	Way MD211A
	SEP 1 7 '91	32. REGISTRAR'S SIGNA	don Rand	*				3/

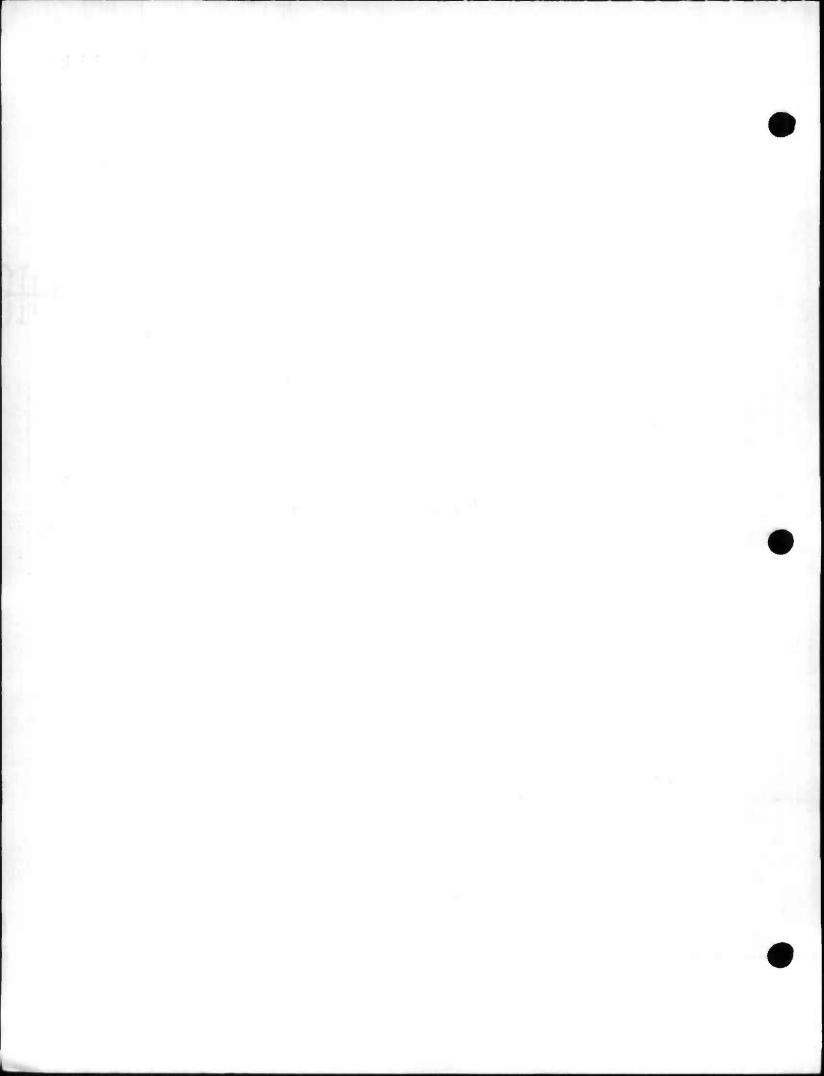
1 - 2 ne Siese vil 26 i 2 ja C sv Teles for the content of the state of the state of

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last, VEAD PM BEATRICE ELIZABETH FOXWELL 1:30 09 991 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7 DATE OF BIRTH B. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS MIN .218-20-8039 1 M 2 7 F 73 YRS. 10-24-1917 Maryland Se. FACILITY NAME (If not institution, give street end number 9b. CITY. TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTÓR 5302 Second St. Cambridge Dorchester RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Dorchester Cambridge 1 YES 2 NO permit. 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 5302 Second St. 21613 USA burial-transit nours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 25 NO Specify: FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES BALTIMORE, MARYLAND 21203-3146 1 Never Merried 2 Merried SpecifyWhite BY 3 Wildowed 4 Divorced use as the 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retred.) COMPLETED 16b. KIND OF BUSINESS/INDUSTRY 15 DECEDENT'S EDUCATION (Specify only highest grade comple for Elementary/Secondery (0-12) College (1-4 or 5+) 10 Years detached Homemaker 18. MOTHER'S NAME (First, Middle, Malden Surneme) 17, FATHER'S NAME (First, Middle, Last) Nellie te. George Willey Elzey funeral director, page 5 should be BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 805 Church St. Cambridge, Md. Judy 21613 Spear 9 20e. METHOD OF DISPOSITION
117 Burlet 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetery or 20c. LOCATION — City or Town, State must Mem. Park
22. NAME AND ADDRESS OF FACILITY Cambridge, Md. Dorchester. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner Thomas Funeral Home Keneth R 14 700 Locust St. Cambridge, Md. removal. medical 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such se cerdiac or respiratory streat, Approximete filled in by interval Between shock, or heart feliure. List only one cause on each line. 6 Onset and Death IMMEDIATE CAUSE (Final has been signed by the attending physician and completely filled Dept. of Health and Mental Hygiene prior to burial, cremation, 1.23 shows any Injury, or other traumatic event, the i 27 mind Canon disesse or condition Dow Rock resulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediate cause. Enter UNDERLYING The law requires that the death certificate be CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST DIVISION OF VITAL RECORDS. PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 0 OF DEATH? 1 YES 2 NO PHYSICIAN: 26. PLACE OF OFATH (Check only 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Itеm certificate h HOSPITAL L OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate 2 hours after death with the State 1 frem 28 is marked, or let OTHER: 5 Residence 1 YES 2 2 110 nt 2 - ER/Outpetient 3 - DOA 6 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 26b, TIME OF 28c. INJURY AT WORK? INJURY 5 Pending investigation 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 201. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) and manner as stated. FUNERAL | within 72 h = 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 30. NAME AND ADDRESS OF PERSON V 9 1516 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE PANDELL

SEP 16 91



COCCEPCE.

1496

10 E 7 ON

	FOR
	STATE
	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

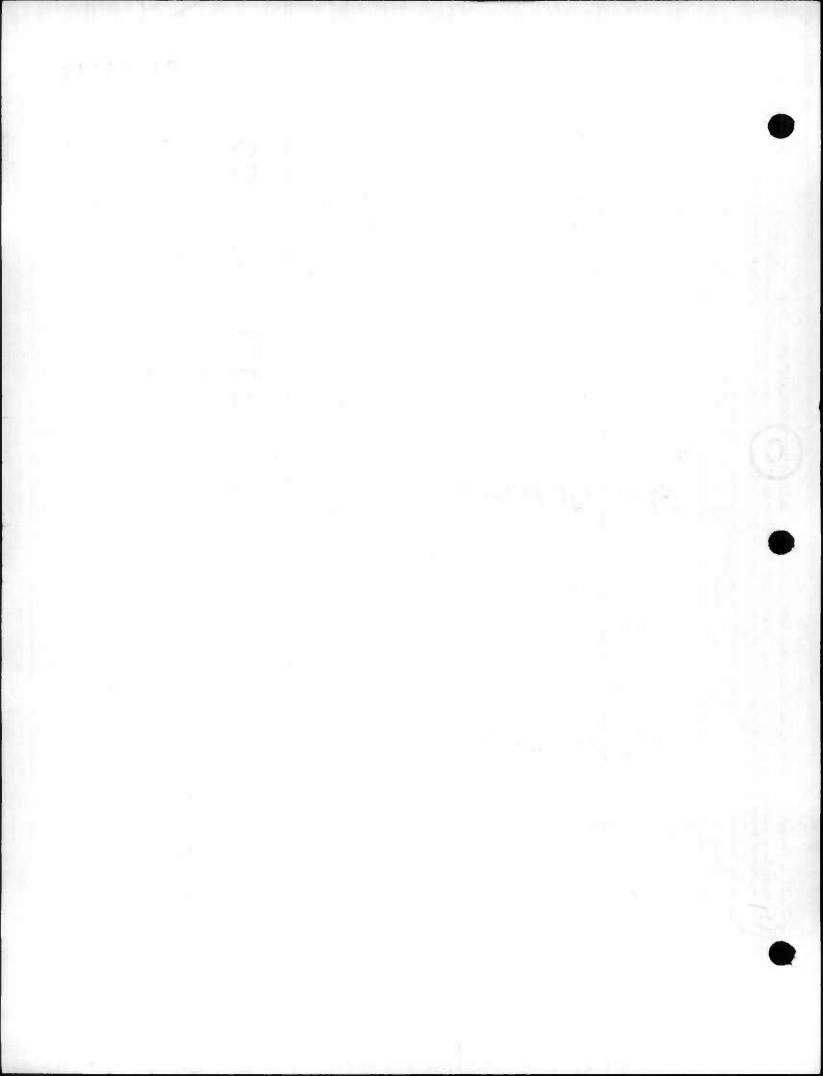
	1 - STATE REGISTRAR		CERT	IFICATE (F DEAT	Н	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, L	ast)					DATE OF DEATH	NY YE	AR 3. TI	IME OF DEATH
	Moses Goods:	i.ch 5. SEX 1	8. AGE (In yrs. lest birthde	MONTHS D	AR FUNDER 2		09 08 DATE OF BIRTH (Month, Day, Year) 05 15 08	8.7	BIRTHPLAC Country)	
	577 14 5668 So. FACILITY NAME (If not institution,		03 1116		WN OR LOCATIO		02 12 08	9c. COUNTY	_	IIId
TOR	Leland Memoria	_		Rive	rdale	Md	-	Princ	e Geo	rge
FUNERAL DIRECTOR	Md Pr	nce George	10c.	Clinton	OCATION					INSIDE CITY LIMITS? NYES 2 NO
FERAL	9211 Stuart La	ane			101. ZIP CODE 2073			10g. CITIZEN	of what ISA	COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1. IF YES, GIVE W	T EVER IN U.S. ARMED VES 2 NO NO DATES 944-June 19	If yo		, Mexican, Pu	RIGIN? (Specify Yes ierto Rican, etc.)	or No- 14.	Specify:	merican Indian, ite, etc.
COMPLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5 d	(Give kind	T'S USUAL OCCU of work done durin T use retired.)	PATION g most of working	,	166, KIND OF BUS		TRY	
OM	17. FATHER'S NAME (First, Middle, Las	t)	Latto	rer	18. MOTH	ER'S NAME (First, Middle, Malden			
BE C	Aaron Good						(Unknown			
0	19a. INFORMANT'S NAME (Type/Print)						Number, City or Tow		10	
	Vecelia H. Ra	scoe	722 20b. PLACE OF DIS				Landover	Mary Display		
	1 Burial 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from State	- Maryland				1000	ltenhan	In a second	
	21. SIGNATURE OF FUNERAL SERVICE				E AND ADDRES	S OF FACILIT				
		10 10					Rd. Lando			0785
	23. PART 1. Enter the diseases shock, or heart fell IMMEDIATE CAUSE (Final disease or condition resulting in death)	ure. List only one cau		D	mode of dyli	ng, such ae	cardiac or resp	iratory smest	, 	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSEQUENC							
MEDICAL	PART II. Other significant cond	ditions contributing to	death but not resulti	ing in the unde	rlying cause g	liven in Par	t i. 24a. WAS AN PERFO	RMED?	CON OF 1	RE AUTOPSY FINDINGS RLABLE PRIOR TO APLETION DF CAUSE DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDIC	AL	-		26. PLACE OF DI	EATH (Check of	only one)			
SICI	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 ☐ DO	OTHER:	Home 5 🗆 Re					
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 8 Pending Investige		INJURY 28b.	TIME OF 28	c. INJURY AT WORK?	28	d. DESCRIBE HOW	INJURY OCCUR	IED	
TED BY	2 Accident investigat 3 Suicide 8 Could in 4 Homicide determin	28e. PLACE (OF INJURY — At home, fa etc. (Specify)	rm, street, fectory	office	26	1. LOCATION (Street City or Town, State	and Number or	Rural Route	Number,
COMPLETED	(Oriects Orin)	PHYSICIAN: To the best of								I manner as stated.
BE	296. SIGNATURE AND TITLE OF CER	TIFIER			29c. LICE	2 03	3	29d. DATE S	IGNED (Mor	nth, Day, Year)
TO	30. NAME AND RODRESS OF PERSO	gui	6525 K	Type, Print)	RI	14	GAH MI	(14 A	0	28782
	ST. OUTE FILEDS POP. ON TOWN	1 32. REGISTR	AR'S SIGNATURE	delle			1	/		

interaction by the hospital or attending physician. E. MARYLAND 21203-3146 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after earth.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the inneral section of detached the second persons after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumalic event, the medical examiner must be nettlifed at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89



31. DATE FILED (Asgrith, Day, Year) 91

	FOR STATE REGISTRAR			(CERTIF	ICATI	OF			MENTAL HYGIE			20115
	1. OECEDENT'S NAME (First	- /	Walter		in Goo	od, S	r.			2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMI	BER	5. SEX 1 M 2 D F	6. AGE (In yrs.	lest birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)	-7		PLACE (State or Foreign Pen County, inia
	9a. FACILITY NAME (If not in		street and number)	,		9b. CITY	, TOWN C	R LOCAT	ION OF OR	01001	-	NTY OF D	
DIMECTOR	Leland Memo		Hospital			R	ive	dale	9		Prin	ice G	George's
品	10e. STATE	10b. COUNT	Υ		10c. CIT	ry, town (OR LOCAT	ION					10d. INSIDE CITY
	Maryland		ce George	's	(colle							1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER						101	ZIP COE					WHAT COUNTRY?
<u> </u>	4705 Berwyn	Koad	T						740			J.S.A	
0	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive			NT EVER IN U.S. I YES 2			If yes, sp	ecify Cub		NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:	fes or No	14. RACI Blaci Spec	E — American Indian, k, White, etc. #/y: White
ובח	(Specify on	CEDENT'S EDU	e completed)		OECEDENT'S (Give kind of Me. Do NOT u	work done			Ing	16b. KIND OF	USINESS/IN	OUSTRY	
7.6	5th Grade	0-12)	College (1-4 or 5 None		arpent					Cons	truct	ion	
COMP	17. FATHER'S NAME (First, A	Aiddle, Last)						18. MOT	HER'S NA	ME (First, Middle, Maid		.1011	
- 1	Lemual A. G	ood								ry Ellen		er	
O BE	19s. INFORMANT'S NAME (Type/Print)			19b. MAILIN	O AODRES	S (Street a	and Numbe		Route Number, City or			
=	Joseph Elwo					_				, Adelph:	, Mar	ylan	d 20783
	20e METHOO OF DISPOSIT 2 Burial 2 Crement 4 Donation 5 Other	FION on/3 Ham r/Specify)	novel from State	othe	ce of Dispo					1.00	location – lelphi		own, State 1ryland
	21. SIGNATURE OF FUNERU	AL SERVICE LI	CENSIE	Sul	-					S Sons Fu			ne, P.A. Md. 20781
	23. PART I. Entar the calculation and calculate the calculation and calculatio	neart failure.	List only one ca	et caused that use on each i	line.	d	the mo	de of dy	Lu	h an cardiac or re	apiratory a	rrest,	Approximate interval Between Onset and Death
NO	Sequentially list condi		a as	O (OR AS A CON	non	0	ne	un	702	200			
HIFICALION	if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju-	ring	a Source	OR AS A CON	SEQUENCE (90	عسو	Or.	I A	enisy	hue	,	
CERI	thet initiated events resulting in death) LAS	ST	d			(J.							
PHYSICIAN: MEDICAL C	PART II. Other signific	ent condition	for the	llar	ot resulting	In the u	nderlyin	g cause	given in	PER	AN AUTOPSY FORMED?	248	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A P	25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF	DEATH /C	neck only one)			
2	EXAMINER?		HOSPITAL:	☐ FR/Outpetlers	3 [] DOA	OTHE	A:			6 Other (Specify)			
	27. MANNER OF DEATH		26a. DATE O	F INJURY	26b. TI	ME OF	28c. IN	JURY AT	tasioence	28d. OESCRIBE HO	W INJURY O	CCURED	
BY P	1. Netural 5 _	Pending Investigation	(Month,	Day, Year)	11	IJURY M		YES 2	□ NO				
	3 Suicide 6 C	Could not be detarmined		OF INJURY — AI I, etc. (Specify)	t home, farm,	street, fac	ctory, offic	00		26f. LOCATION (Str. City or Town, St	et and Numberte)	er or Rural	Route Number,
COMPLETED	anal									to the cause(s) and time, date and place			(s) and manner as stated.
S S	295 SIGNATURE AND TITL								CENSE NU				D (Month, Day, Year)
2	M. NAME AND ADDRESS (OF PERSON W	HO COMPLETED CAL	USE OF DEATH	TTEM 27) (%	e. Printi		110	10	14		1/10	/71
	6510 KE						del		ud.	2073	7		

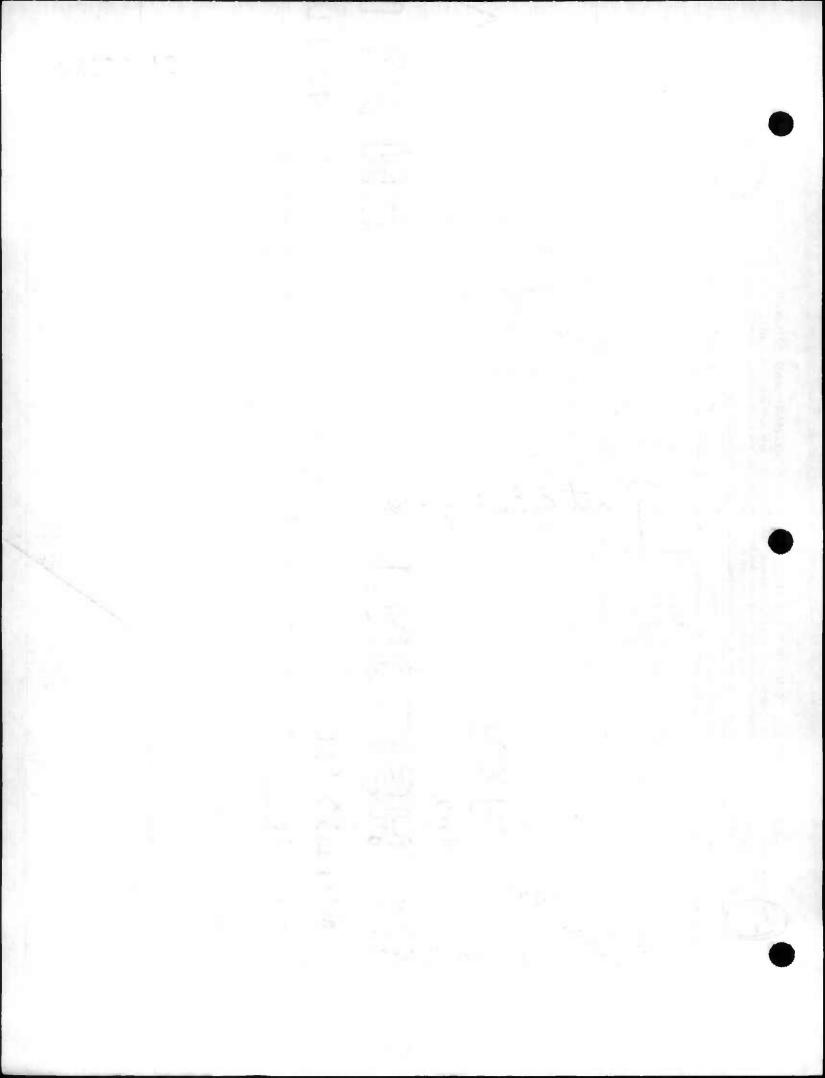
Reverdale

Julia Savidson-Randall

2073

OHMH-16 Rev 1/89

	REGISTRAR 1. DECEDENT'S NAME (First, M	Airirita 1 anos		-	CEHI	IFICAT	E OF	DEATH	2 02-	REG. NO).	1.	TIME OF DEATN
	1. DECEDENT'S NAME (PISS), M	NIGONA, LAST)	Germain	e Aı	nn Gi	lmer			Sept	TH C	1991	EAR 3.	4:15 A.
	4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (in yrs. last birtho	MONTHS	R 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	0.	BIRTNPL Country)	ACE (State or Fore
	473-44-8769 90. FACILITY NAME (If not instit	**************************************	1 🗆 M 2 XXF	48	YR	S.			Nov.	10,1	942 Mi	nne	
PO	1497 Manor							onville	DEATN		9c. COUNTY		
ECT	RESIDENCE OF DECE	DENT	,		10c.	CITY, TOWN					Time	10.7	d. INSIDE CITY
DIR	Maryland 1	Prince	e George	s		eabroo							LIMITS?
1AL	10e. STREET AND NUMBER						100	, ZIP CODE			10g. CITIZEN	OF WHA	T COUNTRY?
FUNER	9225 Elvis I	Lane	12. WAS DECEDEN	IT EVER IN	U.S. ARMED	13.		0706 ENDENT OF NISP	ANIC ORIG	N? (Specify Ve	Unite		
BY FL	1 Never Merried 2 XXM 3 Widowed 4 Divorce	12:411	FORCES? 1	YES	2 NO		If yes, sp	ecify Cuben, Mexical 2 NO Special	an, Puerto			Specify:	American India
ED	15. OECEE (Specify only it	DENT'S EDUC	CATION		16a. DECEDEN	VT'S USUAL Of of work done	OCCUPATIO		16	b. KIND OF BU	JSINESS/INDUS	_	islan
LET	Elementary/Secondary (0-1:		College (1-4 or 5	+)	life. Do No	OT use retired.))		- 1				
COMPL	12	dle, Last)			Produc	ction	Cont	rol Mgr			Indust	ries	S
BE C	Charles C. I	Przybi	illa					Teres	3 . 3.	menti ese			
TO B	19a. INFORMANT'S NAME (Typ			- 2				and Number or Run			wn, State, Zip Co	de)	
	Cathryn T. (r	201	S &	me as			DA	TE 200 14	OCATION — CIN	or Team	State
	1 Donation 5 Other (S	3 Reme	oval from State	of	cemetary, cremi	story or other	place)	Garden	1				
	21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE		. K = IIII. III.	1 22	NAME A	ND ADDRESS OF	ACILITY	7, 17	IAVIUSU	11411	10,00
										ral Ho	me DA		
	IMMEDIATE CAUSE (Fina	art fallure.	List only one cau	use on e	ach lina.	Do not ante	Beal 1600 or the mo	1-Evans 0 Annapo ode of dying, se	Fune	Rd. Bo	owie, MD	207 i,	Approxim Interval B Onset and
ERTIFICATION	shock, or has	ons, late	a. Powly (DUE TO	OF AS A	ach lina.	Do not ante	Beal 1600 or the mo	1-Evans O Annapo	Fune	Rd. Bo	owie, MD	207 i,	Approxim Interval B Onset and
MEDICAL CERTIFICATION	shock, or head immediates or condition resulting in death) Sequentially list condition if any, leeding to immediate cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events	ert fallure.	a. Powly (DUE TO b. OUE TO c. DUE TO	O (OR AS A	A CONSEQUENCE	Do not ante	Beal 1600 or the mo	1-Evans 0 Annapo ode of dying, se	Fune plis pich ss ca	Rd. Bo	Dwie, MD piratory arreat A STOPSY DRMED?	207 t,	Approxim Interval B Onset and () In ERE AUTOPSY F MILABLE PRIOR OWNETION OF G F DEATH?
MEDICAL	IMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentially list condition if any, leeding to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant	ent fellure.	BUE TO C. DUE TO C. DUE TO C. DUE TO	O (OR AS A	A CONSEQUENCE	Do not ante	Bea1 1600 or the mo	1-Evans 0 Annapo ode of dying, se	Fune plis ich as ca n Part I.	Rd. Bo	Dwie, MD piratory arreat A STOPSY DRMED?	207 t,	Approximatinterval Bionact and Colonial Programme C
MEDICAL	Sequentially list condition resulting in death) Sequentially list condition if any, leeding to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	ent fellure.	DUE TO d. HOSPITAL: 1 Inpatient 2 (O (OR AS A	aconsequence CONSEQUENCE CONS	Do not ante	Bea1 1600 or the mo ind Ca	1-Evans 0 Annapo ode of dying, se	Fune plis chas ca ple property check only a B Onl	Parker (Specify)	N AUTOPSY PRIMEO?	207 R,	Approximinterval B Onset and (
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leeding to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant in the condition of t	art fellure.	BUE TO B. OUE TO C. DUE TO C. DUE TO	O (OR AS A	aconsequence CONSEQUENCE CONS	Do not ante	Bea1 1600 or the mo ind Ca inderlyin 26. Pi ER: uraing Hon	1-Evans 0 Annapo ode of dying, se 1-Evans 0 Annapo ode of Death (1-Evans 0 Annapo ode of Dea	Fune plis chas ca ple property check only a B Onl	Parker (Specify)	Dwie, MD piratory arreat A STOPSY DRMED?	207 R,	Approxim Interval B Onset and Onset
D BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condition from the sequential se	meding restigation to be	BUE TO B. OUE TO C. DUE TO d. HOSPITAL: 1 Inpatient 2 (Month, E	O (OR AS A	aconsequence Consequence Conse	Do not ante	Bea1 1600 or the mo AD CA inderlyin 26. Pi ER: uraing Hon 28c. IN 1	1-Evans 0 Annapo ode of dying, se 1-Evans 0 Annapo ode of Death 0	Fune olis ich as ca Part I. Check only 28d. D	Ad. Bo	N AUTOPSY PRIMED? 2 X NO T INJURY OCCUPATION OF AND AUTOPSY PRIMED?	24b. W A A C C C C C C C C C C C C C C C C C	Approxim Interval B Onset and (**) In ERE AUTOPSY F MILLABLE PRIOR OMPLETION OF F DEATH? YES 2
ETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 P Accident 3 Suicide 6 C C	art fellure.	BUE TO B. OUE TO C. DUE TO d. HOSPITAL: 1 Inpatient 2 (Month, E	OR AS A O (OR AS A	aconsequence Consequence Conse	Do not ante	Bea1 1600 or the mo AD CA inderlyin 26. Pi ER: uraing Hon 28c. IN 1	1-Evans 0 Annapo ode of dying, se 1-Evans 0 Annapo ode of Death 0	Fune olis ich as ca Part I. Check only 28d. D	PAG. Bo rdlec or reap O Varil 24a. WAS A PERFC 1 YES OFF (Specify) ESCRIBE HOW	N AUTOPSY PRIMED? 2 X NO T INJURY OCCUPATION OF AND AUTOPSY PRIMED?	24b. W A A C C C C C C C C C C C C C C C C C	Approximinterval Bionaet and
ETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condition from the sequential se	art failure.	BUE TO b. OUE TO c. DUE TO d. HOSPITAL: 1 Inpettent 2 28e. DATE Of (Month, L.) 28e. PLACE of building	OF AS A O (OR AS A O (aconsequence Consequence Cons	Do not ante	Bea1 1600 or the mo ind Ca inderlyin 26. Pi ER: ursing Hon 28c. IN. 1 □ ctory, office	1—Evans 0 Annapo ode of dying, se 1 Chow 6 1 Chow 7 1	Fune olis ich se ca (Kel Check only 28d. D 28f. LC Ch	24a. WAS A PERFC 1 YES CATION (Streety or Town, State ause(e) end m	N AUTOPSY PRIMED? 2 NO INJURY OCCUPATION OF THE PRIMED PRI	207R,	Approximinterval Bionaet and () In ERE AUTOPSY FI MILLABLE PRIOR OMPLETION OF (F DEATH? YES 2 1
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condition from the sequential se	ment failure. In a condition MEDICAL MEDICAL Pending restigation could not be etermined FYING PNYSIAL EXAMINE	BUE TO B. OUE TO C. DUE TO C.	OF AS A O (OR AS A O (aconsequence Consequence Cons	Do not ante	Bea1 1600 or the mo ind Ca inderlyin 26. Pi ER: ursing Hon 28c. IN. 1 □ ctory, office	1—Evans 0 Annapo ode of dying, se 1 Chow 6 1 Chow 7 1	Fune plis chas ca Rec property check only as a Ott 28f. LC Check only as to the chastime, da	24a. WAS A PERFC 1 YES CATION (Streety or Town, State ause(e) end m	N AUTOPSY PRIMED? 2 NO TINJURY OCCUPATION OF THE PRIMED	24b. WARED	Approximatintarval Ba Onset and Onse
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leeding to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant in the condition of t	ment failure. In a condition MEDICAL MEDICAL Pending restigation could not be etermined FYING PNYSIAL EXAMINE	BUE TO B. OUE TO C. DUE TO C.	OF AS A O (OR AS A O (aconsequence Consequence Cons	Do not ante	Bea1 1600 or the mo ind Ca inderlyin 26. Pi ER: ursing Hon 28c. IN. 1 □ ctory, office	1—Evans 0 Annapo ode of dying, se ode of dying, se control of the control ode of dying, se ode of d	Fune plis chas ca Rec property check only as a Ott 28f. LC Check only as to the chastime, da	24a. WAS A PERFC 1 YES CATION (Streety or Town, State ause(e) end m	N AUTOPSY PRIMED? 2 NO TINJURY OCCUPATION OF THE PRIMED	24b. WARED	Approximinterval B Onset and () In Interval B Onset and () In Interval B Onset and () Interva
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leeding to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant in the condition of t	me, late ligg y Internal condition MEDICAL And the cond	BUE TO B. OUE TO C. DUE TO C. DUE TO	OF AS A OF	ach line. A CONSEQUENCE A CONSEQUENCE CONSEQUENCE CONSEQUENCE A CONSEQUENCE CONSEQUENCE A	Do not ante	Bea1 1600 or the mo ind Ca inderlyin 26. Pi ER: ursing Hon 28c. IN. WC 1 □ ctory, office	1-Evans 0 Annapo ode of dying, se ode of dying,	Fune olis chas ca Rel n Part I. Check only a 8 0 011 286. D 287. LC Che time, da UMBER	24a. WAS A PERFC 1 YES CATION (Streety or Town, State ause(e) end m	N AUTOPSY PRIMED? 2 X NO INJURY OCCUPATION OF THE PRIMED	24b. WARED	Approxim Interval B Onset and Onset



permit, Pages 1, 2, 3 should

and by the hospital or attending physician.

ARYLAND 21215-0020

BALTIMORE

68760,

O. BOX

DIVISION OF VITAL RECORDS, P.

OR ATTENDING PHYSICIAN: The iaw

HOSPITAL

L DIRECTOR: After the hours after death v

9

30, NAME AND ADDI

31. DATE FILED (SEP DO YOU)

DOWN

91

SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTHAR'S SIGNATURE
GIVE DAVIDSON

Page 6 may

death.

requires that the death certificate be executed within

26/21 91 Items 23 Part I, II, 25, 27, per MEO, G-692, 10/6/92 gn 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 91 P edition SYLVESTER GATEWOOD 1:00P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign July 3, 579 40 0070 61 MONTHS DAYS HOURS Washington, DC 13 M 2 | F YRS. 1930 9e. FACILITY NAME (If not Institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PRINCE GEORGE'S HOSPITAL CHEVERLY PG RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Seat Pleasant 1 X YES 2 . NO FUNERAL 10e. STREET AND NUMBER 101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 6205 Drylog Street 20743 USA 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puerto Ricen, etc.)
1 YES NO Specify: 14. RACE — American Indian, Black, White, atc. Specific BLACK FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES 2 NO 1 Never Married 2 Merried BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade mentery/Secondary (0-12) College (1-4 or 5 +) 8th Foreman Govt. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) C. Wright Alberta Gatewood BE (19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Betty Gatewood 6205 Drylog St. Seat Pleasant, MD 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State cemete Harmony Memorial Park 9-14 Landover, Maryland ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Αď. · Landover, MD 20795 Hou mbe 7474 Landover 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or respiratory strest, Approximate shock, or heart fellure. Liet only one cause on each line Intervel Between **IMMEDIATE CAUSE (Finel Onset and Death** disease or condition -0 resulting in death) Y DUE TO (OR AS A CONSEQUENCE OF Etology 0 CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING Alcohol Abuse CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) thet initieted events resulting in death) LAST eno PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Chronic alcoholism and hypertension COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) TYES 24 1 | Inpatient 2 | ER/Outpatient 3 | DOA 0 28a. DATE OF INJURY (Month, Day, Yeer) 27. MANNER OF DEATH marked, 26b. TIME DF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY --- At home, farm, street, factor building, etc. (Specify) 69 3 Suicide ETED 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be 28 4 Homicide Item 29e. CERTIFIER
(Check only Check only PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, end due to the cause(a) and manner ee stated. COMPL TO THE HOSPITAL OF THE FUNERAL DE FIER WITHIN 72 HOSPITANT: If It 2 [MEDICAL EXAMINER: On the beale of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, La	st)						2. DATE	OF DEATH	MY	YEAR	3. TIME OF DE
3	JORGE		GARCIA					08			991	9:05
1.00	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. lest 45		IF UNDER 1 YE		MDER 24 HRS.		DE BIRTH Day, Year)		S, BIRT	HPLACE (State or
	579-02-6613	1 X XM 2 □ F		YRS.				30	Jun	46	002/	Cuba
4	9s. FACILITY NAME (If not institution, gh Woods Behind Har	doo! a Azzar	UU New I	натр					1 1	9c. COU		
6	RESIDENCE OF DECEDENT	dee s, Aver	nue		Tak	Joina	raik,	Maryland Prince George'				
DIRECTOR	10s. STATE 10b. COU				Y, TOWN OR L	OCATION						10d. INSIDE CIT
	Florida	Dade		M	liami							1 YES 2
FUNERAL	10e. STREET AND NUMBER	Charach				101, ZIP		100	- 13	1001		WHAT COUNTRY?
NE I	5851 S.W. 42nd	12. WAS DECEDENT 8	EVED IN II C ADA	4ED	Las inna			155			U.S	
	1 Never Married 2 Married	FORCES? 1 [IF YES, GIVE WAR	YES 2 XING	0	If ye	s, specify	NT OF HISPAN Cubsn, Mexics NO Specifi	n, Puerto R	? (Specify Yes Ican, etc.)	e or No—	Blac	E — American Inc ck, White, stc.
BY	3 Widowed 4 Divorced		TOTALLS		140	TES 2	NO Specin		ban		Spec	Cuban
ETED	15. DECEDENT'S E (Specify only highest gro	DUCATION ade completed)	(Giv	re kind of w	USUAL OCCUP vork done durin	PATION g most of s	vorking	-	KIND OF BU	SINESS/IND	USTRY	
PE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilte. I	Do NOT us	e retired.)	one			N/	A		
COMPL	17. FATHER'S NAME (First, Middle, Last)				14(MOTHERIA	MC (6:				
ш	Unknown				3,	15.	MOTHER'S NA Edilia			Surname)		
0	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Str	reet and Nu	mber or Rural I			n, State. Zin	Codel	
5	Ana Maria Bello						., N.I					011
	20s. METHOD OF DISPOSITION 1 Durlet 2 Cremetion 3 Re	moval from State	20b. PLACE AP	ND DATE C	OF DISPOSITION	N (Neme of		DATE	20c. LO	CATION	Cify or To	own, Stats
	4 Donatien S Other (Specify)		Glen	wood	Cemet	tery	2	7Aug9	1 Wa	shing	gton	, D.C.
	21. BIGHATURE OF FUNERAL SERVICE	UTCENSEE /			22. NAM	E AND AD	DRESS OF FA	CILITY	-1	T 2 ~		
	6 1-	. /	/					J	onnso	11 O .1	enk:	ins. Inc
	23. PAM I. Entar the diseases, o shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	CONTACT	on each line.	T WO	ot anter tha	mode o	dylng, sucl	St.,	N.W.	Wash	1., 1	ins, Inc D.C. 200 Approximinterval E Onset an
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition	a. CONTACT DUE TO (OF	GUNȘHO	T WO	ot anter that UND OF	mode o	dylng, sucl	St.,	N.W.	Wash	1., 1	Approxim
L CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. CONTACT DUE TO (OF DUE TO (OF	GUNSHO	T WOO JENCE OF JENCE OF	UND OF	HEA	dyling, such	St.,	N.W.	Wash	est,	D.C. 200 Approxin Interval E Onset an
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. CONTACT DUE TO (OF DUE TO (OF	GUNSHO	T WOO JENCE OF JENCE OF	UND OF	HEA	dyling, such	St., h as cardi	N.W.	Wash iratory arm AUTOPSY IMED?	est,	Approxim
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. CONTACT DUE TO (OF DUE TO (OF DUE TO (OF d. Ons contributing to de	GUNSHO	T WO DENCE OF DENCE OF Sulting in	UND OF	HEA	dyling, such	Pert I.	N.W. ac or reapi	Wash iratory arm AUTOPSY IMED?	est,	Approxin Interval E Onset an O
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions in death in the condition of the con	a. CONTACT DUE TO (OF DUE TO (OF	GUNSHO	T WOULDINGS OF	UND OF	HEA	se given in	Pert I.	N.W. ac or reapi	Wash iratory arm AUTOPSY IMED?	est,	Approxin Interval E Onset an O
EDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions in death in the condition of the conditions in the condition of the co	a. CONTACT DUE TO (OF	GUNSHO R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE RAS	T WOULDINGS OF	OTHER: 4 OTHER: 4 OTHER: 5 OF 28c.	HEA	se given in	Pert I. :	N.W. ac or reapi	Wash iratory arm AUTOPSY IMED?	24b	Approxin Interval E Onset an O
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are conditionally listed to the condition of the cond	a. CONTACT DUE TO (OF b. DUE TO (OF c. DUE TO (OF d. DUE TO (O	GUNSHO	UENCE OF	OTHER: 4 Nursing (OF) 28c. 1 28c.	HEA HEA S. PLACE 6 Home 5 NJURY 2 YES	se given in OF DEATH (Che Residence	Pert I.	N.W. ac or reapi 24a. WAS AN PERFOR 1 CYES 2 (Specify) RIBE HOW IN	AUTOPSY IMED?	24b	D. C. 200 Approxin interval E Onset an
D BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural	B. CONTACT DUE TO (OF DUE TO	GUNSHO R AS A CONSEQUE R AS A CONSEQUE Path but not res R/Outpatient 3 D JURY 10 10 10 10 10 10 10 10 10 10 10 10 10 1	UENCE OF	OTHER: 4 Nursing (OF) 28c. 1 28c.	HEA HEA S. PLACE 6 Home 5 NJURY 2 YES	se given in OF DEATH (Che Residence	Pert I. :	N.W. ac or reapi 24a. WAS AN PERFOR 1 CYES 2 (Specify) RIBE HOW IN	AUTOPSY MEO? NJURY OCC NELLC	24b	Approxin Interval E Onset an O
ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions in death in the condition of the con	B. CONTACT DUE TO (OF B. DUE TO (OF C. DUE TO (OF d. DUE TO (OF	GUNSHO R AS A CONSEQUE R AS A CONSEQUE Path but not res R/Outpatient 3 [JURY 10 10 10 R/Outpatient 3 [R/Outpatient 3 R/Outpatient 3 [R	DOA 28b. TIME 18ylt 7 s 36	OTHER: 4 Nursing (OTHER: 4 Nurs	HEA S. PLACE (Home 5 [NJURY A WORK? YES	Se given in DF DEATH (Che Residence T	Part I. :	N.W. ac or reapi 24a. WAS AN PERFOR 1 DE 2 (Specify) RIBE HOW IN ELF IN FION (Street a fown, State)	AUTOPSY IMED? NO NO NUMBER AUTOPSY IMED?	24b	D. C. 200 Approxin interval E Onset an
ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of	B. CONTACT DUE TO (OF B. DUE TO (OF C. DUE TO (OF d. DUE TO (OF	GUNSHO R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE RAS	DOA 28b. TIME 18 18 18 18 18 18 18 18 18 18 18 18 18	OTHER: 4 Nursing (OTHER: 507 1 treet, factory, 6	HEA S. PLACE (Home 5 (1NJURY A WORK) YES Office	Se given in OF DEATH (Che Residence T 2 🖾 NO	Part I. :	N.W. ac or reapi 24a. WAS AN PERFOR 1 XYES 2 (Specify) RIBE HOW IN FION (Street a fown, Stete) MA PA	AUTOPSY MEO? NJURY OCC NJURY OC	24b URED FED or Rural F	Approxin Interval E Onset an O
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of	a. CONTACT DUE TO (OF b. DUE TO (OF c. DUE TO (OF d. DOES CONTRIBUTING TO de HOSPITAL: 1 Impatient 2 Ef 28e. DATE OF IN. (Month, Day, TOWN) 8 8 PLACE OF IN. building, atc. STREET SICIAN: To the best of my NER: On the besis of sxam	GUNSHO R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE RAS	DOA 28b. TIME 18 18 18 18 18 18 18 18 18 18 18 18 18	OTHER: 4 Nursing (OTHER: 507 1 treet, factory, 6	HEA Lying cau S. PLACE (Home 5 (HONE) YES Office date and p	Se given in OF DEATH (Che Residence T 2 🖾 NO	Part I. :	N.W. ac or reapi 24a. WAS AN PERFOR 1 XYES 2 (Specify) RIBE HOW IN FION (Street a fown, Stete) MA PA	AUTOPSY IMED? NO NUMBER OCCUPATION NO NUMBER OCCUPATION NO NO NO NO NO NO NO NO NO	24b 24b PED PED ARY ARY	D. C. 200 Approximinterval E Onset an O
O BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	a. CONTACT DUE TO (OF b. DUE TO (OF c. DUE TO (OF d. DUE TO (OF d. DUE TO (OF 28. DATE OF IN (Month, Day, FOUND: 8 28. PLACE OF IN building, stc. STREET SICIAN: To the best of my NER: On the best of sxam ER	GUNSHO R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE RAS	UENCE OF JENCE OF Sultling in 28b. Time Injut 7:3(OTHER: OT	HEA Lying cau S. PLACE (Home 5 (HONE) YES Office date and p	Se given in Se given in Residence T Z NO	Part I. :	N.W. ac or reapi 24a. WAS AN PERFOR 1 XYES 2 (Specify) RIBE HOW IN FION (Street a fown, Stete) MA PA	AUTOPSY MEO? NO NURY OCC NURY OCC NURY OCC NURY OCC NURY OCC ARK, Nor as state d dus to the	24b CURED PED OF Pural F ARY SIGNED	Approxin Interval E Onset an O

ND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR													
	1. DECEDENT'S NAME (FI	E.	1101/2			_				2. DATE O	· 16,0		YEAR	3. TIME OF DEATH 2:15PM
	4. SOCIAL SECURITY NUI 218-07-1079		5. SEX	6. AGE (In y	4 YRS.	MONTHS	DAYS	HOURS	R 24 HRS.	7. DATE O	F BIRTH		A ROUMIN	AND
TOR	90. FACILITY NAME (II not UNIVERSITY	HOSPIT							ON OF DE	ATH		9c. COUNT	TY OF DE	ATH
DIRECTOR	RESIDENCE OF DE	10b. COUNT	ŘOLL		UNI	CNOWE R	TOGE	юи						IOd. NASSDE CITY
FUNERAL	112 N. MAIN	ST.					10f.	ZIP COD	21 791			10g. CITIZI		IATACOUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Di	_	12. WAS DECEDENT FORCES? 1 [IF YES GIVE WA	YES 2	NO NO	lf lf	yee, spe	city Cub	OF HISPAN on, Mexican Napocity	, Puerto Ric	(Specify Yee can, atc.)	or No- 1	4. RACE Black, W14°T/	- American India White, atc. TE
ETED	15. DE (Specify o	ECEDENT'S EDU	JCATION e completed)	164	a. DECEDENT'S	S USUAL OCC				16b. F	(IND OF BUS	SINESS/INDU	STRY	
COMPLET	Elementary/Secondary 8		College (1-4 or 5 +)		ELDER	ise retired.)	uring mos	IS OF WORK	ng		CEME	NT CO	•	
BE CO	17. FATHER'S NAME (First, (UNKNOWN)	Middle, Last)									ddle, Maiden LLENB			
10	190. INFORMANT'S NAME PHYLLIS HOL	LENBAU			19b. MAILING L12 N.						City or Town	n, State, Zip C	MD	21791
	20s. METHDD OF DISPOS 1 Buriel 2 Cremat 4 Donation 5 Oth	tion 3 🗌 Rem	IAL novel from State	20b. PL	ACE AND DATE	OF DISPOSIT	TERY	ne of		DATE		CATION — CI	-	
	23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth)	meant remure.	complications they Liet only Dne cass	Paused the on sech	e deeth. Do	not enter the	tha mod	de of dy	Ing such	ae cardle	E, MD		st,	Interval Bo
MIFICATION	IMMEDIATE CAUSE (F disease or condition resulting in deeth) Sequentielly list cond if any, leading to imm cause. Enter UNDERLI CAUSE (Disease or in thet initiated events	itions, ediate YING jury	a. CAYO OUE TO (1) DUE TO (1) C. SLY	or as a counting of the state o	US PIV	aton	y	fa of dy	ilur	as cardia	o or mani		st,	Interval B
EDICAL CERTIFICATION	IMMEDIATE CAUSE (F disease or condition resulting in deeth) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in	itlons, ediate YING jury	a. Carc OUE TO (1) DUE TO (1) C. Sey DUE TO (1) DUE TO (1)	or as a coi or as a coi	US PIV	enton on o on o	y org	fa of dy	ilur	as cardia	o or mani	retory arrea	24b. W	Interval Be Onset and
AN: MEDICAL	IMMEDIATE CAUSE (F disease or condition resulting in deeth) Sequentielly list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in thet initiated eventa resulting in deeth) LA PART II. Other significations are supported by the signification of the significant of the signif	itlons, ediate YING jury ST	a. OUE TO (III) DUE TO (III) C. DUE TO (III) d. Ruph HOSPITAL:	Hioron as a counting of the second of the se	US PINONSEQUENCE OF THE PROPERTY OF THE PROPER	other:	a deriying	far an	ing, auch	e as cardia	4a. WAS AN PERFOR	retory arrea	24b. W	Intarvat Be Onset and
AN: MEDICAL	IMMEDIATE CAUSE (F disease or condition resulting in deeth) Sequentielly list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in thet initiated events resulting in deeth) LA PART II. Other signific	itlons, ediate YING jury ST	a. OUE TO (1) DUE TO (1) DUE TO (1) C. Sey DUE TO (1) DUE TO (1) A CONTRIBUTION TO (1) DUE TO (1)	OR AS A COLOR AS A COL	US PIVE ON SEQUENCE OF COMMENCE OF COMMENC	ofone of the und 26. PLA	Ceuse	My Seath (Checker)	as cardia	4a. WAS AN PERFOR	retory arrea	24b. W	Intarvat Be Onset and	
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (F disease or condition resulting in deeth) Sequentielly list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in deeth) LA PART II. Other significations are supported by the signification of the significant of the si	itions, ediate ying jury ST Condition	a. OUE TO ((b. DUE TO ((c. Sey) DUE TO ((d. Ruph HOSPITAL: 1 Dapetient 2 28a. DATE OF II (Month, De)	OR AS A COLOR AS A COL	US PIVENSEQUENCE OF SEQUENCE O	OTHER: OTHER: AEOF MED 2 JURY M A	26. PLA: ing Home 28c. ING WOR 1 □ YE	Ceuse	EATH (Checked on NO	as cardia Cart I. 2 Cart I. 2 Other (a 28d. OESCI	4a. WAS AN PERFORM	AUTOPSY MED?	24b. W	Interval Be Onset and Interval Be Onset and Interval Be Interval
ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (F disease or condition resulting in deeth) Sequentielly list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in thet initiated eventa resulting in deeth) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Hetural 5	itions, ediate ying jury ST Cent condition TO MEDICAL Pending investigation Could not be determined	a. OUE TO ((b. DUE TO ((c. Sey) DUE TO ((d. Ruph HOSPITAL: 1 Dapetient 2 28a. DATE DF II (Month, Da) 28e. PLACE OF building, e	OR AS A COLOR AS A COL	INSEQUENCE OF THE SEQUENCE OF	OTHER: 4 Nural ALE OF JURY M straet, factor	26. PLA: ing Home 28c. iNJU WOR 1 U YE ry, office	Ceuse : Ceu	EATH (Chec	as cardis Cart I. 2 Other (128d. OESCI	4a. WAS AN PERFOR	AUTOPSY MED? NO NJURY OCCU	24b. W	Interval Be Onset and Interval Be Onset and Interval Be Interval
ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (F disease or condition resulting in deeth) Sequentielly list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in thet initiated eventa resulting in deeth) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 YES 2 NO 28. CASE REFERRED EXAMINER? 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only)	itions, ediate ying jury ST Cent condition TO MEDICAL. Pending Investigation Could not be determined	a. OUE TO ((b. DUE TO ((c. Sey) DUE TO ((d. Ruph HOSPITAL: 1 Dapetient 2 28a. DATE OF II (Month, De)	OR AS A COLOR AS A COL	INSEQUENCE OF THE SEQUENCE OF	OTHER: 4 Nursired, factor	26. PLA: ing Home 28c. INJU WOR 1	Ceuse :	EATH (Checkedence 6	Part I. 2 Other (228d. OESCI	4a. WAS AN PERFOR 1: YES 2 Specify) NIBE HOW IN ION (Street e Town, Siete)	AUTOPSY MED? NO NJURY OCCU	24b. W	YES 2 N
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (F disease or condition resulting in deeth) Sequentielly list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in thet initiated eventa resulting in deeth) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 YES 2 NO 28. CASE REFERRED EXAMINER? 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only)	itlons, ediate ying jury ST Cent condition To MEDICAL Pending Investigation Could not be determined RTIFYING PHYSI DICAL EXAMINE	a. OUE TO (DUE TO (DUE TO (C. Sey DUE TO (C. Sey DUE TO (DUE TO	OR AS A COLOR AS A COL	INSEQUENCE OF THE SEQUENCE OF	OTHER: 4 Nursired, factor	26. PLA: ing Home 28c. INJU WOR 1	Ceuse :	EATH (Checkedence 6	as cardia Cart I. 2 Other (1) 28d. OESCI City or o the cause me, date er	4a. WAS AN PERFOR 1: YES 2 Specify) NIBE HOW IN ION (Street e Town, Siete)	AUTOPSY MED? NO NJURY OCCU nd Number or	24b. W	Interval Be Onset and

All Sand

-3146	ding physician.	er this certificate has been signed by the attending physician and completely filled in by the funeral director, use 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should an with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
HYLAND 21203	and by the hospital or atter	d be detached for use a	
SALTIMORE, MARYLAND 21203-3146	G PHYSICIAN; The law requires that the death certificate be executed within 24 rious after orall. Plage in usy continued by the hospital or attending physician.	e funeral director, age 5 st al.	
•	ecuted within 24 nours after	ter this certificate has been signed by the attending physician and completely filled in by the ath with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	
N OF VITAL RECORDS, P.O. BOX 13146,	the death certificate be ext	r the attending physician as d Mental Hygiene prior to	
VITAL RECORD	AN: The law requires that	tificate has been signed by State Dept. of Health and	
NOF	IG PHYSICI	er this cen ath with the	

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-nours after cent. Price a law, or the hosp to the hosp to the street of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. OECEDENT'S NAME (First,											ATE OF DEATH	,	YEAR	3. TIME OF DEATH
		l Luthe:								09		9	1	16:20 P M
4. SOCIAL SECURITY NUMBI		5. SEX		in yrs. last l		IF UNDER	DAYS	IF UNDER	24 HRS.	7. D/	TE OF BIRTH		6. BIRTH Count	
220-16-18		XX M 2 D F	66		YRS.						15/25			MD
De. FACILITY NAME (If not ins								OR LOCATIO		ATH		9c. COUN		
Carroll C	ounty	7 Gen.	dosp	oita.	1	We	stn	nins	ter			Car	ro.	1.1.
0e. STATE	10b. COUNTY	Y			10c. CITY,	TOWN O	R LOCA	TION						10d. INSIDE CITY
MD	Cé	arroll				We	stn	nins	ter					LIMITS? 1 YES 2 NO
0e. STREET AND NUMBER						-	10	. ZIP COOE	/			10g. CITIZ	ZEN OF	WHAT COUNTRY?
7 Monroe	Stree	et						21	157			U.	S.	
11. MARITAL STATUS		12. WAS DECEDEN		U.S. ARM							IGIN? (Specify Yee rto Rican, etc.)	or No—	14. RAC Blac	E — American Indian, k, White, etc.
Never Married 2.		IF YES, GIVE	AR OR D	ATES				2 NO	Specif		,		Spec	nite
	DENT'S EDU	1	L		EDENT'S U	ISUAL OC	CHIDATI	ON .		_	16b. KIND OF BUS	INESS/IND		11.00
(Specify only	highest grade	completed)		(Gh)	e kind of wo	ork done o	luring mo	ast of workin	g					& Carroll
Elementary/Secondary (0-	12)	College (1-4 or 5	+)	wo.	rker	/ma	int	tenai	nce					of Educat
7. FATHER'S NAME (First, Mi	ddle, Last)					7 1110		_		ME (FI	rst, Middle, Maiden			
E. Ste	wart	Hollin	ger					G	ert.	ie	Stern	er		
9e. INFORMANT'S NAME (Ty				19b.	MAILING A	ADDRESS	(Street	and Number	or Rural	Route i	Number, City or Town	, State, Zip	Code)	
Mrs. Miri	am Ho	ollinge	r	7	Mon	roe	S	tree	t, I	We:	stminst	er,	MD	21157
METHOD OF OISPOSITI	ON CONTRACT	aunt fram State	201	o. PLACE O		TION (Na	me of ce	metery, crem	atory or	-	20c. LO	CATION —	City or To	own, State
Donetion 5 Other		Oval front State	_ S			s	hui	ch	Cem	ete	ery Si	lve	r Ri	un, MD
1. SIGNATURE OF FUNERAL	, SERVICE LIC	CENSEE						ND AOORES			al Home	. 2. (Tho.	no l
Pohort	v -	Pritts.	Çn											inster. MD
23. PART I. Enter the di	seeses, or	complications the	et ceuse		ith. Do no					_				Approximate
ahock, or he IMMEDIATE CAUSE (Fin		Liet only one ce	use on a	ech line.										Interval Between Onset and Death
disesse or condition	→	. Shock	•											4 hours
resulting in deeth)	•			A CONSEO	UENCE OF):								
Consentable list condition		Acute					age							4 hours
Sequantielly list conditi if any, leading to immed	ileta				UENCE OF		٥£	tha a	dno	1	c			
cause. Entar UNDERLY! CAUSE (Disease or Inju		. Metas			UENCE OF		01	tile d	urei	ιαι	5			
that initiated events resulting in death) LAS	г						of	the 1	ρft	111	nα			į
	-	d. Jiliu i		i i cu		Oma	01	one i	C1 0	- 1 0	9			
PART II. Other significa	nt condition	ns contributing to	death l	out not re	eulting in	the un	derlylr	g ceuse	given in	Part	1. 24a. WAS AN PERFOR		24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
											XX YES 2			COMPLETION OF CAUSE OF DEATH?
														X X YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?) MEDICAL	HOSPITAL:				OTHER		LACE OF D	EATH (C	heck or	nly one)			
A D VER 2 D NO		XIX Inpatient 2		patient 3			sing Hor		sidence	6 🗆	Other (Specify)			
1 TYES 3 NO		28s. DATE O (Month)	F INJURY Day, Year)		28b. TIME INJU		W	JURY AT ORK?		28d	DESCRIBE HOW I	NJURY OC	CURED	
27. MANNER OF DEATH	Sandina					м		YES 2	NO					
27. MANNER OF DEATH 1 Netural 5	Pending Investigation	24 24 22		Y — At hoπ ic/fv)	ne, farm, a	treet, faci	tory, offi	Ce		28t.	LOCATION (Street a City or Town, State)	and Number	or Rural	Route Number,
27. MANNER OF DEATH 1 Natural 5 2 Accident		26e. PLACE building	, etc. (Spe											
27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homiside	Investigation Could not be	26e. PLACE building	, etc. (Spe											
27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homele 200. CERTIFIER X CENTIFIER	Investigation Could not be	BICIAN: To the best of	of my know	vledge, des										
27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homele 200. CERTIFIER X CENTIFIER	Investigation Could not be	building	of my know	vledge, des										(e) end manner ee stated.
27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 House Check only one) 2 MEDI	Investigation Could not be personned XFYING PHYS CAL EXAMINI	BICIAN: To the best of	of my know	vledge, des				death occur	red at the	time,		d due to th	E SIGNE	D (Month, Day, Year)
27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homele 200. CERTIFIER (Check only one) 2 MED	OF CONTINUE	building	etc. (Spe	wledge, dea	nvestigation	n, in my o		death occur	red at the	time,		d due to th	ne cause	D (Month, Day, Year)
27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homele 200. CERTIFIER (Check only one) 2 MED	Could not be determined XYING PHYS CAL EXAMINITED F PERSON WITH	building	y know xeminetic	wiedge, dea on and/or in	1 27) (Type,	Print)	opinion,	29c. LIC	ense nu	time,	date end place, en	29d. DAT	E SIGNE	D (Month, Day, Year) /91
27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Houseles 299. CERTIFIER X CERTIFIER (Check only one) 2 MEDI 299. SIGNATURE AND TILE 30. NAME AND ADDRESS OF Richard A.	Could not be personned PHYSICAL EXAMINITY OF CONTINUE PHYSICAL EXAMINITY OF CONTINUE PERSON WILLIAM TO THE PER	BICIAN: To the best of ER: On the obeig of the best of	y etc. (Special of my known warminette	wiedge, dee on and/or in EATH (ITEN YO]]	nvestigation	Print)	opinion,	29c. LIC	ense nu	time,	date end place, en	29d. DAT	E SIGNE	D (Month, Day, Year)
27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homeday 29a. CERTIFIER (Check only one) 2 MED 29b. BIGNATUSE AND TITE 30. NAME AND ADDRESS OF Richard A. 31. DATE FILED (Month, Day,	Could not be personned PHYSICAL EXAMINITY OF CONTINUE PHYSICAL EXAMINITY OF CONTINUE PERSON WILLIAM TO THE PER	building	JSE OF DI	eath (ITEM	1 27) (Type,	Print)	opinion,	29c. LIC	ense nu	time,	date end place, en	29d. DAT	E SIGNE	D (Month, Day, Year) /91

OHMH-16 Rev 1/89

DNMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

urs after death. Page 6 may be retained IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notifi-THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 5 may be with THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 at the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1. DECEDENT'S NAME (First, Middle, Last) DOROTHY HAGEN		1	2. DATE OF DEATH MONTH DAY	- 9/	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. les	MONTHS D	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign intry)
	9a. FACILITY NAME (If not institution, give street and number)	YRS. 9b, CITY, TO	IWN OR LOCATION OF DEAT	3-11-19	9c, COUNTY OF	PLASS.
TOR	GREATER LAURE (NSG HE		TUREL		P. G	,
DIRECTOR	100. STATE 10b. COUNTY Carroll	Nt. Airy				10d. INSIDE CITY LIMITS?
FUNERAL	2920 Timber Ridge Drive		101. ZIP CODE 21771		10g. CITIZEN OF	F WNAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. WE FORCES? 1 YES 2 THE YES, GIVE WAR OR DATES	MED 13. WA.	B DECENDENT OF HISPANIC DIS, specify, Cuban, Maxican, YES 277 NO Specify:	ORIGIN? (Specify Yas Puarto Rican, etc.)	BI	ACE — American Indian, ack, White, etc.
COMPLETED	(Specify only highest grade completed) [G] Elamentary/Secondary (0-12) College (1-4 or 8+)	ECEDENT'S USUAL OCCI Bive kind of work done dun b. Do NOT use retired.)		16b. KIND OF BUS		
BE CON	17. FATHER'S NAME (First, Middle, Last) Joseph Griffin			E (First, Middle, Malden S lartin	Sumame)	
TO B			reet and Number or Rural Ro. Ridge Dr. 1			771
	20a. METHOD OF DISPOSITION 1	more-Washi	of cometery, crometory or ngton Crema	tory La	cation – chy or aurel, i	·ID
	21. SIGNATURE OF FUNERAL SERVICE LICENSE		ME AND ADDRESS OF FACILITY SPECIAL STATES OF FACILITY SPECIAL			
	23. PART I. Enter the disease, or complications that chured the dishock, or heart failure. List only one cause on each limited in the course of the course o		e moda of dying, auch	aa cardiac or respi	ratory arrest,	Approximate interval Between Onset and Desth
	disesse or condition resulting in death) a. Due 10 (on as conse	COUENCE OF):				
ATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	OUENCE OF):				
CERTIFICATION	CAUSE (Disease or Injury that initiated evants resulting in desth) LAST	OUENCE OF):				
IL C	PART II. Other significant conditions contributing to death but not	resulting in the unde	riying cause given in P	art I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL				1 TES 2		COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATN (Chec	k only one)		
PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient :	3 DOA 4 Nursin	g Home 5 - Residence 8	Other (Specify)		
BY PH	27. MANNER OF DEATN 1 Netural 8 Pending 2 Accident Investigation	28b. TIME OF 2 INJURY M	Ic. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED	
	3 Suicide 8 Could not be datarmined 28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, atreet, factor	, offica	281. LOCATION (Street a City or Town, State)	and Number or Rui	rel Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the bast of my knowledge, do not be basis of axamination and/or	r investigation, in my opi	nion, death occured at the ti	me, data and placa, an	d dua to the caus	and the second second
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER MAMMED		DZ4	942	29d. DATE SIGN	NED (Month, Day, Year) -11-91 welm) 2070
-	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITT	EM 27) (Type, Print)	1947 d	constan	e la	mrel MD
	31. DATE FILED (Month, Day, Yold) SEP 12 91 32. REGISTRAR'S SIGNATURE fulia Davidson—Ron	della				20707

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BAL MOHE, MARYLAND 21203-3146	A ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 viours after death Part in the death retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral clience of the control of detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	m 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF	TO THE HOSPITAL DR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this cer be filed within 72 hours after death with th	IMPORTANT: If Item 28 Is marked, of	

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			ENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Lest) 2. 2. 6. 4. SOCIAL SECURITY NUMBER	tHT. Hend 5. SEX 6. AGE (A	rner Hend	ricks		2. DATE OF DEATH	DAY YEAR 7:05 P		
H.	427-14-7316 90. FACILITY NAME (If not institution, give in Greater Laurel British Bri		YRS.	Bb. CITY, TOWN OR LOCATION OF DEATH Laurel Prince Georg					
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT		10c. CITY, T	OWN OR LOCATI				10d. INSIDE CITY VLIMITS? 1 TYPES 2 NO	
FUNERAL	10e. STREET AND NUMBER 8603 49th Avenue				ZIP CODE 20740		U.S.A		
R	11. MARITAL STATUS 1 Never Married 2 🔀 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, spe	ENDENT OF HISPANIC city Cuben, Mexicen, 2 X NO Specify:	ORIGIN? (Specify Yee Puerto Ricen, etc.)	8	ACE — American Indien, leck, White, etc. pecify: White	
COMPLEIED	15. DECEDENT'S EDU (Specily only highest grad Elementary/Secondery (0-12) 6th Grade 12th	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re Homemake	done during mos tired.)	N t of working	18b. KIND OF BUS	Home	Y	
Frank Ernest lurner Sarah Ada Hendricks									
2	John F. Hendricks (Husband) 8603 49th Avenue, College Park, Maryland 20740							nd 20740	
	20b. PLACE Of DISPOSITION (Name of cometory, cremetory or 1 Disposition as a construction of the place) 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State Brentwood, Maryland 21. SIGNATURE OF PURENAL ASSINCE LICENSES 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A.							Maryland	
	· / act/c		elve	4739 I	Baltimore	Avenue H	yattsvi	11e, Md. 2078	
	23. PART i. Enter the disesses, or shock, or heart failure. IMMEDIATE CAUSE (Finel disesse or condition resulting in desth)	List only one cause on es	ich lins.		,		ratory srrest,	Approximate interval Between Onset and Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):					el tus		yrs yrs		
CVA Car Di et c avr thy m 19 1 YES 2 100 OF THE THE TOTAL SAMINER? 26. PLACE OF DEATH (Check only one)						24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c, INJI	JRY AT	28d. DESCRIBE HOW INJURY OCCURED			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	et, factory, office		281. LOCATION (Street City or Town, State)		iral Route Number,	
COMPLEIED	(onto only	SICIAN: To the best of my know						se(s) and manner so stated	
7 1								- o(o) one manner of states.	
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIE 29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	8346	_ mD		29c. LICENSE NUME D 2-8	998	29d. DATE SIG	NED (Month, Day, Year)	

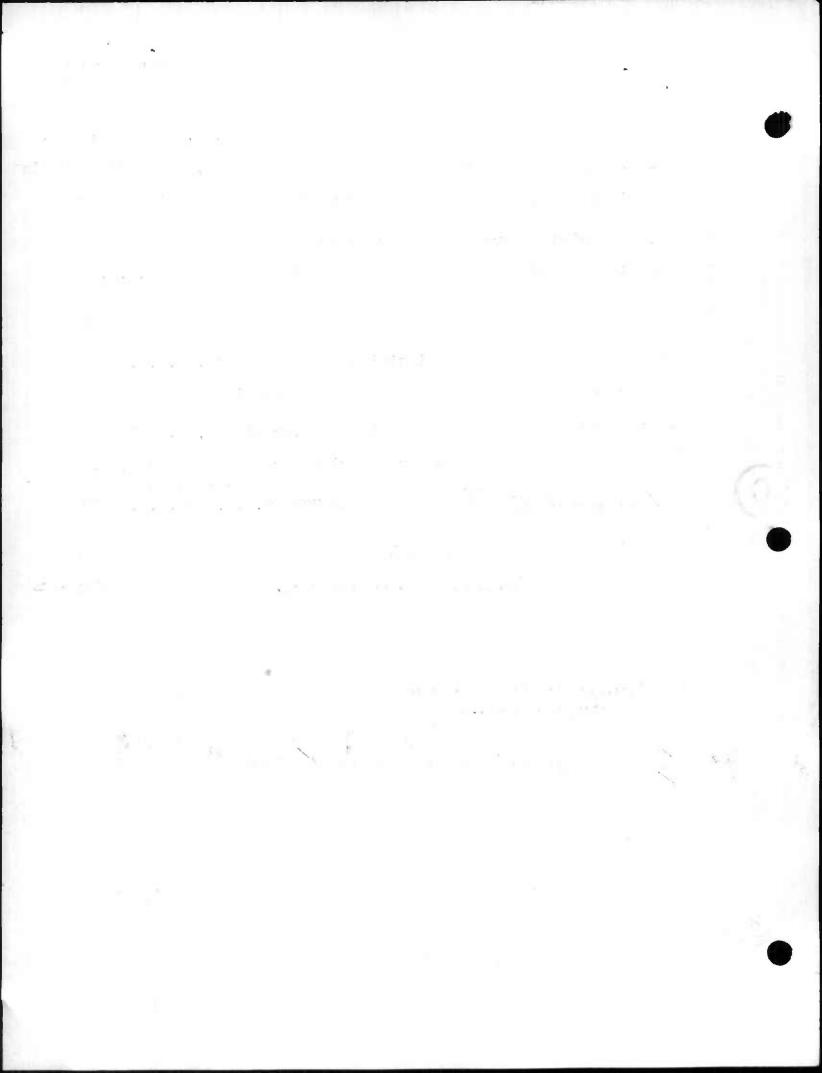
31. DATE FILES EPITE POR YOUNG 1

a

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYG		
	1. DECEDENT'S NAME (First, Middle, Last) IRENE H	IOUSE				2. DATE OF DEAT	ГН	1EAR 9:30 a. M
	4. SOCIAL SECURITY NUMBER 579-24-0411	1 M 2 X F 76	In yrs. lest birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	,1915	s. BIRTHPLACE (State or Foreign South Caroli
TOR	96. FACILITY NAME (If not institution, give s 3511 Windom Ro RESIDENCE OF DECEDENT				twood	DEATH		ce Georges
DIRECTOR	10e. STATE 10b. COUNTY	e Georges		r, TOWN OR LOCA Brentwo				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3511 Windom Ro	ad		10	20722			EN OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2/L NO	It yes, sp	ecity Cuben, Mexic 2 A NO Speci	NIC ORIGIN? (Specifian, Puerto Rican, atc	ly Yes or No — 1	4. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S (Give kind of wife. Do NOT us) Dieti	vork done during mo e retired.)	DN st of working		F BUSINESS/INDU	STRY
BE CON	17. FATHER'S NAME (First, Middle, Lest) UNKNOWN				16. MOTHER'S N.	ame (First, Middle, Me	House	
TO B	190. INFORMANT'S NAME (Type/Print) Robbie Lloyd					Route Number, City of		
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	oval from State come	PLACEANDDATEC	F DISPOSITION /No	me of		LOCATION - CH	by de Your Plats
	21. SIGNATURE OF FUNERAL SERVICE LIC	Hunt		22. NAME AT 2801	7th S	Hunt t.N.E.Wa	Funera	al Home C.20017
CERTIFICATION	23. PART I. Enter the disease, or cahock, or heart feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inkiteted events resulting in death) LAST	5-cp-	COMSEQUENCE OF	t Di eubitus	de of dying, aud		espiratory arrea	Approximata interval Between Onset and Death 24 A28
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions Organic M Nagre	s contributing to death bu	nt not resulting in		; ceuse given in	PER	S'AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Input 1 ER/Outpe		OTHER:	ACE OF OEATH (Ch			
	27. MANNER OF DEATH 1 P Natural 5 Pending	26e. OATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJ	JRY AT RK?	6 Other (Specify) 28d. DESCRIBE HO		RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, atc. (Specif	— At home, term, at			261. LOCATION (Str. City or Town, S	reet end Number or Itate)	Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION OF THE CERTIFICATION OF THE CE	CIAN: To the best of my knowle	dge, death occurred	d at the time, data	end piece, end due	to the cause(s) end time, date end place	menner es stated.	euse(s) end menner as stated.
B	29th SUDNITURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			IGNED (Month, Day, Year)
٩	30. NAME AND ADDRESS OF THE WHO Gabriel B. Jaffe,	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, I	Prine) Lr Pkwi	4 Greon	nbelt, M	D. 20	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA						

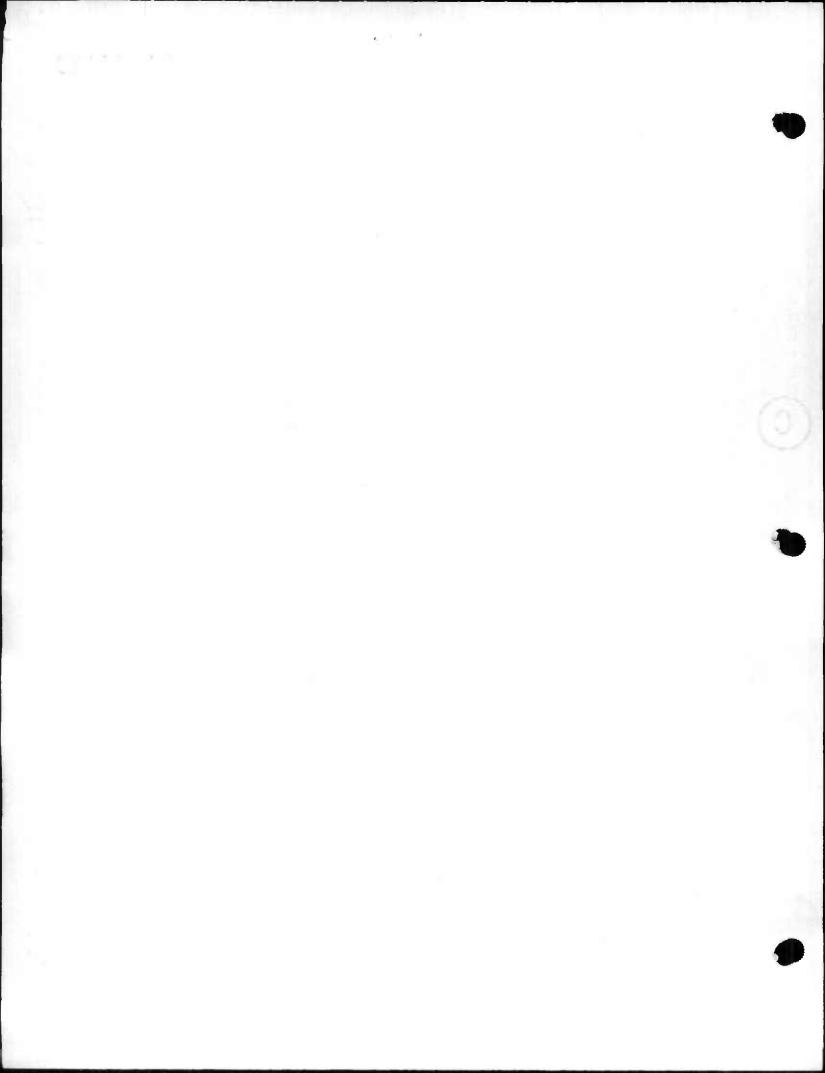


FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN	TOF HEALT	H AND N	MENTAL HYGIENI REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DA	, vi	3. TIME OF DEATH			
Mabel	G.	Hole	omb		09 13					
218 18 7551	6. AGE (In yrs. 100	YRS. MONTH	DAYS HOUR		7. DATE OF BIRTH (Month, Day, Year) 10-24-189	ly, Year) Country)				
9e. FACILITY NAME (If not institution, give stre-		9b. CI	TY, TOWN OR LOCA Bel		ATH	9c. COUNTY	USA			
10e. STATE 10b. COUNTY	arford	10c. CITY, TOWN	on Location Churchy	ille			10d. INSIDE CITY LIMITS? 1 TYES 2 NO			
3610 Aldino Ro	oad	5. IF	10f. ZIP CO	1028		10g. CITIZEN	USA			
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 ☐ YES 2 [IF YES, GIVE WAR OR DATES			ıban, Mexican	IC ORIGIN? (Specify Yae n, Puerto Rican, etc.)	or No 14.	RACE — American Indian, Black, White, etc. Specify: White			
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12) 7 17. FATHER'S NAME (First, Middle, Last)	ompleted) College (1-4 or 8+)	DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired Ret) Cler	ne during most of wo f.)	orking	Drug S		FRY			
17. FATHER'S NAME (First, Middle, Leet) Alfred E. Gre										
199. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street end Number or Rural Floute Number, City or Town, State, Zip Code) Mr. Lewis Greenland 3620 Aldino Rd., Churchville, MD 21028										
20e. METHOD OF DISPOSITION 1 1 Burlel 2 Cremation 3 Remove 4 Donation 3 Other (Specify)	rel from State othe	CE OF DISPOSITION (Place)	(Name of cemetery, o	crematory or		CATION — City	or Town, State			
21. SIGNATURE OF FUNERAL SERVICE LICE		1	2. NAME AND ADD Mitchell	Smith		Home,	P.A.			
23. PART I. Enter the diseases, or conshock, or heart feliure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused the st only one cause on each i	deeth. Do not en	ter the mode of	dying, such		ratory arrest	Approximate interval Between Onset and Deat			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	eseouence of:				_				
PART II. Other significant conditions Display	contributing to deeth but n	ot resulting in the	underlying cour Enics 7 Flmi	se given in fact			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
	EXAMINER? HOSPITAL: OTHER									
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY N	26c. INJURY AT WORK?	Г	28d. DESCRIBE HOW INJURY OCCURED					
3 Suicide S Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, atreet,	factory, office		281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,			
(Check only	IAN: To the best of my knowledge : On the beste of examination and						cause(e) end manner as stated,			
296. BIGNATURE AND TITLE OF CERTIFIER		0	29c.	LICENSE NUI	WBER	29d. DATE S	IGNED (Month, Day, Year)			

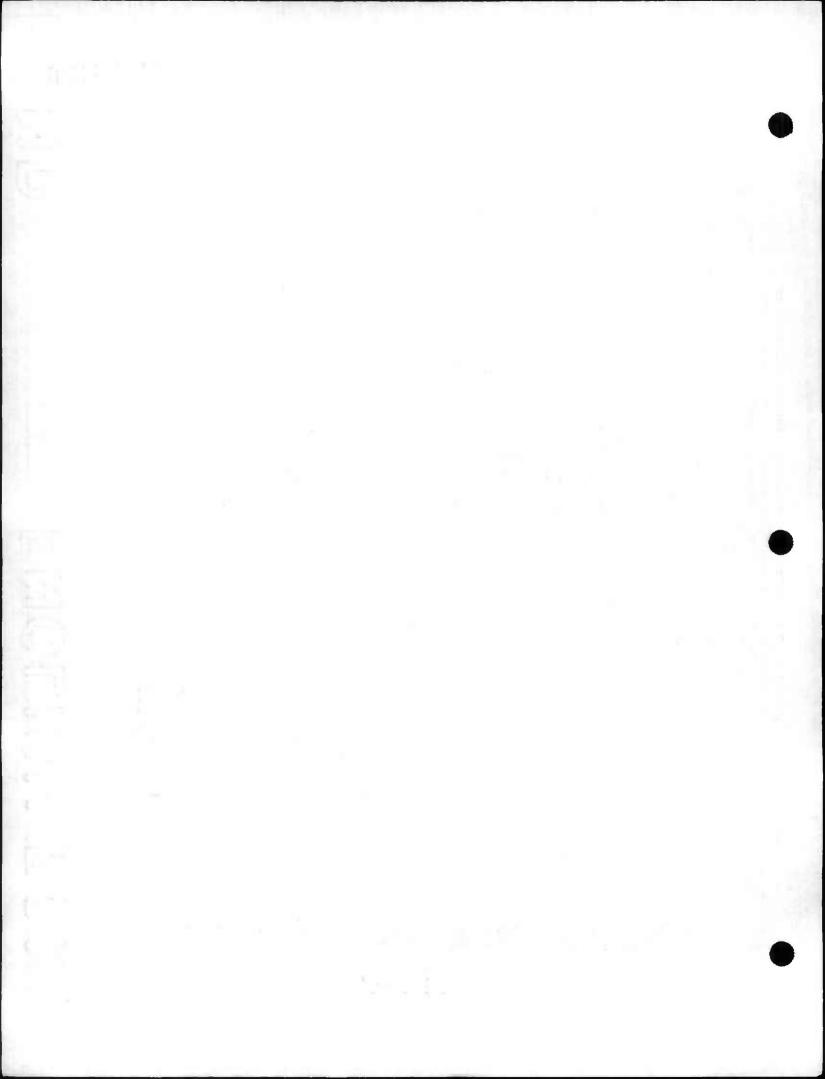
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. ABGISTRAR'S SIGNATURE Pandalle

31. DATE FILED (Month, Dey, Year)
SFP 16 '91



	1. DECEDENT'S NAME (Firs Claude Jan		lgkins						2. Di	otember	^ *9. 19	YEAR 991	TIME OF DE
1	4. SOCIAL SECURITY NUM 579-01-153	BER	5. SEX 1 M 2 F		74 YRS.	IF UNDER 1 Y		IF UNDER 24 HI	s. 7. D/	TE OF BIRTH orth, Day, Year) 23, 1		8. BIRTHPL	ngtor
CTOR	sa. FACILITY NAME (II not i					96. СІТУ, ТІ Нуат		LOCATION O	_		9c. COUN	TY OF DEAT	
DIRECT	nesidence of de 100. STATE Maryland	10b. COUNT	v ce George	's		v, town or		N				1.7	d. INSIDE CI LIMITS?
FUNERAL	100. STREET AND NUMBER 6713 Eldri		reet					0784					T COUNTRY
BY FUN	11. MARITAL STATUS 1 Never Married 2 2 3 Wildowed 4 Div	S. ARMED 2 NO	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or N If yes, specify, Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:					s or No—		American in hite, stc.			
PLETED	15. DE (Specify or Flementary/Secondary IIth Grade	CEDENT'S EDU nly highest grad (0-12)	College (1-4 or 5	+)	Give kind of life. Do NOT u	work done dur se retired.)				16b. KIND OF BU			
BE COMPI	17. FATHER'S NAME (Flost, I Edgar R. H		rician U.S. Government 18. MOTHER'S NAME (First, Middle, Melden Surmeme) Anna T. Hannan										
1	19a. INFORMANT'S NAME Marianne M	(Type/Print) Schm	nitt (Dau	ghter)	196. MAILING 4514	MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 14 Broad Blvd., Beltsville, Maryland 20705							
must be	20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, 10 Burlet 2 Commenter, 3 Commente										ville,		
examiner	21. SIGNATURE OF FUNEA	22. NAME AND ADDRESS OF FACULTY Francis Gasch's Sons Funeral Home 4739 Baltimore Ave. Hyattsville,										P. A	
vent, the medical e	23. PART I. Enter the shock, or iMMEDIATE CAUSE (F disease or condition resulting in deeth)	heart fellure	List only one ca	taria	h iina.	and cu	na mode	e of dying,	auch aa		dratory arre		Approx Interval Onset a
other traumatic en	Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that left) is the content of the conte	ediate YING	c		ONSEQUENCE O								
PT OF	that initiated events resulting in death) LA	ST	d										
shows any injury, v: MEDICAL CE	PART II. Other algorific	cant condition	ns contributing t	o death but	not resulting	in the und	erlying o	cause give	n in Part	J. 24a. WAS AI PERFO	RMED?	AR CO	ERE AUTOPS' MILABLE PRI OMPLETION C F DEATH? YES 2 (
SICIAN:	25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	☐ ER/Outpati	ent 3 🗆 DOA	OTHER:		CE OF DEAT		ly one) Other (Specify)			
- 5	27. MANNER OF DEATH 1 Netural 5	Pending Investigation		Day, Year)		JURY M			,	DESCRIBE HOW			
marked, o BY PHY	2 Accident		200 DI ACE			STITUTE, THESTOY	y, ornce		201.	LUCATION (Street	end Number	or nursi nou	ne reunnour,
ked, o	3 Suicide a Homicide	Could not be determined	28e. PLACE buildin	g, etc. (Specify,	,			and alone an	1 due to th	City or Town, State		-4	



1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Lest) SEPH Frank	lin <i>H</i>	OUSENF	-LUCK	Jr.	2. DATE OF DEATH	38/28	3. TIME OF DEATH 11-48 A M		
\	4. SOCIAL SECURITY NUMBER 5. SEX 5. SEX 5. SEX 5. SEX 5. SEX 5. SEX 7. OATE OF BIRTH (Morth), Dey, Veer) 7. VERS. 8. AGE (In yrs. lest birthday) 1. WAS PRINTED AYS HOURS MIN. 1. WAS PRINTED AYS HOURS MIN. 1. WAS PRINTED AYS PRINTED AND PRINTED AYS PRINTED A									
)	9a. FACILITY NAME (If not institution, give street an	d number)	96	CITY, TOWN C	R LOCATION OF OE	ATH	9c. COUN	ITY OF OEATH		
P.	Malcom Grow Medical	В	Camp S	rings		Prin	ce Georges			
Ä	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
ia	Maryland Prince G	eorges	Rive	rdale				1 TYES 2 NO		
FUNERAL DIRECTO	10e. STREET AND NUMBER 6311 67th Ct.				20737			U.S.A.		
B⊀	1 Never Married 2 X Married F	WAS DECEDENT EVER IN U ORCES? 1 _ YES YES, GIVE WAR OR DATE	2 NO	If yes, sp	ENDENT OF HISPAN ocity Cuban, Maxican 2 NO Specify	IC ORIGIN? (Specify Y 1, Puerto Rican, etc.) :	es or No—	14. RACE — American Indian, Black, Whita, atc. Specity: White		
9	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	d 10	Se. DECEDENT'S US	JAL OCCUPATIO	N et of working	16b. KIND OF B	JSINESS/IND	USTRY		
COMPLETED		ege (1-4 or 5+)	(Give kind of work life. Do NOT use re Manage:			Groce	rv			
N N	17. FATHER'S NAME (First, Middle, Last)				18 MOTHER'S NAI	ME (First, Middle, Maide	_			
ŏ	Joseph F. Housenfl	ick Sr.				e May Kel	,			
BE	19a. INFORMANT'S NAME (Type/Print)	2011 021	19b. MAILING AD	DRESS (Street a		Route Number, City or To		Code		
2	Charlotte Housenfluo	rk				ale. MD.		2758		
	20s. METHOD OF DISPOSITION	20h P	ACE OF DISPOSITI	ON (Name of cer	netery cremetory or	20c I		City or Town, State		
	1 🔀 Burial 2 🗆 Cremation 3 🗆 Removal fr	rom State Ce C	ther place) lar Hill	Cemete	rv 9/2/9	1	itland			
-	EL SIGNATURE OF FUNERAL SERVICE LIGHT				ID ADDRESS OF FAC			Suitland Rd.		
	17	1 1		Robert	F Wilh			and, MD. 20746		
	23. PART i. Enter the diseases, or compl	cations that caused t	he death Do not							
7	ahock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition recuiting in deeth) Onset and Death DUE TO (OR AS A CONSEQUENCE OF)									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other algnificent conditions con	tributing to deeth but	not resulting in	the underlyin	g ceuse given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS		
EDICAL	marked aor	tic ste	rosis			1 YES	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	micro Valve s					_ ' '		OF DEATH?		
Σ.	Card - a h	sort mil	1.1-			_		, , , , , , , , , , , , , , , , , , , ,		
PHYSICIAN:	25. WAS CASE REFERBED TO MEDICAL EXAMINEDRA	SPITAL:	7	26. PI	28. PLACE OF DEATH (Check only one)					
YSI	1 TES 2 NO 1	Inpatient 2 ER/Outpat			e 5 🗆 Residence	6 Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME C	Y WO	URY AT DRK? YES 2 NO	28d. DESCRIBE HOV	INJURY OC	CURED		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be	- At home, farm, stre	At home, farm, street, factory, office		331 1 - 12		et and Number or Rural Route Number,			
	4 Homicide detarmined									
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 2 MEDICAL EXAMINER: On					VI III		ted. he cause(a) and menner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	-			29c. LICENSE NUI	WBER	29d. OAT	E SIGNEO (Month, Day, Year)		
BE	Cuhrenon	un us			1128	79	1	us 28/1991		
2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEAT			./ > 1	LAPE		20011		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT		DF TO	N DR	LAPE	00,	11) 20112		
	SEP 10 '91	Lulia Nacida	1- Pandelle		,					

100	y de	Pages
BALTIMORE, MARYLAND 21203-3146	icate be executed within 24 rours after death. Page 6 may be retained by the hospital or attending physician.	physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages he note to burlat cremation, or removal.
d	24 riou	filled in
BOX 13146,	executed within 2	physician and completely filled in by the prior to burial, cremation, or removal.
BOX	icate be	physicia physicia

DIVISION OF VITAL RECORDS, P.O.

certificate has been the State Dept. d, or Item 23 s

FUNERAL DIRECTOR: within 72 hours after

TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE be filed within 72 hours at

marked, or

28 is 1

-46 U3 to

31. DATE FILED (NO.

0

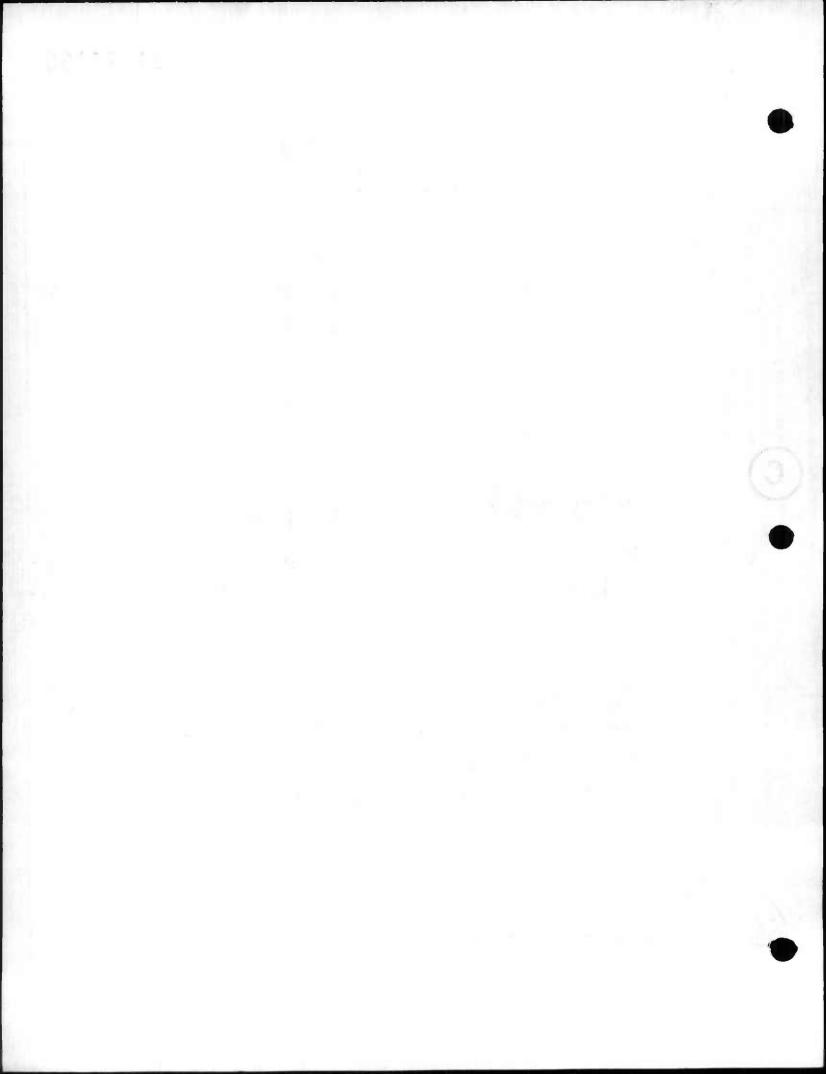
Julia Davidson-Randelle

91-26/32 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH
MONTH

9 - 6 9/6/91 IRMA LEE HARRISON 1. DECEDENT'S NAME (First, Middle, Last) - 6 rma TOMMISON A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER L YEAR 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. (Month, Day, Ye 578 26 8292 MONTHS DAYS HOURS 76 1 M 2 X F Florida 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 4545 Wheeler Road, #110 Oxon Hill PRINCE GEORGES ECTO RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY DIR MARYLAND PRINCE GEORGES OXON HILL 1 🖔 YES 2 🗌 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 4545 Wheeler Road #110 20745 UNITED STATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 2 X NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 1 Never Married 2 Married YES, GIVE WAR OR DATES Specify: BY 3XXWidowed 4 Divorced **Black** 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) D.C. GOVERNMENT ELEVATOR OPERATOR 10 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) (unk) CLEMENT HATTIE (unk) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 DARRYL HARRISON 4545 Wheeler Road, #714, Oxon Hill, Md. 20745 (GRANDSON) 20s. METHOD OF DISPOSITION

14 Burlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cametery, crematory or 20c. LOCATION - City or Town, Stata 4 ☐ Donation 5 ☐ Other (Specify) _ HARMONY MEMORIAL PARK 9/13 LANDOVER, MARY LAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ALEXANDER S. POPE FUNERAL HOME M859 יש 2617 Pennsylvania Avenue, SE DC 20020 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** ahock, or heart failure. List only one cause on each line. Intarval Between **Onset and Daath** IMMEDIATE CAUSE (Fine) rabitie arteriscelevotre Cardid vasculot desease disease or condition reculting in death) OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART lig Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO ellurary COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? t - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inputient 2 | ER/Outputient 3 | DOA ng Home 5 Residence 6 - Other (Specify) 27. MANNER OF DEATH 26s, DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide COMPLET 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE -9 0



ANYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

			CERTIF	ICATE OF	HEALTH AND N	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest) LUCKY		JA	CKSON		2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DEATH DATE OF DATE OF DEATH DATE OF DAT	199			
	4. SOCIAL SECURITY NUMBER 219-72-1668	1 🔣 M 2 🗆 F	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) 6 / 17 / 68	8. Bi	IRTHPLACE (State or Foreign ountry) aryland		
2	9e. FACILITY NAME (If not institution, give PRINCE GEORGE RESIDENCE OF DECEDENT				ERLY	90. COUNTY OF DEATH PRINCE GEOR				
L DIRECTOR	Md .	P.G.		y, town on Local apitol		10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	100. STREET AND NUMBER 4905 Deany				0743		S . A .			
COMPLETED BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes, sp	ecify Cuban, Maxican 2 NO Specify:	C ORIGIN? (Specify Yes , Puarto Rican, atc.)	ORIGIN? (Specify Yes or No. 14. RACE -			
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5+)	(Give kind of the Do NOT us		ON ist of working	16b. KIND OF BUS				
	17. FATHER'S NAME (First, Middle, Last) Clyde Jackso	nn	Labore	er		Const E (First, Middle, Meiden n Robins		on		
TO BE	19a. INFORMANT'S NAME (Type/Print) Helen Robinsor				nd Number or Rural Re	oute Number, City or Town)		
	20a. METHOD OF DISPOSITION 1	20	b. PLACE AND DATE (OF DISPOSITION (Na		DATE 20c. LOG	CATION — City o	•		
	Harmony Mem. Park 9/14/9 Landover, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE W. Prott H.S. Washington & Sons, Inc. 4925 Burroughs Ave., N.E.									
	23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. GUNSHOT WO	OUND OF H	IEAD	da of dying, auch	as cardiac or respi	ratory arrest,	Approximata interval Between Onset and Deati		
MILITARION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
		d		-):						
MEDICAL CE	PART II. Other algorificant condition	d	but not resulting I		g cause givan in P	art i. 24e. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 \(\square\) NO		
MEDICAL CE	PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 \(\text{NO} NO	d		in the underlying 26. PL	ACE OF DEATH (Chec	PERFORI	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 inpatient 2 ER/Out 2 Sa. DATE OF INJURY (Month, Day, Year) 9-8-91	patient 3 DOA 28b, TiMi NJ	26. PL OTHER: 4 Nursing Hom URY M 1 V	ACE OF DEATH (Chec	PERFORI	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
ETED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide S Could not be determined	HOSPITAL: 1 inpatient 2 ER/Out 2 Sa. DATE OF INJURY (Month, Day, Year) 9-8-91	28b. TiMi	26. PL OTHER: 4 Nursing Hom URY M 1 V	ACE OF DEATH (Chec	PERFORI 1 NES 2 k only one) Other (Specify) 28d. DESCRIBE HOW IN	MED? INO INO WOUND	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MPLETED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Y YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide S Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	HOSPITAL: 1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Morth, Day, Year) 9 - 8 - 9 1 28a. PLACE OF INJURY building, atc. (Spe	patient 3 DOA 28b. Tilmi INJ ? / — At home, ferm, a	26. PL OTHER: 4 Nursing Hom BE OF 28c. INJ URY M 1 V outreat, factory, office	ACE OF DEATH (Check 5 GReatdence 8 RRY TES 2 NO and place, end due to	PERFORI 1 YES 2 k only one) Other (Specify) 2ed. DESCRIBE HOW IN GUN SHOT 2est. LOCATION (Street as City on Jown, State) 2 the cause(s) and menu	MED? NO NO WOUND Ad Number or Rur	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Y YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide S Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	HOSPITAL: 1 Impatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 9 - 8 - 9 28a. PLACE OF INJURY building, atc. (Spe) 7 CIAN: To the best of my know R: On the basie of axamination	28b. TIMI 28b. TIMI INJ 7 — At home, term, a city Vieledge, death occurre on and/or investigation	26. PL OTHER: 4 Nursing Hom E OF 28c. INUI WO 1 1 1 1 1 1 1 1 1	ACE OF DEATH (Check 5 GReatdence 8 RRY TES 2 NO and place, end due to	PERFORM 1 NES 2 NES 2 Other (Specify) 28d. DESCRIBE HOW IN CIUN SHOT City of John, State) 2 the cause(s) and menime, data and place, enc	MED? NO NO NO NO NO NO NO NO NO N	AWILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO NO N		

	FOR
١.	STATE
	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

A DECEDENT'S MANS (CL.) MILES AND												
1. DECEDENT'S NAME (First, Middle, Last) EARL JOH	HNSON						2. DATE (OF DEATH	AY	YEAR	3. TIME OF DEA	ATH
4. SOCIAL SECURITY NUMBER	5. SEX	A 405 (I					9/8	/91			7.0 7/	M
	1 M 2 F		rs. lest birthday)	MONTHS DA		ER 24 HRS.	7. DATE (Day, Year)		8. BIRTHE	LACE (State or	Foreign
578-44-3029 9e. FACILITY NAME (If not institution, give	T -	56	YRS.					ober	9,1	934	Wash.	D.(
				9b. CITY, TO	WN OR LOCAT	TION OF DE	ATH		9c. COUN	NTY OF DE	ATH	
PRINCE GEORGE HOS	SP CENTER			CHEVER	LY				PRIN	CE GE	ORGE	
10a. STATE 10b. COUNT		-	10c. CITY	r, TOWN OR LO	OCATION						10d, INSIDE CIT	~
Maryland P.G.				dover							LIMITS?	
10e. STREET AND NUMBER			ран	TOVET	101. ZIP COI	DE			10- 0171	75N 05 W	HAT COUNTRY?	NO
2208 Tuemmler	A == 0				2078				1 "	U.S.		
11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U	S. ARMED	12 WAS	DECENDENT		IC OBIOINS	1 00 10 M				
Never Married Zy Married	FORCES? 1	YES 3	NO NO	If yes	, specify Cub	en, Mexicar	i, Puerto Ri	(Specify Yes lcan, etc.)	or No —	14. RACE Black,	- American Inc White, etc.	llen,
Widowed 4 Divorced	IF YES, GIVE V	WAN ON DATE:	5	1 1 1	YES ZONO	Specify.			Į.	B186	k	
15. DECEDENT'S EDU	ICATION	15	e. DECEDENT'S	USUAL OCCUP	PATION		16b.	KIND OF BU	SINESS/INO	USTRY		
(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5		(Give kind of w life. Do NOT use	rork done during	most of work	dng			5111E			
12			lachane	e Ope	rator	3	Was	shin	rton	Coc	a Cola	a. P
7. FATHER'S NAME (First, Middle, Last)							_	iddle, Maiden			. 301	-
Lawrence Johns	on					ola N			- we reline			
Da. INFORMANT'S NAME (Type/Print)	011		19b, MAILING	AODRESS (Str				47	n Ctata Zin	Codel		
udrey Johnson			2208								20785	
PA, METHOD OF DISPOSITION		20h BI	ACE AND DATEO			1100	DATE		CATION —			
☐ Buriel 2 ☐ Cremation 3 ☐ Rem ☐ Donation 5 ☐ Other (Specify)	noval from State	cemeter	y, cremetory or oth	per placa	motor	27.7	DATE					
1. SIGNATURE OF FUNERAL SERVICE LE	CENSEE A	- Juea	al III.		E AND ADDRI	22		Du.	itlar	au,	IMICE.	
	1			22. NAW	E AND ADDRI	ESS OF FAC	HLIT		2	2001	9	
with	11	-										
23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	complications that List enly one csu	t coused the	e death, Do no line.	Dun ot enter the	mode of dy	ons ying, auch	563 as cardi	5 Eac	ds S	t. N	Approximinterval E Onset an	nate Setween
IMMEDIATE CAUSE (Finel disease or condition	DUE TO	UNI A CO	MSEQUENCE OF	Dun ot enter the	mode of dy	Sons ying, auch	563 as cardi	5 Eac	ds S	t. N	Approxim	nate Setween
MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, f any, leading to immediate lause. Enter UNDERLYING AUSE (Disease or injury het initieted events resulting in death) LAST	a. Due to Due to Due to	(OFF AS A CO	NSEQUENCE OF	the underi	ying ceuse	given in F	Part I.	24a. WAS AN PERFOII	ALTIDPSY MEDT	24b. \\	Approxim	nate Setween d Daath into the control of the contro
MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, famy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due to Due to Due to d. Hospital:	(OH AS A CO)	NSEQUENCE OF	ot enter the	ying couse	given in F	Part I.	24a. WRS AN PERFOI	ALTIDPSY MEDT	24b. \\	Approximinterval E Onset an On	nate Setween Daath Daath Indings
MMEDIATE CAUSE (Fine) Ilsease or condition esuiting in death) Gequentieity list conditions, I any, leading to immediate eause. Enter UNDERLYING CAUSE (Disease or injury that initiated events esuiting in death) LAST PART II. Other significant condition The condition of the c	a. OUE TO DUE TO DUE TO d. HOSBITAL:	(OPLAS A CO) (OPLAS A CO) (OPLAS A CO)	NSEQUENCE OF	ot enter the	ying couse	given in F	Part I	24s. WRS AN PERFOR	AUTOPSY MEOTO	24b.	Approximinterval E Onset an On	nate Setween d Daath findings i TO CAUSE
MMEDIATE CAUSE (Fine) Ilisease or condition esulting in death) Sequentielly list conditions, I any, leading to immediate susse. Enter UNDERLYING AUSE (Disease or injury het initieted events esulting in death) LAST ART II. Other significent condition L WAS CASE REFERENCE TO MEDICAL EXAMINER 1 YE 1 10	a. Due to Due to Due to d. Hospital:	(OH AS A CO	NSEQUENCE OF	ot enter the	ying ceuse	given in F	Part I	24a. WRS AN PERFOI	AUTOPSY MEOTO	24b.	Approximinterval E Onset an On	nate Setween d Daath findings i TO CAUSE
MMEDIATE CAUSE (Fine) Ilisease or condition esulting in death) Gequentielly list conditions, I any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury het initieted events esulting in death) LAST PART II. Other significant condition TART III. Oth	a. DUE TO	(OPLAS A CO	NSEQUENCE OF SECUENCE OF SECUE	ot enter the	ying ceuse	given in F	Part I. 1	24a. WRS AN PERFOR	ALTOPSY NO	24b. N	Approxin interval E Onset an O	nate Setween d Daath findings i TO CAUSE
MMEDIATE CAUSE (Fine) lisease or condition esulting in death) Gequentielly list conditions, I any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury het initieted events esulting in death) LAST CART II. Other significent condition EXAMINED TO BLATH WAS CAS REFERENCE TO MEDICAL EXAMINED TO BLATH MANNED OF BLATH MANNED OF BLATH Periding	a. Due to	(OPLAS A CO	NSEQUENCE OF	ot enter the	ying ceuse	given in F	Part I. 1	24s. WRS AN PERFOR	ALTOPSY NO	24b. N	Approxin interval E Onset an O	nate Setween d Daath into the control of the contro
MMEDIATE CAUSE (Fine) disease or condition esuiting in death) Sequentieity list conditions, fary, leading to immediate cause. Enter UNDERLYING AUSE (Disease or injury het initieted events esuiting in death) LAST PART II. Other significent condition T. MANNES OF DEATH T. WAS CASE REFERRED TO MEDICAL EXAMINISTY T. YES 2 LAD T. MANNES OF DEATH T. WAS CASE REFERRED TO MEDICAL EXAMINISTY T. YES 2 LAD T. MANNES OF DEATH T. WAS CASE REFERRED TO MEDICAL EXAMINISTY T. YES 2 LAD T. MANNES OF DEATH T. WAS CASE REFERRED TO MEDICAL EXAMINISTY T. WAS CASE REFERRED TO MEDICAL EXAMINIST	a. Due to	(OH AS A CO	NSEQUENCE OF HISEOUENCE OF HIS	ot enter the	ying couse Some 8 8 8 BUJUSTY AT WORKT YES 2	given in F	Part I. 1	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO	24b. V	Approxin interval E Onset an O	nate Setween d Daath into the control of the contro
MMEDIATE CAUSE (Fine) disease or condition esuiting in death) Sequentieity list conditions, fary, leading to immediate eause. Enter UNDERLYING CAUSE (Disease or injury het initieted events eauting in death) LAST PART II. Other significent condition The condition of the condi	a. DUE TO DUE TO DUE TO DUE TO DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO D	(OH AS A CO) (OH A	NSEQUENCE OF USEQUENCE OF USEQU	ot enter the	ying ceuse PLACE OF 6 Some 8 8 8 BULUSTY AT WORKT VES 2 [given in F	Part I. 1 Date I City or	24a. WAS AN PREFOR 1 VES 2 State How it See Committee How it See Committ	AUTOPSY MED? NO	24b. V	Approxin interval E Onaet an O	nate Between d Daath TinDings i TO CAUSE
MMEDIATE CAUSE (Fine) disease or condition esuiting in death) Sequentieity list conditions, fary, leading to immediate cause. Enter UNDERLYING AUSE (Disease or injury het initieted events esuiting in death) LAST PART II. Other significent condition T. MANNES OF DEATH T. WAS CASE REFERRED TO MEDICAL EXAMINISTY T. YES 2 LAD T. MANNES OF DEATH T. WAS CASE REFERRED TO MEDICAL EXAMINISTY T. YES 2 LAD T. MANNES OF DEATH T. WAS CASE REFERRED TO MEDICAL EXAMINISTY T. YES 2 LAD T. MANNES OF DEATH T. WAS CASE REFERRED TO MEDICAL EXAMINISTY T. WAS CASE REFERRED TO MEDICAL EXAMINIST	a. DUE TO DUE TO DUE TO DUE TO DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO D	(OH AS A CO) (OH A	NSEQUENCE OF USEQUENCE OF USEQU	ot enter the	ying ceuse PLACE OF 6 Some 8 8 8 BULUSTY AT WORKT VES 2 [given in F	Part I. 1 Date I City or	24a. WAS AN PREFOR 1 VES 2 State How it See Committee How it See Committ	AUTOPSY MED? NO	24b. V	Approxin interval E Onaet an O	nate Between d Daath TinDings i TO CAUSE
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significant condition T. MANNES OF DIATM T. MANN	a. DUE TO DUE TO DUE TO DUE TO DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO D	(OH AS A CO) (OH A	NSEQUENCE OF USEQUENCE OF USEQU	ot enter the	ying couse Some 8 8 8 BAUGHY AT WORKT 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	given in F	Part I	24a. WAS AN PREFOR 1 VES 2 State How it See Committee How it See Committ	AUTOPSY MED? NO	24b. V	Approxin interval E Onaet an O	nate Between d Daath FinDings i TO CAUSE NO
MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, fany, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury het initieted events resulting in death) LAST PART II. Other significent condition ACT II. Other significent condition The many condition in the cause of the condition in the cause of	a. DUE TO DUE TO DUE TO DUE TO d. DUE TO DU	(OFFAS A CO (OFFAS	NSEQUENCE OF NSEQU	ot enter the	ying couse Some 8 8 8 BAUGHY AT WORKT 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	given in F	Part I	24a. WAS AN PREFOR 1 VES 2 State How it See Committee How it See Committ	AUTOPSY MEDT NO NO NUMBER OCCI	24b. V	Approxin interval E Onaet an O	nate Between d Daath FinDings i TO CAUSE NO
MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, fany, leading to immediate lause. Enter UNDERLYING LAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition The significant condition of the lause of the la	a. DUE TO DUE TO DUE TO DUE TO d. DUE TO DU	(OFFAS A CO (OFFAS	NSEQUENCE OF NSEQU	ot enter the	ying couse Some 8 8 8 BAUGHY AT WORKT 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	given in F	Part I	24a. WAS AN PREFOR 1 VES 2 State How it See Committee How it See Committ	AUTOPSY MEDT NO NO NUMBER OCCI	24b. V	Approxin interval E Onaet an O	nate Between d Daath FinDings i TO CAUSE NO
MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, fany, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury het initieted events resulting in death) LAST PART II. Other significent condition ACT II. Other significent condition The many condition in the cause of the condition in the cause of	a. DUE TO DUE TO DUE TO DUE TO d. DUE TO DU	(OFFAS A CO (OFFAS	NSEQUENCE OF NSEQU	ot enter the	ying couse Some 8 8 8 BAUGHY AT WORKT 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	given in F	Part I	24a. WAS AN PREFOR 1 VES 2 State How it See Committee How it See Committ	AUTOPSY MEDT NO NO NUMBER OCCI	24b. V	Approxin interval E Onaet an O	nate Between d Daath FinDings i TO CAUSE NO

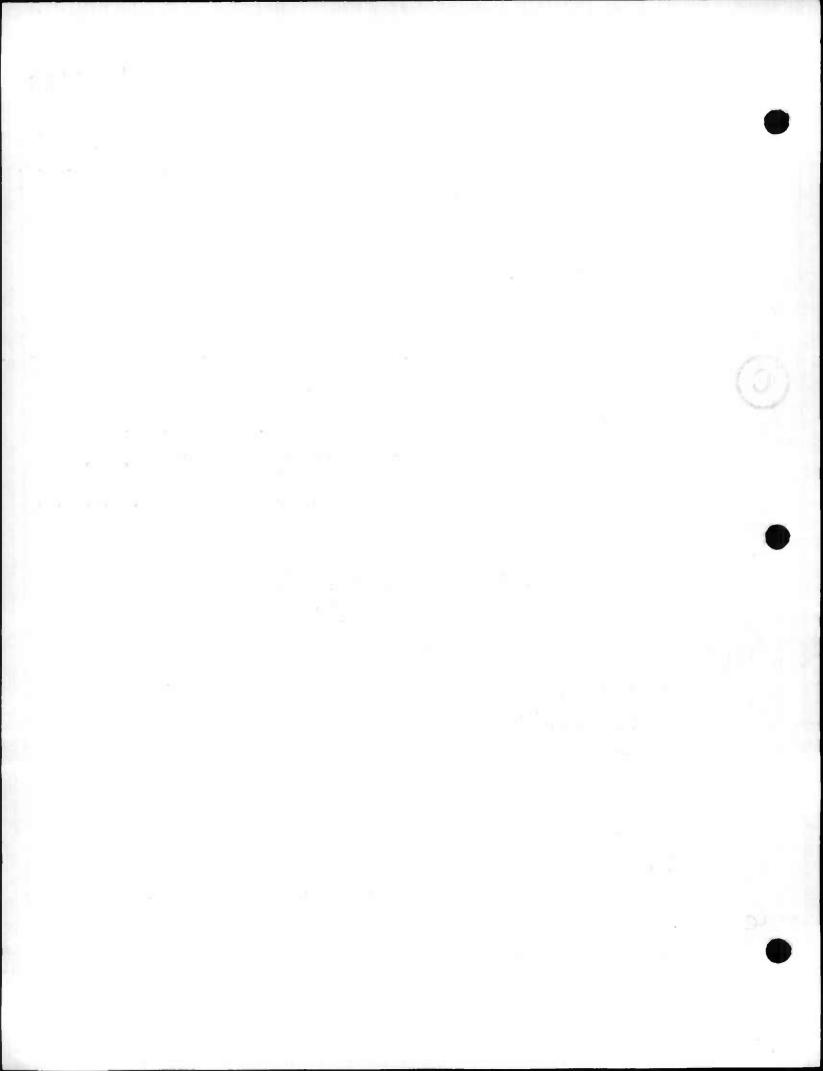
or attending physician.

21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained to the THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shows be attending the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MA

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



BALTIMORE, MARYCAND 21203-3146	24 nours after death. Page 5 may be retrook by the bosonial or attending physician.	, ID THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the britania director, and a signed for use as the burial-transit permit. Pages 1, 2, 3 sh be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be nobified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+ nous after seath. Page 8 may be made by the page and attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYCAND 21203-3146

pno

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) Rosie E. Johnson 2. DATE OF DEATH 3. TIME OF DEATH E 9 5:10 Pm Julyson S. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1 DM 2 DA 438-18-2634 Louisiana Se. FACILITY NAME (If not institution, give 9c. COUNTY OF OFATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 TES 2 NO will 2001 8 FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101 ZIP CODE 420 10 2079 USUnited State 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 | YES 2 | NO Specify: 12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO 14. RACE --- American India Black, White, etc. 1 Never Married 2 | Ma OF YES. GIVE WAR OR DATES Specify: A 3 Widowed 4 Divorced Black COMPLETED 16e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION ecily only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Spe College (1-4 or 5+) Hospital Maid 11th Health Care 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Thomas Cobbs Frances Cotton BE 19a. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Gene A. Thomas 2110 Brooks Dr. Apt. 318 Forestville Md. 20747 20s. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 F 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Fort Lincoln Cemetery Brentwood Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNE 22. NAME AND ADDRESS OF FACILITY Fort Lincoln Funeral Home, Inc. 3401 Bladensburg Rd. Brentwood Md. 23. PART I. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Metastic CAncer CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO JOR AS A CONSEQUENCE OF resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 TYES 2 TYNO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 - Residence 6 - Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpat tient 3 🗆 DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 6 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and mann 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE dame 5 35206 2

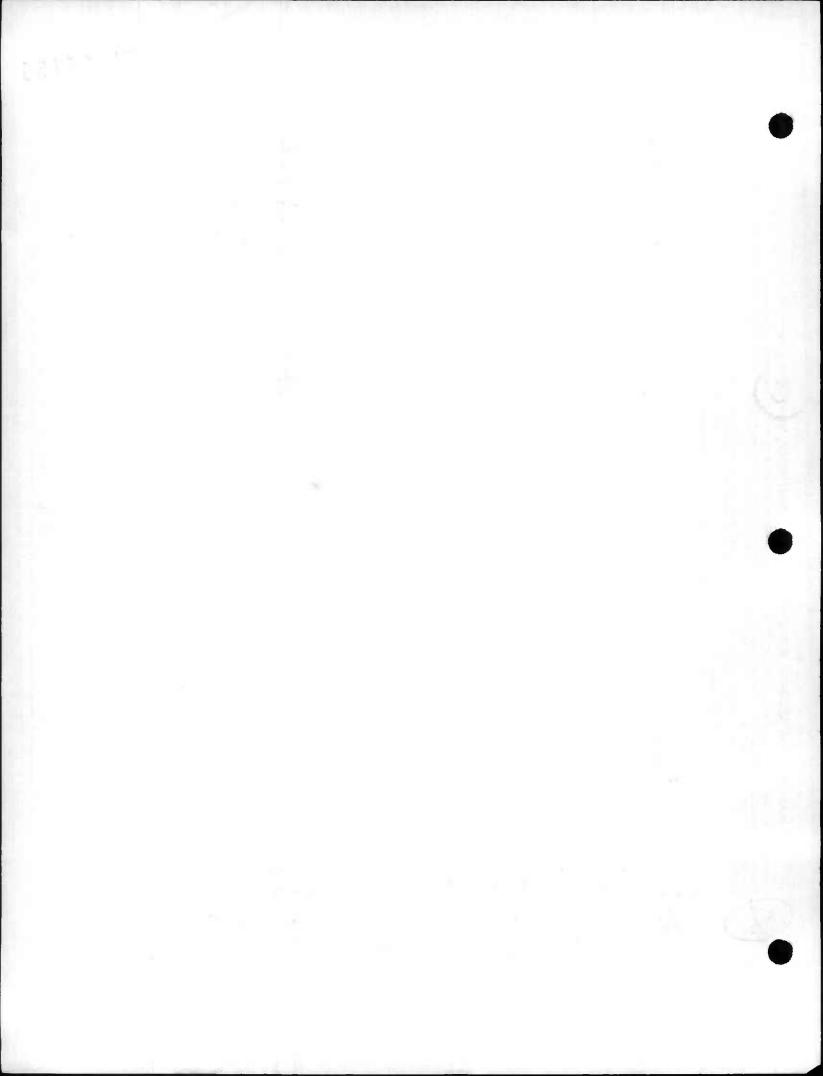
1171

SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

517

Julia Davidson-Randalle

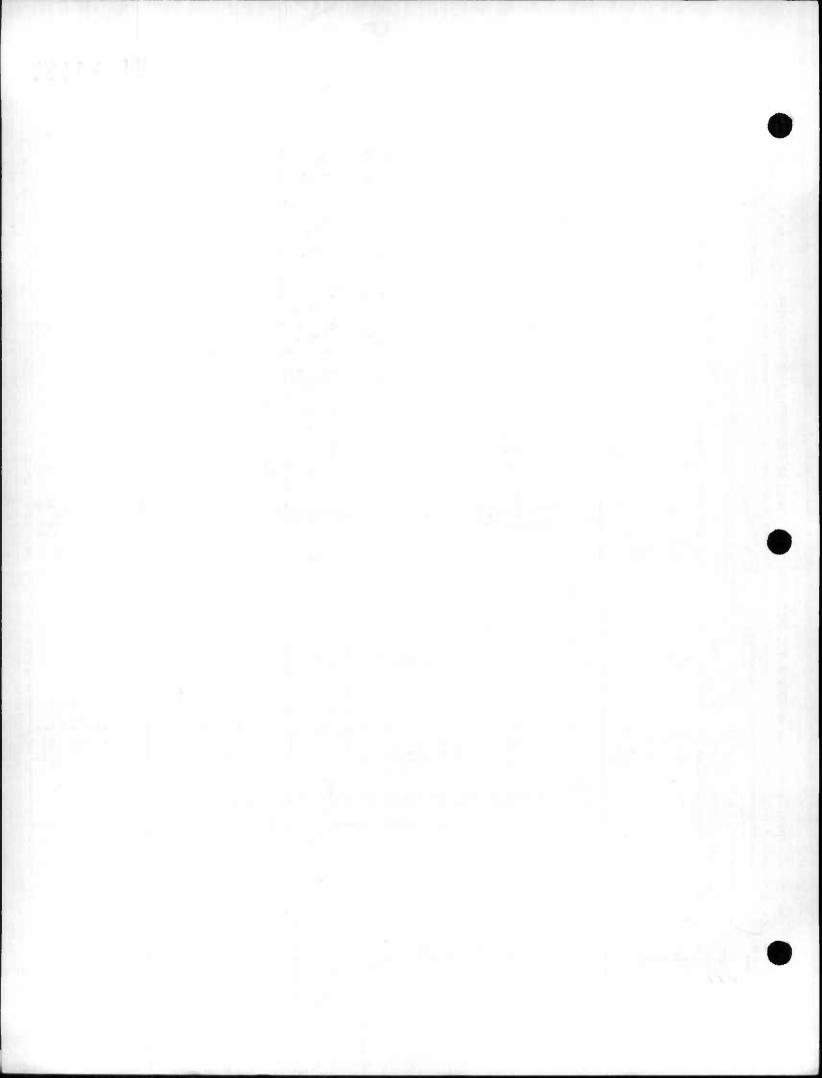
wast. una



BALTIMORE, MARYLAND 21203-3146

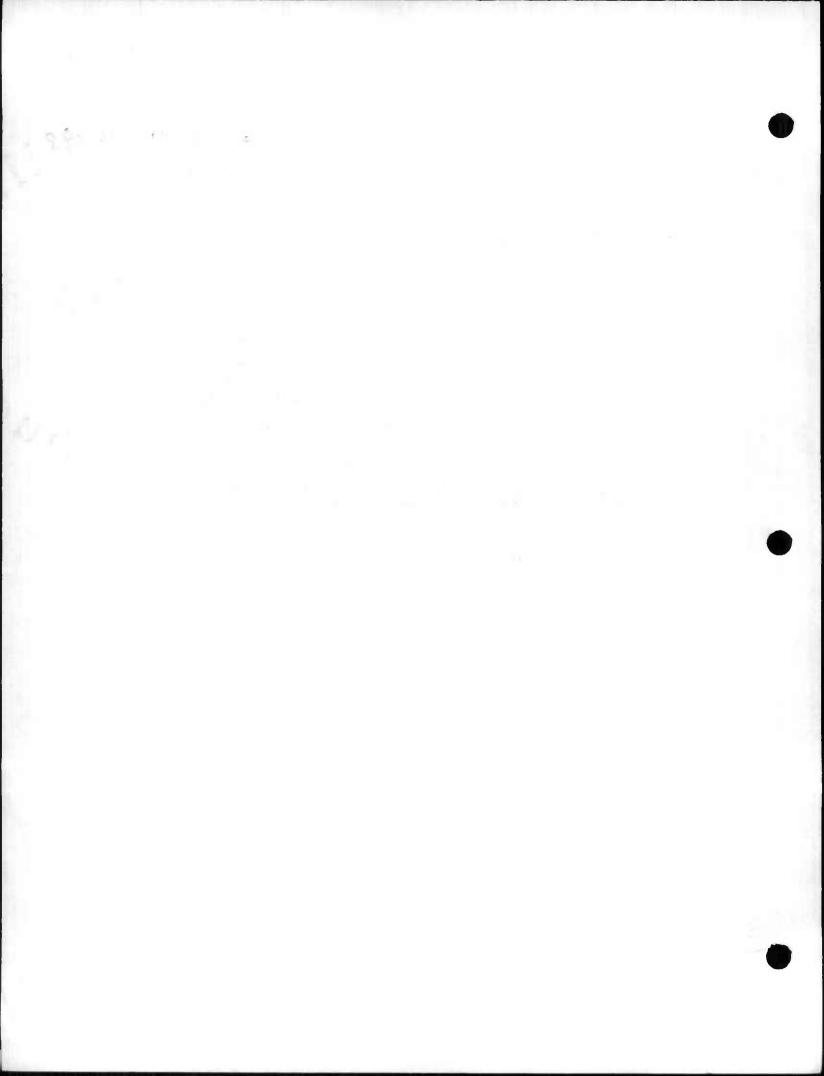
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AT		HYGIEN REG. NO.	_		
1. DECEDENT'S NAME (First, Middle, Last	Jones			2. DATE MONT	e of DEATH		3. TIME OF DEATH 325 A	
4. SOCIAL SECURITY NUMBER 579-07-8266	1XXM 2 □ F 74	YRS. MONTH		May	th, Day, Year)	17 M	BIRTHPLACE (State or Foreign Country) aryland	
9a. FACILITY NAME (If not institution, give Mallard Bay Nurs	7 am 6 1	own or location of peath ambridge, Dorchester						
10a. STATE 10b. COUN	10a. STATE 10b. COUNTY			0,		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
10s, STREET AND NUMBER 210 S	Southeast Crai	ne Highway	e Highway 100. ZIP CODE 20772				zen of what country? ces States	
11. MARITAL STATUS 1 Never Merried 2XXX Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ALYES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF H If yea, specify Cuban, II 1 YES 2 1 NO	Mexican, Puerto		or No- 14.	RACE — American Indien, Black, White, etc. Specify: White	
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) -9 t h-	College (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work of life. Do NOT use retire Cab Driv	one during most of working id.)	164	Airpo		ГЯУ	
17. FATHER'S NAME (First, Middle, Last)	Henry C. Jone	s	18. MOTHER Eva	r's name (First, Arn	Middle, Maiden			
190. INFORMANT'S NAME (Type/Print) Alice I. Jones		210 Sout		Highw	ay Upp	er Mar	1boro,Md. 20	
20a_METHOD OF DISPOSITION 14D Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	emoval from State	PLACE OF DISPOSITION Other place) laryland Ve	(Name of cometery, cremeter terans Ceme	etery			or Town, State m, Maryland	
23. PART I. Enter the diseases, o shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A	och line.	Disease				Interval Between Onset and Dea	
PART II. Other significant conditi	ons contributing to death b	out not resulting in the	underlying cause giv	en in Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTI	26. PLACE OF DEA	TH (Check only o	one)			
1 VES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outp 28e. DATE OF INJURY	patient 3 DOA 4 DY	Nursing Home 5 Resid		her (Specify) ESCRIBE HOW	INJURY OCCUP	RED	
1 Netural 5 Pending 2 Accident Investigation		INJURY	WORK?			4.0		
3 Suicide 8 Could not I 4 Homicide determined							Hurai Houte Number,	
29a. CERTIFIER	YSICIAN: To the best of my know	riedge, death occurred at t	the time, date and place, e	nd due to the c	suse(e) and ma	nner as stated.		
(Check only	INER: On the basis of examination	n and/or investigation, in	my opinion, death occured	at the time, da	ite and place, ar			
(Check only		n and/or investigation, in		SE NUMBER	09	29d. DATE S		



	775	-	
	ler	the	N PO
	3	2	S
	DE.	=	35 0
	7	lled	0
	7	N	atio
_	Ē	lete	There
2	×	E	9
_	Surfe	5	aria
-	exe	ä	4
<	2	clan	or 1
2	ate	MSi	nu
4	tific	d	OUG
5	8	din	hani
Ċ	tte.	tten	4
_ 	de	9	fant
2	the	4	7
Ē	that	D.	
Ò	Se	gne	delan
ו	quir	S	17.8
Ĕ	J.	Pee	-
_	No.	38	Dane
<	E P	te t	-
Ξ	N.	ifica	-
	0	Sert	A.C.
5	H	nis (
DIVISION OF VITAL RECORDS, F.O. DOA 13149,	9	er ti	
5	NO	Aft	,
7	番	8	
S.	4	EE	
5	8	DEB	
-	甚	A	ij
	100	5	
	웃	2	
	분	景	
	THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4	THE PAREPAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the t	
1	متنو	-	-
	_	-	1

	1. DECEDFINT'S NAME (Flirst,	A'idrile, Last)		Paul A	Andre	w Jame	s, S	r.		2. DATE OF DEATH MONTH	DAY _ 9	YEAR	10:40 p
1	4. SOCIAL SECURITY NUMB	5. SEX 6. AGE (In yrs. last birthday)		-	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)				
	577 05 5260)	125M 2 🗆 F	80	YRS.	MONTHS	AYS HC	DUHAI	MIN.		2-11		ahoma
, li	9a. FACILITY NAME (If not in			9b. CITY, TOWN OR LOCATION OF DE			ATH	9c. COU	UNTY OF DEATH				
	Greater-Laurel Beltsville Hospital						Laurel				Prince Georges		
	RESIDENCE OF DEC		10c Ci7	Y, TOWN OR	OCATION						10d. INSIDE CITY		
	Maryland Prince Georges Bowie									LIMITS?			
	10e, STREET AND NUMBER		1 20		10f. ZIF	P CODE	_		10g. CIT	TIZEN OF V	VHAT COUNTRY?		
	3436 Memphi	s Lan	2					207	15		Ilni	ted !	States
ı	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13. WA	S DECENE			IIC ORIGIN? (Specify)	_	14. RACI	- American Indian.
ETED BY FUNERAL	1 Never Merried 2	Merried	FORCES? 1 YES 2 NO			13. WAS DECENDENT OF HISPANIC ORIGIN? (Speci If yes, specify Cuben, Mexican, Puerto Rican, et 1 ☐ YES 2X XNO Specify:						Spec	k, White, etc.
	3XXWidowed 4 Dive	rced			No			25.10	органу	No			White
ı		EDENT'S EDU		/	'Give kind of	USUAL OCC	UPATION ing most of	f working	,	16b. KIND OF E	USINESS/IN	DUSTRY	
	Elementary/Secondary (0		College (1-4 or 5	+)	fe. Do NOT u								
TO BE COMPL	8			- I	rint	er						Prin	ting Co.
	17. FATHER'S NAME (First, M									ME (First, Middle, Maid	on Surname)		
	Albert Blu		nes							a Miller	_		
	19e. INFORMANT'S NAME (- 1						Route Number, City or 1			
	Paul Andrew		s, Jr.			Memph		-		Bowie Mar			0715
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) Holy Ghost Cemetery Issue Maryland 21. SIGNATURE OF FURERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	21. SIGNATURE OF FUNERA 23. PART I. Enter the d	3.	Evan	and the second	res	. Be	a11-	Eva Ann	ns l apol	Funeral H lis Rd. B	owie	Md.	20715 Approximate
		esrt feilure.	e. AU	use on each iir	200					enla			interval Betw Onset and D
	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
	PART II. Other significant conditions contributing to death but not resulting in the underlying course given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING.												
	PART II. Otter algumo	en conditio	Congo	stive	he	out	fa	rlu	re	PERI	ORMED?		AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
	1 U YES 2 NO												
	25. WAS CASE REFERRED	TO MEDICAL	Ī				26. PLAC	E OF O	EATH (Ch	heck only one)			
	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 Nursi	ng Home	5 🗆 Re	eldence	8 Other (Specify)			
		Pending Investigation	28a. DATE O (Month,	Day, Year)	28b. Ti	ME OF S	8c. INJUR WORK 1 YES	(?] NO	28d. DESCRIBE HO	W INJURY O	CCUREO	-
	2 Accident 3 Suicide 8 4 Homicide	Could not be determined		OF INJURY — At g, etc. (Specify)	home, farm	, street, facto	y, office			281. LOCATION (Str. City or Town, St		per or Rural	Route Number,
	(Check only +-									e to the cause(e) end e time, date and piece			(e) and manner as atat
- 1	29b. SIGNATURE AND TITL		1.1	- 1			Τ.		ENSE NU	Laure	I and D	ATE BLOWE	D (Month, Day, Year)



BALTIMORE, MARY AND 21203-314	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained to the investment attending to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the control of the later and Mental Hygiene prior to burial, cremation, or removal.	
2720	N SI	Nor 11Se	
€	a hospi		nce.
7	2	20 10	d at o
MAR	retaine	5 shou	notifie
RE,	may be	or, page	ast be
MO	Page 6	ul direct	ner m
ALT	death.	e funera	exami
(1)	urs after	in by th	edical
	No.	filled don, or	the m
16,	d within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the if be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1314	execute	and co	matic
30X	cate be	hysician e prior 1	or trau
0	h certify	Hygien	or oth
S, P	he deat	the atte	njury,
ORD	s that t	alth and	any l
REC	require	been sign. of He	shows
AL	The law	te has	em 23
5	CIAN:	ertifica the Sta	or Its
OF	PHYS!	r this c	arked,
O	ENDING	R: Afte	Is m
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATT	OURS aft	tem 28
	PITAL	ERAL (THE
	E HOS	HE FUN	HLIAN
	17 OT	TO TO 19	IMPC

1. DECEDENT'S NAME (First, A	Middle, Last)			LITTI	ICAII	E OF	DEAT	l In	2. DATE	OF DEATH			3. TIN	E OF OEAT	V
GWENDOLYN		SCOTT		.105	EPH				MONT	TEMBE	R 5 1	YEAR	2	3:52	P
4. SOCIAL SECURITY NUMBE	R	5. SEX	8. AGE (In yrs. le			R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTN		8. BIF	RTHPLACE	(State or Fo.	_
255-94-3028		1 🗆 M 2 💢 F	39	YRS.	MONTHS	DAYS	HOURS	MIN.	Mar.	7, 19	952	Co	untry)	s, Ga	
9e. FACILITY NAME (If not inst		treet and number)			9b. CIT	Y, TOWN C	R LOCATIO	ON OF D		,, 1.			F DEATH	3, 00	
MALCOLM GROW	USAF		CENTER		AN	DREW	S AF	В, М	ÍD_		PRIN	ICE	GEOR	RGES	
	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	ION							NSIDE CITY	
Wash, D.C.				Washington, D.C.								1X.	YES 2	NO	
10e. STREET AND NUMBER	UMBER				101, ZIP CODE					10g. CITIZEN				OUNTRY?	
1434 Ridge	Place	, S.E.	, S.E.				0020				U	ISA			
11. MARITAL STATUS 1 Never Married 2 No 3 Widowed 4 Divorce			T EVER IN U.S. AI YES 2 X WAR OR DATES	RMED NO		If yes, sp	ENDENT O	n, Mexica	n, Puerto	I? (Specify Ye Ricen, etc.)	s or No-	B	lack, White pac//v:	erican india a, etc. ack	n,
	DENT'S EQU		16a. Di	ECEDENT'S	USUAL C	CCUPATIO	ON		16b	KINO OF BU	SINESS/IN	DUSTRY			
(Specify only i		College (1-4 or 5	- 65	Ser Ser	se retired.)		et of worlds yali	_		Comm					
17, FATHER'S NAME (First, Mid	fella Lauti	3		561	VICE	Alla			ME (First	Middle, Maider		1610			
											ourname)				
ALEXANDET 19a. INFORMANT'S NAME (TVE	ander Scott Mary Jones Sc NT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, C							- 0				-			
										-					
Raymond Jos									_Was	h., D					
1 Sp Buriel 2 Cremation 4 Donation 5 Other (n 3 🗆 Rem	oval from State	20b. PLACE other p	vlace)						132	CATION -	-		He	
			- I GIE	EII AC	Les	Ceme	cerv			LCOTI	ımbus	. G	d.		
21. SIGNATURE OF FUNERAL AMes	SERVICE LIC	1 .	lians	1	22.	Plun	kett	ss of FA	eral	Home	ımbus	ie ts		C	
23. PÁRT I. Enter the dis	seases, or cart fallure.	Will	tany it caused the duse on eech lin	1 leath, DD	22.	Plun 2504	kett 28t	Fun Fun	eral reet	Home	E. Wa	sh.	. D.	C . Approxime Interval Be Onset and	twe
23. PÁRT I. Enter the dis ahock, or her IMMEDIATE CAUSE (Fina disease or condition	seases, or cart fallure.	emplications the List only one can a. MENING	it caused the duse on each lin	eath. DD	not ente	Plun 2504	kett 28t	Fun Fun	eral reet	Home	E. Wa	sh.	. D.	Approxima Interval Be	twe
23. PART I. Enter the dis ahock, or her IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition	seases, or coart failure.	emplications the List only one can be described by the	it caused the dise on each lin	leath, DD e.	not ente	Plun 2504	kett 28t	Fun Fun	eral reet	Home	E. Wa	sh.	. D.	Approxima Interval Be	twe
23. PART I. Enter the disahock, or hei iMMEDIATE CAUSE (Finadisease or condition resulting in death) Sequentielly list condition if any, leading to immediately.	seases, or coart failure.	a. MENING DUE TO DUE TO	it caused that duse on each lin ITIS (OR AS A CONSE IC KETO. (OR AS A CONSE	leath, DD e.	not ente	Plun 2504	kett 28t	Fun Fun	eral reet	Home	E. Wa	sh.	. D.	Approxima Interval Be	twe
23. PART I. Enter the dis ahock, or her IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition	seases, or cart failure.	DESCRIPTION OF THE PROPERTY OF	it caused that duse on each lin ITIS (OR AS A CONSE IC KETO. (OR AS A CONSE	leath, DD leath,	22. PF): OSIS	Plun 2504	kett 28t	Fun Fun	eral reet	Home	E. Wa	sh.	. D.	Approxima Interval Be	twe
23. PÁRT I. Enter the dis ahock, or hei immediate CAUSE (Fina disease or condition resulting in death) Sequentielly list condition from the cause. Enter UNDERLYIN CAUSE (Disease or injurthet initiated events	seases, or cart failure.	a. MENING DUE TO b. DIABET DUE TO c. PANCRE OUE TO d.	It caused the duse on each lin ITIS (OR AS A CONSE IC KETO (OR AS A CONSE ATITIS (OR AS A CONSE	equence of ACIDO	DETERMINENTS	Plum 2504 r the mo	kett 28t de of dy	SS OF FA	eral	Home N. diac or reap	E. Wasiratory and state of the	ish.	24b, WERE AMAIL COMPTO OF DE	Approximinterval B Onset and Autopsy Fi ABLE PRIOR LETION OF C AITH?	Des
23. PART I. Enter the disahock, or her immediate CAUSE (Fine disease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLYIN CAUSE (Disease or injurt that initisted events resulting in death) LAST	seases, or cart failure.	a. MENING DUE TO b. DIABET DUE TO c. PANCRE OUE TO d.	It caused the duse on each lin ITIS (OR AS A CONSE IC KETO (OR AS A CONSE ATITIS (OR AS A CONSE	equence of ACIDO	DETERMINENTS	Plum 2504 r the mo	kett 28t de of dy	SS OF FA	eral	Home N. diac or reap	E. Wasiratory and state of the	ish.	24b, WERE AMAIL COMPTO OF DE	Approximinterval B Onset and	Des
23. PART I. Enter the dis shock, or her immediate CAUSE (Fine disease or condition resulting in death) Sequentielly list condition from the cause. Enter UNDERLYIN CAUSE (Disease or injurt thet initisted events resulting in death) LAST PART II. Other significant	seases, or cart failure. ai cons, liate NG Ny r condition	a. MENING DUE TO b. DIABET DUE TO c. PANCRE OUE TO d.	It caused the duse on each lin ITIS (OR AS A CONSE IC KETO (OR AS A CONSE ATITIS (OR AS A CONSE	equence of ACIDO	DSIS FIG.	NAME AT P1un 2504r the mo	kett 28t de of dy	ss of Fa	eral	Home N. Idiac or reap	E. Wasiratory and state of the	ish.	24b, WERE AMAIL COMPTO OF DE	Approximinterval B Onset and Autopsy Fi ABLE PRIOR LETION OF C AITH?	Des NOINGTO AUSE
23. PART I. Enter the disahock, or her immediate CAUSE (Fins disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurithet initiated events resulting in death) LAST	seases, or cart failure. ai cons, liate NG Ny r condition	a. MENING DUE TO b. DIABET DUE TO c. PANCRE OUE TO d.	It caused that duse on each lin ITIS OR AS A CONSE IC KETO OR AS A CONSE OF AS A CONSE OF AS A CONSE OF AS A CONSE	Jeath, Do e. Equence of ACIDO Equence of resulting	DEF): OSIS OTHE	NAME AT P1un 2504r the mo	do address to a constant to a	SS OF FA	Part I.	Home N. diac or reap	E. Wasiratory and state of the	ish.	24b, WERE AMAIL COMPTO OF DE	Approximinterval B Onset and Autopsy Fi ABLE PRIOR LETION OF C AITH?	Des NOINGTO AUSE
23. PART I. Enter the dis shock, or her immediate CAUSE (Fine disease or condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) CAUSE (Disease or injurithst initisted events resulting in death) LAST PART II. Other significant in the condition of the cond	seases, or cart failure. ai cons, liate NG Ny r condition	a. MENING DUE TO b. DIABET DUE TO c. PANCRE OUE TO d. HOSPITAL: 1 % Inputient 2	It caused the duse on each lin ITIS OR AS A CONSE IC KETO OR AS A CONSE OF AS A CONSE OF AS A CONSE OF AS A CONSE OF AS A CONSE	eguence of ACIDO EGUENCE of resulting	DTHE	nderlyin 26. Pi 28. INJ	g couse g	SS OF FA	Part I.	Home N. diac or reap	NAUTOPSY RMED?	rrest,	24b. WERE AMAIL COMPORT DE 1	Approximinterval B Onset and Autopsy Fi ABLE PRIOR LETION OF C AITH?	Des NOINGTO AUSE
23. PART I. Enter the disahock, or hei shock, or hei shock or condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) LAST PART II. Other significant shock or	peases, or cart failure. ai bons, liate NG NY MEDICAL	DEMPICATIONS THE LIST OF THE PANCE TO SERVICE TO SERVIC	It caused the duse on each lin ITIS (OR AS A CONSE IC KETO. (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE Description ER/Outpatient FINJURY	Death. Do lee. ACIDO EQUENCE O COUNTRY OF THE PROPERTY OF THE INTERPRETATION OF THE INT	DESIS OTHE A OTHER JURY M	nderlyin 28. Pi R: reling Hon 28. WC 1	g couse g	SS OF FA	Part I.	Home N. diac or reap 24a. WAS AI PERFO 1 K) YES Tel: Tel: Tel: Tel: Tel: Tel: Tel: Tel	N AUTOPSY RMED? 2 NO	rrest,	24b, WERE ADMILL COMPORT DE 1	Approximinterval B Onset and Autropsy Fi Able Prior Letton of Cathr? YES 21 1	Des

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
CAPTAIN, USAF, MC

Mandell.

CAESAR A. JUNKER,

91

DHMH-16 Rev 1/89

MALCOLM GROW USAF MEDICAL CENTER ANDREWS AFB. MD 20331-5300

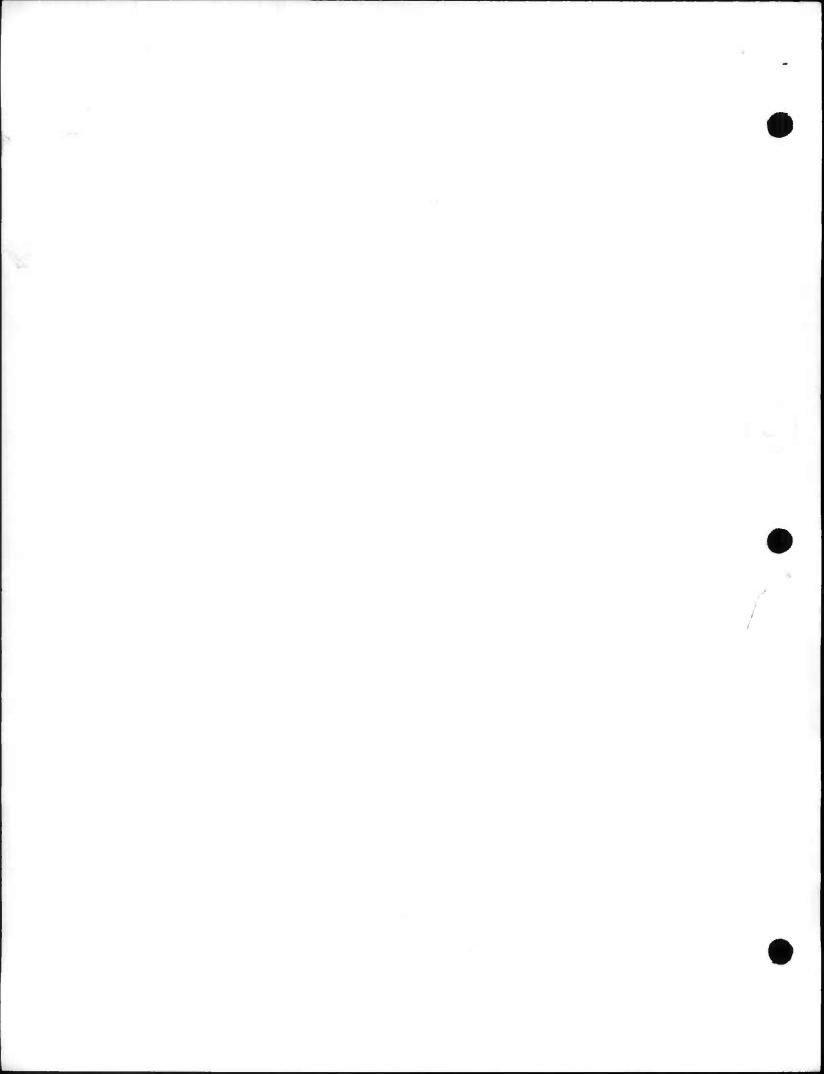
SEPTEMBER 5 1991 3:52 P GWENDOLYN SCOTT JOSEPH Mar. 7, 1952 Columbus, Ga X 39 255-94-3028 ANDREWS AFB, MD PRINCE GEORGES MALCOLM GROW USAF MEDICAL CENTER X Washington, D.C. Wash, D.C. 20020 1434 Ridge Place, S.E. USA 2 X Black Service Anayalist Communication Mary Jones Scott Alexander Scott 1434 Ridge Pl., S. E. Wash., BDC. 20020 Raymond Josept Green Acres Cemetery Columbus, Ga. Plunkett Funeral Home

MARYLAND 21203-3146

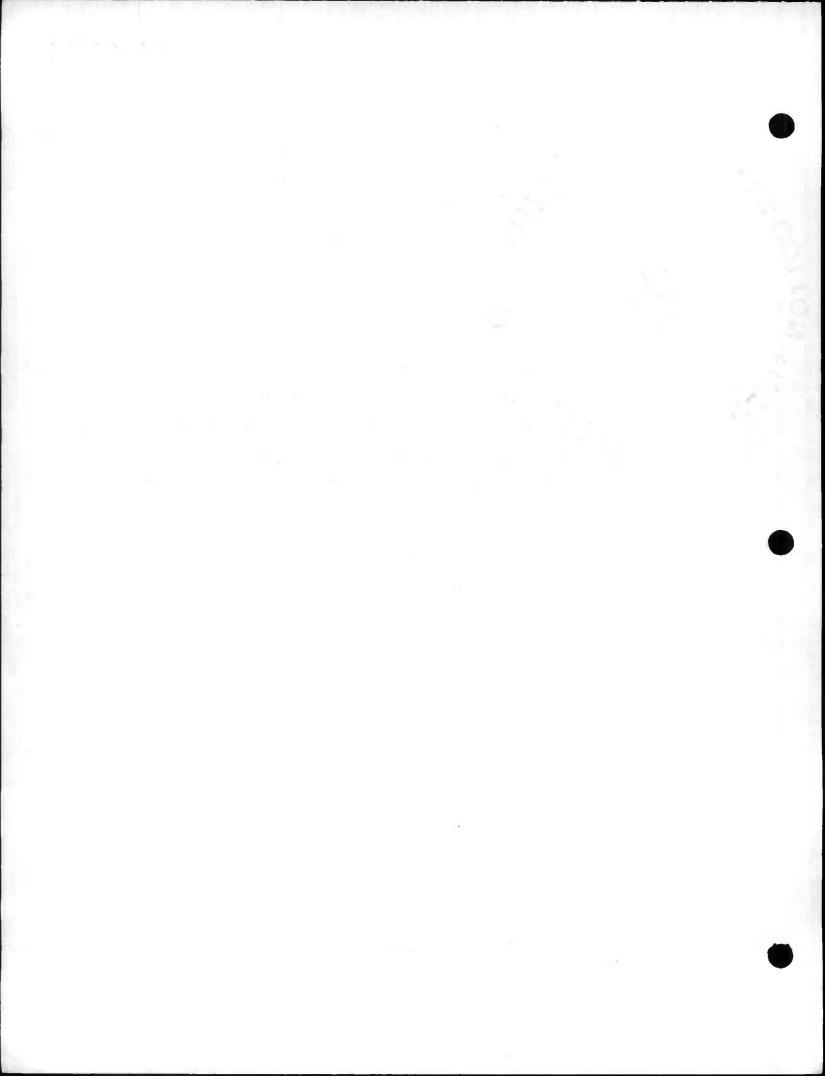
be detected for use as the burial-transit permit. Pages 1, 2, 3 should by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-mours after death. Page 6 km, remarked by the attending physician and completely filled in by the funeral director, was 5 shours the death to fill the state death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H			GIENE a. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	ATH DAY	3. TIM	E OF DEATH
	Charles	Franklin D	ewey Ke	efer		MONTH 9	16 19	991 12	:15 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT		6. BIRTHPLACE	(State or Foreign
	215-32-2975 9a. FACILITY NAME (If not institution, give	1 📈 M 2 🗆 F	92 yrs.	9 7	HOURS MIN.	(Month, Day, Y 12-9-1	1898	-	yland
OR O	Long View Nurs				chester	AIR	0c. COUNTY OF DEATH Carroll		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN'	TV	I soo CIT	Y, TOWN OR LOCAT	ION				ISIDE CITY
DIRECTOR	Md.	Carroll	100, 011		chester			L	MITS?
	10a. STREET AND NUMBER			101	ZIP CODE		10g. CITI	IZEN OF WHAT C	DUNTRY?
FUNERAL	3332 Main	Street		02		U.S.A	•		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES		13. WAS DEC	ENDENT OF HISPAN polity Cuban, Maxica	IC ORIGIN? (Spec	offy Yea or No—	14. RACE — Am Black, White	erican Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Specify		100)		White
	A								
	15. DECEDENT'S ED (Specify only highest grad	de completed)	(Give kind of v	VSUAL OCCUPATION vork done during mo	on st of working	16b. KIND (OF BUSINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)				١,	Farming		
M	17. FATHER'S NAME (First, Middle, Last)	None	Farm	IET .	16. MOTHER'S NA				
ဗ	Thomas	Franklin Ke	ofor		Lydia				
BE	190. INFORMANT'S NAME (Type/Print)	riankiin ne		ADDRESS (Complete	nd Number or Rural I			n Codel	
9								1784	
	C. Dale Keefer		DOLO		oah Dr.,		DC. LOCATION -		to.
	1 TBuriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		other place)	Chapel	Cemeter	У	Woodb:	ine, Md	•
	21. SIGNATURE OF FUNERAL SERVICE	JOENSEE	22. NAME AND ADDRESS OF FACILITY PA					neral H	ome
	· le hales	Same p	,1	1.	212 West	Old Li	berty 🥂	Rd.	
	23. PART i. Enter the diseases, or ahock, or haart failure iMMEDIATE CAUSE (Final disease or condition	r complications thet ce∲se s. List only one cause on e	ach line.		de of dying, euc				Approximata interval Between Onaat and Daath
	reaulting in death)	a. OUE TO (OR AS)	A CONSEQUENCE O	cotive	40	on 1	Ja Car		Syeurs
_	_	• 125	(2				ĺ	1
CERTIFICATION	Sequentially list conditione, if any, leading to immediate	DUE TO (OR AS /	CONSEQUENCE O	F):					
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	C							
E	that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):					
ER	reaulting in death) LAST	d							
	PART II. Other significent condition	ons contributing to death i	out not resulting	in the undariyin	g ceuse given in	Part I. 24s. V	MAS AN AUTOPSY	24b. WERE	AUTOPSY FINDINGS
CAL		- Oranic	0	500	ne	F	PERFORMED?	d	ABLE PRIOR TO LETION OF CAUSE
EDI		0,00,00	10000	1		— ¹□	YES 2-NO	OF DE	
PHYSICIAN: MEDIC						- 1		1 📗	YES 2 NO"
AN	25. WAS CASE REFERRED TO MEDICAL			20.0	ACE OF BEATH /Ch	ank only one)			
2	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch				
ΗXS	1 TYES 2 NO"	1 □ Inpetient 2 □ ER/Out	patient 3 U DOA		TURY AT		HOW INJURY OC	CHRED	
	1	(Month, Day, Year)		JURY WO	YES 2 NO	Zod. DEGCINDE	now moon! Oc	JOURLE	
BY	2 Accident Investigation 3 Suicide 6 Could not b	28e. PLACE OF INJUST	Y At home, farm.	_		28f. LOCATION	(Street and Numbe	er or Rural Route N	lumber.
TED	4 Homicide 6 Could not b	building, atc. (Spe	ocify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	Crisck Orny	YSICIAN: To the best of my know							manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIF	TER			29c. LICENSE NU	MBER	29d. DA	TE SIGNED (Mont	h, Qay, Year)
BE	1	- NO			D3311	05	•	9/16	191
6	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Typ	A Print)	N Pal	Wa	Dd.	2 11. 2	31074
	31. DATE FILED (Month, Day, Year)	P2. REGISTRAR'S SIGN	NATURE DAR	. 0000	- I'k	1/01	wy stee	- 000	21014
	SFP 17'91	Arma marian							

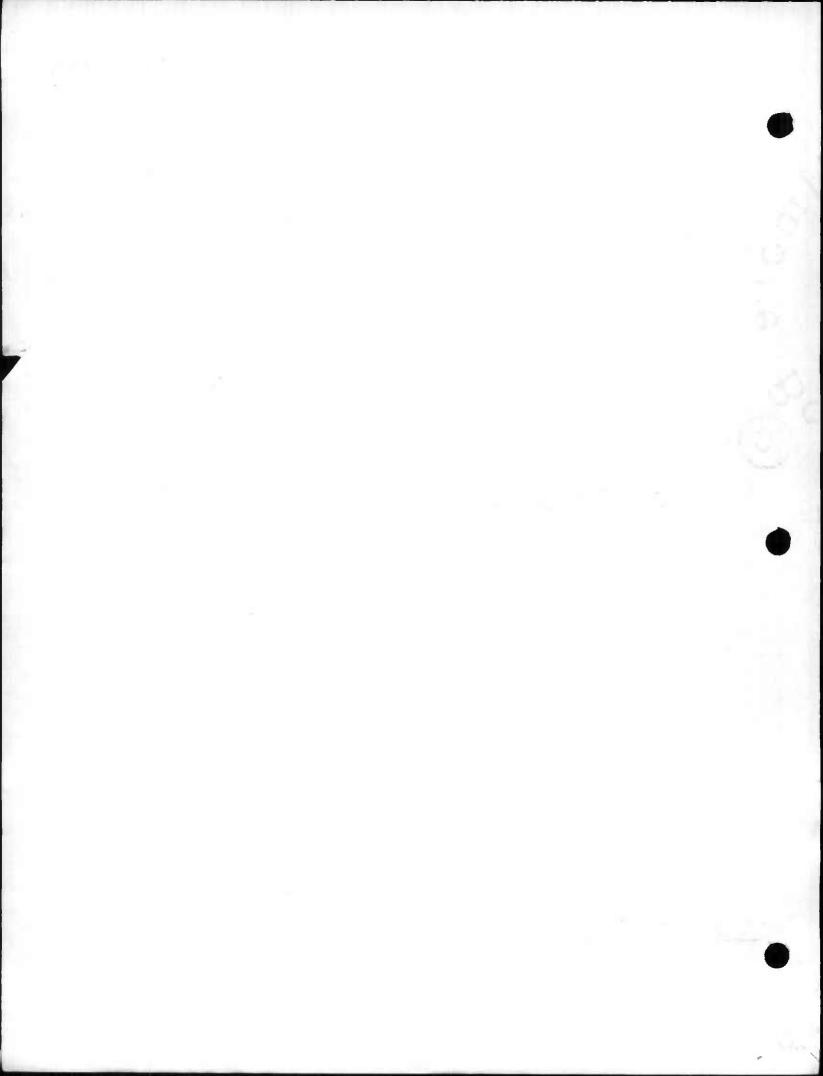


REGISTRAR 1. DECEDENT'S NAME (First,	Middle, Les	DOLLE								TE OF DEATH	DAY	YEAR	3. TIME OF DEATH		
Dori	5	5. Ki	nad	lon						9 10	ð	91	12:35 A		
4. SOCIAL SECURITY NUMBER 189-16-5849	ER	5. SEX		yrs. lest birthday) 91 YRS.	IF UNDER	DAYS	IF UNDE	R 24 HRS.		TE OF BIRTH onth, Day, Year)	1900		phester, Land		
9a. FACILITY NAME (If not ins	titution also	etreet and number)		9b. CITY, TOWN OR LOCATION						20		UNTY OF			
Greater Lau			e Hosp	ital		ure]					Pri	nce	George's		
RESIDENCE OF DEC	EDENT														
10a. STATE	10b. COUN	***		10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY LIMITS?		
Maryland	Pri	nce Geor	ge's	College Park									1 X YES 2 NO		
7516 Sweetb	riar	Drive				101	2074				U.S.A.				
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Olvo		12. WAS DECED FORCES? IF YES, GIVE	NT EVER IN I	2 X NO	13. 1	VAS DEC	ENOENT ecity Cub 2 X NO	OF HISPA en, Mexico Specia	NIC OR en, Pue lly:	IGIN? (Specify rto Ricen, etc.)	14. RAC Blac Spec	CE — American Indian, ck, While, etc. White			
	EDENT'S E			16a. OECEOENT'						16b. KIND OF E	BUSINESS/I	NDUSTRY			
(Specify only Elementary/Secondary (0		College (1-4 or	5+1	life. Do NOT	f work done o use retired.)	luring mo	IST OF WORK	ing							
12th Grade		None		Secreta	ary					La	aw Of	fice			
17. FATHER'S NAME (First, M	ddle, Lest)						16, MO	THER'S N	AME (FI	st, Middle, Maid					
William Sum							1	Hatt	ie	(Unava:	ilab1	e)			
19e. INFORMANT'S NAME (7				19b. MAII IN	IG ADDRESS	(Street				lumber, City or					
William S.		lon (Son)		The second section.									d. 20740		
			1000									— City or 1			
30n. METHOD OF DISCHOOL SITE OF SITE		moval from State	20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other, place) ArLington National Cemetery												
4 Donation 5 Other 21. SIGNATURE OF PUBLICA		10	- AL	TINGLO									Virginia		
21. SIGNATURE OF TUNIERA	L SERVICE	412	ha	,,,,									ome, P.A. e, Md. 207		
disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY. CAUSE (Disease or injuthat initiated events	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury				OF):	407	TUE	-24,	NO	<u> D</u> 15e	PHSE	<i></i>	Onset and Do		
PART II. Other eignifica	nt condit	iona contributing	to death bu	t not resulting	a in the ur	derivir	o causa	given i	n Part	1. 24s. WBS	AN AUTOP:	SY 24	Ib. WERE AUTOPSY FINDIR		
DAG	ANI PET	TOUSE	MN	SYN.) No	W6-				PER	FORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF	DEATH (C	Check or	nly one)					
EXAMINER?		HOSPITAL:		rtient 3 DOA	OTHE		ne 5 🖂	Residence	8 🗆	Other (Specify)					
27. MANNER OF DEATH			OF INJURY	./ 28b. T	IME OF	28c. IN	JURY AT	or own offers related		DESCRIBE HO	VIRTURE NO	OCCURED			
	Pending	(Mont)	, Day, May		INJURY M	W	ORK? YES 2	□ NO		NI	#				
2 Accident	Investigation	28e, PLAC	E OF INJURY	— Al home, fam	n, street for				281	LOCATION (She	eet end Nun	nber or Rura	I Route Number,		
3 Suicide 8 Homicide	Could not determined	be buildi	ng, etc. (Speci		.,	or ji will			"	City or Town, S					
(Critical Gray		IYSICIAN: To the bea											e(e) and manner as state		
29b. SIGNATURE AND PITLE		FIER MAN	M	2			29c.1	CENSE N	UMBER 190	97	29d.	DATE SIGNI	ED (Month, Gay, Year)		
30. NAME AND ADDRESS O	F PERSON	WHO COMPLETED O			ipa, Print) A. U,	40	Nor	n.	20)	207	07		,		
SEP 1 2	-	32. REGIS	TRAR'S SIGNA		92										

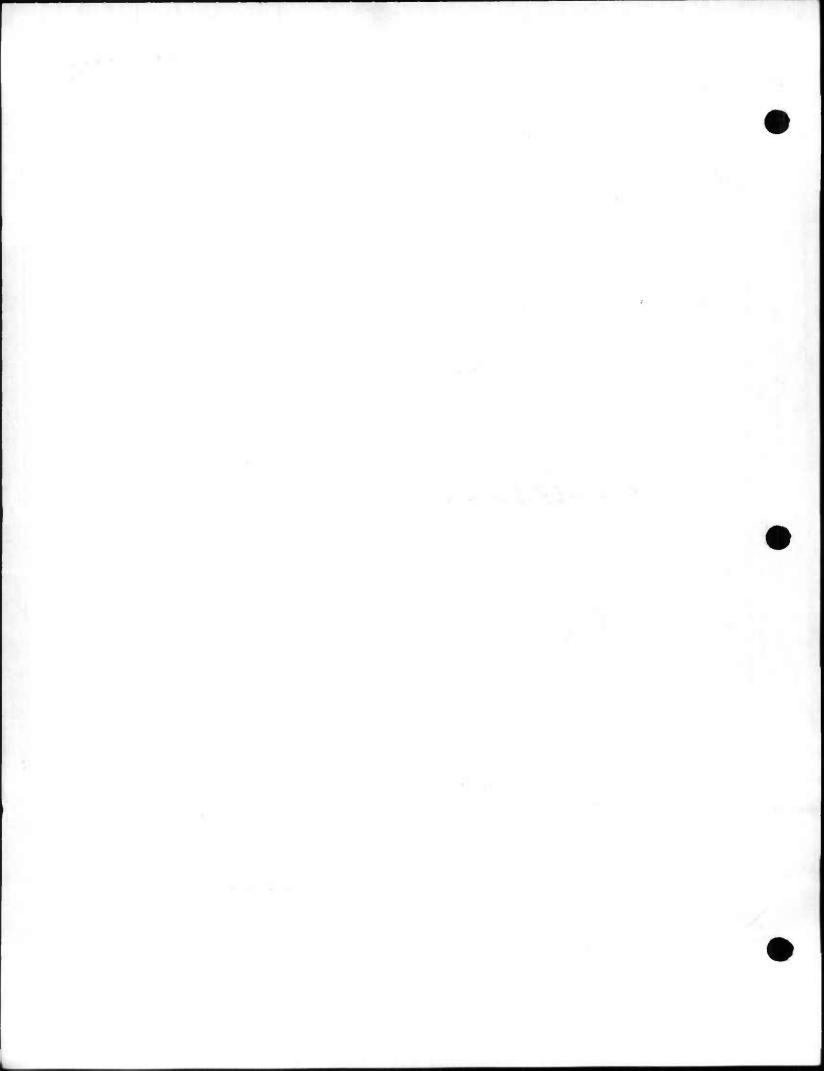


F.O. BOX 13146, BALLIMOHE MARTEAND ZIZUS-3146	e law requires that the death certificate be executed within nours after death. Prof. # met is the hospital or attending physician.	TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral drinks, man be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be attended to the bunal-transit permit. Pages 1, 2, 3 should be attended to the bunal-transit permit. Pages 1, 2, 3 should be attended to the bunal-transit permit. Pages 1, 2, 3 should be attended to the bunal-transit permit. Pages 1, 2, 3 should be attended to the bunal-transit permit. Pages 1, 2, 3 should be attended to the bunal-transit permit. Pages 1, 2, 3 should be attended to the bunal-transit permit. Pages 1, 2, 3 should be attended to the bunal-transit permit. Pages 1, 2, 3 should be attended to the bunal-transit permit. Pages 1, 2, 3 should be attended to the bunal-transit permit. Pages 1, 2, 3 should be attended to the bunal-transit permit by the bunal-transit permit be attended to the bunal-transit permit be attended to the bunal-transit permit by the bunal-transit by the bunal-transit by the bu	m 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral matter and second	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic even	

	1 - STATE REGISTRAR	SIAIE UF MARIE			F DEATH	REG. NO		
-	1. DECEDENT'S NAME (First, Middle, Last)	He]	en Panas	Klings	sporn		AY Q YEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	T	7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign
	057-16-9238	1 M 2 F	YRS.	MONTHS DAY	HOURS MIN.	10-19-15		w Jersey
TOR	GRATER OF DECEMENT		Hosp.	96. CITY, TOW 7100(on tee Re	. 1	Prince	
DIRECTOR	10a. STATE 10b. COUNTY	e George's	10c. CIT Bow	y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
E	12006 Tweed Lane				20715		United	States
FUNERAL	11, MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES			DECENDENT OF HISPAI specify Cuban, Mexica	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	e or No 14. F	RACE — American Indian, Black, White, atc.
ВУ	1 Never Married XX Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			NO Specifi			Specify: ucasian
9	15. DECEDENT'S EDUC		18a. DECEDENT'S	USUAL OCCUP.	ATION	16b. KIND OF BU	ISINESS/INDUSTF	RY
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemak	se retired.)	most of working	Own H	ome	
E CON	17. FATHER'S NAME (First, Middle, Lest) Matthew Panas			ME (First, Middle, Meider Gutowska	Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number, City or Tox	vn, State, Zip Code	9)
2	Albert L. Kingspor	rn	Same	as # 1	0			
	20e. METHOD OF DISPOSITION 1	ovel from State	Metropoli		ematory		xandria	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie, MD 20715								
CERTIFICATION	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if emy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS		DF):	hae	anen vuscula	in dis	Interval Between Onset and Death
	PART II. Other significant condition	a contributing to death	but not resulting	In the under	ving cause given in	Part I. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
: MEDICAL						PERFO	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			2	B. PLACE OF DEATH (C	heck only one)		
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/O	utpatient 3 🗆 DOA	OTHER:	Home 5 - Residence	6 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28s. DATE OF INJUR (Month, Day, Year	Y 28b. Til	JURY	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED
TED BY	2 Accident 3 Suicide 6 Could not be determined	26e. PLACE OF INJU building, etc. (S)		street, factory,	office	261. LOCATION (Stree City or Town, State		tural Route Number,
4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due in the time, data and due in the time,								nuse(a) and manner as stated.
	ZIE. BIONASURE AND TIME OF CENTIFIES	a ()			29c. LICENSE NU	JMBER	29d. Dettis-15	NEO (Month, Oay, Year)
TO BE	122)0	fet	MD	,	D 19	252	3091.	
)	ROBELLO A DE		DEATH (ITEM 27) (Typ.		x LA BOWIE	1705 POM:	5.	
	SEP 1 0 91	32. RAGISTRAR'S SI	GNATURE SON-Amdel					



1-528	6-0	35	FOR STATE		STATE OF	MARYLAN	D / DEPAR	RTMENT	OF H	EALTH	AND I	MENTA	L HYGIEN	2 E	26	143
			REGISTRAR 1. DECEDENT'S NAME (First, Mic	48 4 4			CERTIF	ICATE	OF	DEAT	<u>H</u>		REG. NO.			
•	1		HAROLD		P.			CAIL)			2. DATE MON	OF DEATH	1 1	VEAD	TIME OF DEATH 7:30 P M
(.	P)		4. SOCIAL SECURITY NUMBER 224-16-722	7	5. SEX 1 M 2 F	6. AGE (In yr.	s. lesi birthdey) 9 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER HOURS	24 HRS. MIN.	(Mon	OF BIRTH th, Day, Year) 08-19	12	Country)	ACE (State or Foreign
3	4	Ę	9a. FACILITY NAME (If not institu Rte 301 &R					9b. CITY,	TOWN C	R LOCATIO	ON OF DE			9c. COUN	TY OF DEA	тн
.2	H-42 - 6	5	RESIDENCE OF DECE	DENT	0.5									ŽOP1	TIA VI	NINE
iit. Pages	2010	- 10-	Maryland 10	Dor	cheste	r	10c. CIT	Y, TOWN O		mbri	dge					Dd. INSIDE CITY LIMITS? X YES 2 NO
peri	TA CONTROL		10e. STREET AND NUMBER						101.	ZIP CODE	4			10g. CIT12	EN OF WHA	AT COUNTRY?
an. ransit	ij		317 Talb							21	613				USA	
-AND 21215-0020 the hospital or attending physician. detached for use as the burial-transit permit. Pages	2	5	11. MARITAL STATUS 1 Never Merried 2 Mei 3 Widowed 4 Divorced	rried	12. WAS DECEDED FORCES? IF YES, GIVE WOLLD	1 TYES 2 WAR OR DATES	□ NO	10	yes, spe	cify Cuban	F HISPAN I, Mexica Specify	n, Puerto	N? (Specify Yes Ricen, etc.)	or No- 14. RACE — American Indian, Black, White, atc. Specify: White		
21219 al or atten for use as	once.		15. DECEDE (Specify only hig Elementary/Secondary (0-12)	- 7	ATION	16a	Give kind of	USUAL OC work done d se retired.)	CUPATIO	N sl of working	7	16b. KIND OF BUSINESS/INDUSTRY				
LAND the hospital	once.		11 Years 17. FATHER'S NAME (First, Middle	2	Years		Mer	chan	t-				e Sal		n	
2 5 8	11 05		Joseph R		t Kinca	aid							et Raj		1	
MARY retained by 5 should by	5 a		19a. INFORMANT'S NAME (Type/				19b. MAILING	ADDRESS	(Street a		_		ber, City or Town			
5 5 10	be notif		Mary Lee K	inca	id		317	Tal:	bot	Ave	. C	amb	ridge	, Md	. 21	613
Ш > @	must b		20e. METHOD OF DISPOSITION 1 5 Burlel 2 Cremetion	3 🗆 Remov	val from State		ACE AND DATE		TION (Na	ne of		DAT	E 20c. LO	CATION — C	ity or Town	State
MC Page 6		H	4 Donation 5 Other (Spe 21. SIGNATURE OF FUNERAL SE		NOEE	_ LMd			s C	emet	ery	19_	16 Hu	rloc	c. M	aryland
BALTIMORE, after death. Page 6 may be y the funeral director, page	examiner		· Kenn	A I	R Thor	me gr			1	Thom	as	Fun	eral 1	Home		d. 21613
68760, executed within 24 hours and completely filted in b	traumatic event, the medical		23. PART I. Enter the diseashock, or heart iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially liet conditions if any, leading to immediat cause. Enter UNDERLYING	a.	DUE TO	O (OR AS A COM	NSEQUENCE O	F):	tha mod	de of dyir	ng, such	n as can	dlec or reepi	ratory arre	et,	Approximete interval Between Onset and Death
.O. B certificate rding phys	r other		CAUSE (Disease or injury thet initieted events resulting in death) LAST	d d	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):										
L RECORD	hows any inju		PART II. Other eignificent o		contributing to	deeth but n	ot resulting	in the unc	derlying	cause gi	iven in	Pert I.	24e. WAS AN PERFOR		AM CC OF	PRE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 \(\square\) NO
VITAL AN: The law tificate has	Tell Itel		25. WAS CASE REFERRED TO ME EXAMINER?		HOSPITAL:			OTHER		ACE OF DE				1 -		
F VITAL SICIAN: The la	1 N		1 X YES 2 NO		28a. DATE OF	IN ILIDY	28b. TIM	4 - Nursi	ing Home 28c. INJL		idence		CRIBE HOW IN			
O \f \(\frac{1}{2} \)	mary BY		1 Natural 5 Pend 2 Accident Invest	ding stigation	09/11	/ 9 1	7:"0	O PM	WOF	ES 2 X	NO .	Aut	str	ıck l	by t	
DIVISION OF VITA OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate in	, _			ld not be rmined	building,	OF INJURY A , atc. (Specify)	Highw		ory, office			Rte	ATION (Street a or Jown, State)	Number of Rt (e 40	
	ANT: It item 28				AN: To the best of a											nd manner as stated,
TO THE HOSPITAL TO THE FUNERAL	POR H	I	29b. SIGNATURE AND TITLE OF	THE RESERVE	DR	2				29c. LICEN	ISE NUM			29d. DATE		onth, Day, Year)
10	2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 PENN STREET, BALTIMORE, MARYLAND 21201														
			SEP 16 9		32. REGISTRA	AR'S SIGNATUR)F		7 1/1	1111	רווח	4 4 1/1		.11. 1 11/1	11410	2.201
		_ _			1											

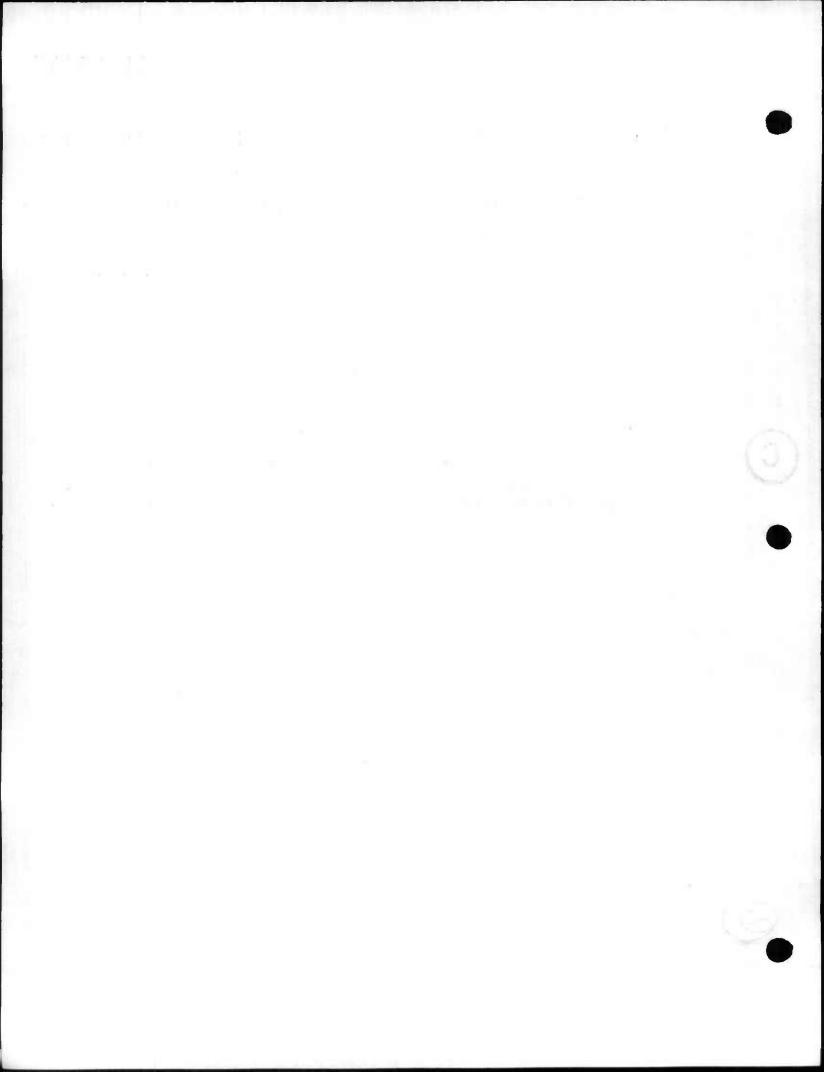


STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE
CERTIFICATI	E OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTA CERTIFIC			IENTAL HYGIENE REG. NO.						
,	1. DECEDENT'S NAME (First, Middle, Lest) Mary E. Lam					2. DATE OF DEATH		3. TIME OF DEATH				
į	216-14-3867	1 □ M 2 💢 F 🧧	81 YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		1910 N	RTHPLACE (State or Foreign untry) Auryland				
TOR	9a. FACILITY NAME (If not institution, give stree CAUTOLL COUNTY G				n location of dea minster	ATH	9c. COUNTY OF					
DIRECTOR	Md. Ba	ltimore	10c. CITY, T	OWN OR LOCAT Upperc				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	106. STREET AND NUMBER 14808 Hanover			101.	21155		10g. CITIZEN OF WHAT COUNTRY? USA					
B	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 / NO	If yes, spe	ENDENT OF HISPANI city Cuban, Mexican 2 NO Specify:			ACE — American Indian, lack, Whita, etc. White				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) Housewife 16. MOTHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame)								Y				
BE COM	17. FATHER'S NAME (First, Middle, Lest) Vincent J. Kra. 190. INFORMANT'S NAME (Fire)(Print)	usman			Veroi	ne (First, Middle, Maiden s vica Pecke	r	4				
10	198. INFORMANT'S NAME (TyperPrint) Dorothy E. Murphy 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 14808 Hanover Rd. Upperco, Md. 21155 200, METHOD OF DISPOSITION 200. PLACE OF DISPOSITION (Name of cometery, crematory or 200. LOCATION — City or Town, State											
	1 \(\text{Burlel 2 \(\text{Cremation 3 \(\text{Removal trom State} \)} \) Gher place \(\text{Glen Haven Memorial Park} \) Glen \(\text{Burnie} \), \(\text{Md.} \)											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE OLD 22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Rd. Eline Funeral Home Reisterstown, Md. 21136											
CERTIFICATION	23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ehock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):											
MEDICAL CE			TILURE		g cause given in	PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
CIAN:	25. WAS CASE REFERRED TO MEDICAL	TION			ACE OF DEATH (Che	ock only one)						
PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 28b. DATE OF INJURY (Month, Day, Year) 1 NJURY 20b. TIMB OF P. NJURY AT WORK?											
1 Natural 5 Panding Investigation 2 Accident 3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Steet)							and Number or Ru	iral Route Number,				
COMPLETED	(Criscit Drift)	IAN: To the best of my know						ise(a) and manner as stated.				
Ö				296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 297/13/91								
	Vincent O.	COMPLETED CAUSE OF DE				63	≥ 9/1	NED (Month, Day, Year)				

3	3
DIVISION OF VITAL RECORDS, P.O. BOX 68760	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wi
9	exe
0	2
B	ate
-	tific
0	93
۵.	ath
Ś	de
0	The state of
D.H	that
Ö	res
M	nba
	WE
A	9
느	=
>	A
F	Sic
0	F
Z	NG
2	2
S	E
≥	OF.
	0 7
	ATI/
	8
	E

	DECICTRAD	TATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO	_				
	1. DECEDENT'S NAME (First, Middle, Last) E1.	len YNC	n			2. DATE OF OEATH MONTH		S. TIME OF DEATH			
	216-12-4233	M 2XXF	n yrs. last birthday) 74	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07-14-191	_ .	BIRTHPLACE (State or Foreign Country) Varyland			
CTOR	9a FACILITY NAME (If not institution, give street of	s Hasp	Ctr.	96. CITY, TOWN C	ver u		PLIN	OF DEATN			
DIRECTOR	Maryland Prince (George's		town on Locat Er Marlb				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER 8405 Duvall Road				zip cone Maryland			N OF WHAT COUNTRY?			
BY FUNE	1 Never Merried 2 Merried	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	27 NO	13. WAS DEC	ENDENT OF NISPAI	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) Home Maker At Home										
BE COM	17. FATNER'S NAME (First, Middle, Last) George Pyles				Mary Ro	ME (First, Middle, Meiden bertson	Surname)				
5	190. INFORMANT'S NAME (Type/Print) Donna L. Wyvill		8405 [uvall R	oad, Upp	Poute Number, City or Tow er Marlbor	n, State, Zip Co	yland 20772			
	20e. METNOD OF DISPOSITION XX Buriel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Specify) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State Appletery, completely, compl										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Rd., Clinton, Md.										
CERTIFICATION	23. PAPT I. Enter the diseases, or compshock, or heert failure. List is in the control of the co	DUE TO (OR AS A	CONSEQUENCE OF	ture Cu.	de of dying, suc	de co	Sea	Approximate interval Batween Onset and Death			
MEDICAL	PART II. Other significent conditions co	atributing to death bu		the underlying	cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:		SPITAL:		QTHER:	ACE OF DEATN (Chi						
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU	JRY AT RK?	e Other (Specify) 28d. DE\$CRIBE NOW II	NJURY OCCUR	ED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Momicide determined	26e. PLACE OF INJURY building, etc. (Specif	— At home, ferm, at		ES 2 NO	2ef. LOCATION (Street e City or Town, State)	nd Number or F	Rural Route Number,			
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of exemination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end menner as stated.										
TO BE CO	29b. SIGNATURE AND STITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WNO COM-	AL.			29c. LICENSE NUN			GRED (Nonth, Day, Year)			
		32. REGISTRAR'S SIGNA Julia David									



32. REGISTEAR'S SIGNATURE

13

whia Davidson-Randall

BOX 68760, DIVISION OF VITAL RECORDS, P.O.

10a, STATE

Maryland

DIRECTOR

Gladys

9a. FACILITY NAME (If not institution, give street and number)

Bel Forest Nursing Home

SEP 16

'91

whie Tavidson-Randall

10b. COUNTY

4. SOCIAL SECURITY NUMBER

RESIDENCE OF DECEDENT

362-18-0900

Wilma

5. SEX

Harford County

1 M 2 K F

Longton

81

6. AGE (In yrs. last birthday)

10c. CITY, TOWN OR LOCATION

Forest Hill

DAYS

Forest Hill

BALTIMORE, MARYLAND 21203-3146 ours after death. Page 6 may funeral director completely executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146, attending physician and this (

permit. Pages 1, 2, 3 should FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 1416 Persimmon Place by the hospital or attending physician. be detached for use as the burial-transit 21050 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THOU IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 1 Never Merried 2 Merried BY 3 Widowed 4 X Divorced ETED. 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highe entary/Secondary (0-12) Coffege (1-4 or 5+) COMPL 12 Licensed Practical Nurse once. 17. FATHER'S NAME (First, Middle, Last) Ħ John Baxter McCanna Nora BE 19a. INFORMANT'S NAME (Type/Print) 1000836-7407 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Mrs. Judith A. Terrill 20a. METHOD DF DISPOSITION
1 Burial 2 T Cremation 3 Ram 20b. PLACE OF DISPOSITION (Name of cornetary, cremetory or other place) Greenmount Crematory 4 □ Donetion 8 □ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOSEPh W. Foster examiner other warragen filled in by the fillen, or removal, medical 23. PART I. Enter the diseases, or complicatione that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final the cremation, DUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) item 23 shows any Injury, or other traumatic event, burial, CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): signed by the attending physician a Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE DE): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL Parkinsain didono certificate has been the State Dept. of PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA | 4 M Nursin 1 YES 2 NO me 8 - Residence 6 - Other (Specify) with the 27. MANNER OF DEATH 28a. DATE DF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28 is marked, 1 📉 Natural 8 Pending TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After thi be filed within 72 hours after death wi IMPORTANT: If item 28 is marku 1 YES 2 ND BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide ETED 8 Could not be 4 🔲 Ho 29s. CERTIFIER
(Chack ank) 1 🕱 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) cclue 131 UNUID 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

REG. NO. 2. DATE OF DEATH 3. TIME DE DEATH Sept. 15, 1991 10:20 P. 7. DATE OF BIRTH May 3, 1910 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. Michigan 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 21050 Harford County 10d. INSIDE CITY 1 TYES 2 TO NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. 16h KIND OF BUSINESS/INDUSTRY Medical 18. MOTHER'S NAME (First, Middle, Maiden Surname) Winifred Haslip 1416 Persimmon Place, Forest Hill, Maryland 21050 20c. LOCATION - City or Town, Stata Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY Foster Funeral Home 50 West Broadway & Williams Street Bel Air, Maryland 21014 Approximate Interval Between **Onset and Desth** 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 TH NO 1 YES 2 NO 28d, DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year)

md 21064

----Old at a " some year couler with them, a shen, a

	Page	
L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be remore that or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 who the first of the sold for use as the burial-bransit permit, Page hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumstic event, the medical examiner must be notified at once.
nay be ret	, page 5 ut	it be noti
Page 6 n	al director	iner mus
fter death.	the funerioval.	al exami
nours a	lled in by	medic
within 22	pletely fi	ent, the
precuted	and com	natic ev
cate be	physician e prior to	er traur
th certifi	ending p	or oth
the dea	y the att	injury,
ires that	signed b	ws any
law requ	as been Jept. of	23 sho
AN: The	tificate h	r item
PHYSIC	this cer	rrked, c
ENDING	OR: After ter death	8 is ma
L OR ATT	L DIRECT	item 2

FUNERAL within 72 h TO THE HOSPITA
TO THE FUNERA
Se filed within 72
IMPORTANT: II

BE P

2

2, 3 should

1117 # 14-71-83 ...662 CAMPLEY, BERRAID DAVID FR, PHYSICIANS 91 26148 131/1 FOR STATE REGISTRAR 13 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Langley Bernard David 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (S 13,1934 Washington, D.C. DAYS HOURS 577-44-2683 1XXM 2 | F YRS. February 9e. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Carroll Carroll Co. Hospital RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY XX YES 2 NO D.C. Washington FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20002 United States 1143 Morse Street, N.E. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 XNO Specify: 1 Never Merried 2 Merried Specify: BY 3 Widowed 4 Divorced Black. COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 186. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp during most of working Elementary/Secondary (0-12) College (1-4 or 5+) 12th Federal Gov'T Employee U.S. Gov'T 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) John L. Langley BE Irene Offutt 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Irene Whitmore Same as 10e. 20a, METHOD OF DISPOSITION
1 ☑ Burlel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE Harmony Mem. 4 Donetion 5 Other (Specify) Park 9/7/91 Landover, Maryland 22. NAME AND ADDRESS OF FACILITY
Frazier's Funeral Home 21. SIGNATURE OF EUNERAL SERVICE LICENSE 389 Rhode Island Avenue, N.W. 23. PART i. Enter the diseases, or complications that caused the death. Do not shock, or heart fallure. List only one cause on each life. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ Roofee herose resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 1 TYES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) YES 2 NO HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpetient 3 DOA me 5 - Residence 6 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) T. MANISER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED S Pe M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 🔲 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicid

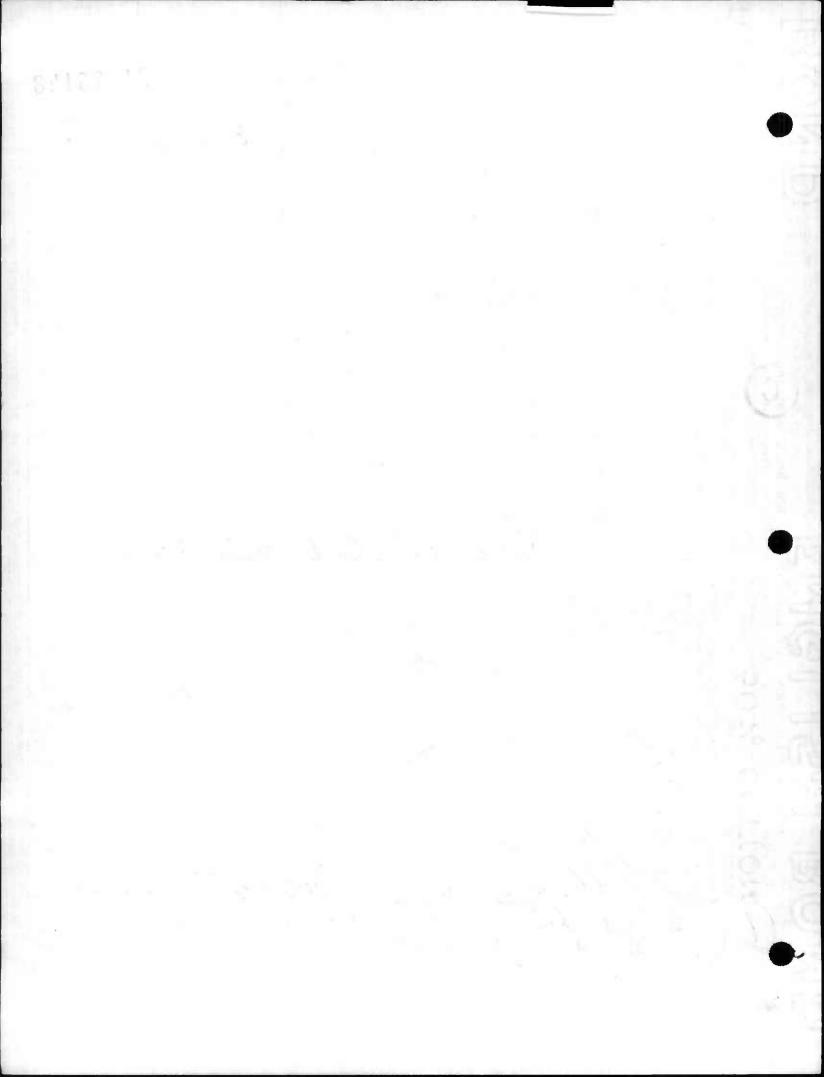
G PHYSICIAN: To th

01/25

CETEU CAUSE OF DEATH (TENT) (NO) Print)

12. RESSTRAR'S SIGNATURE PANDAR

rred at the time, date end place, and due to the cause(e) end menner ee stated 254 LICENSE NUMBER 116



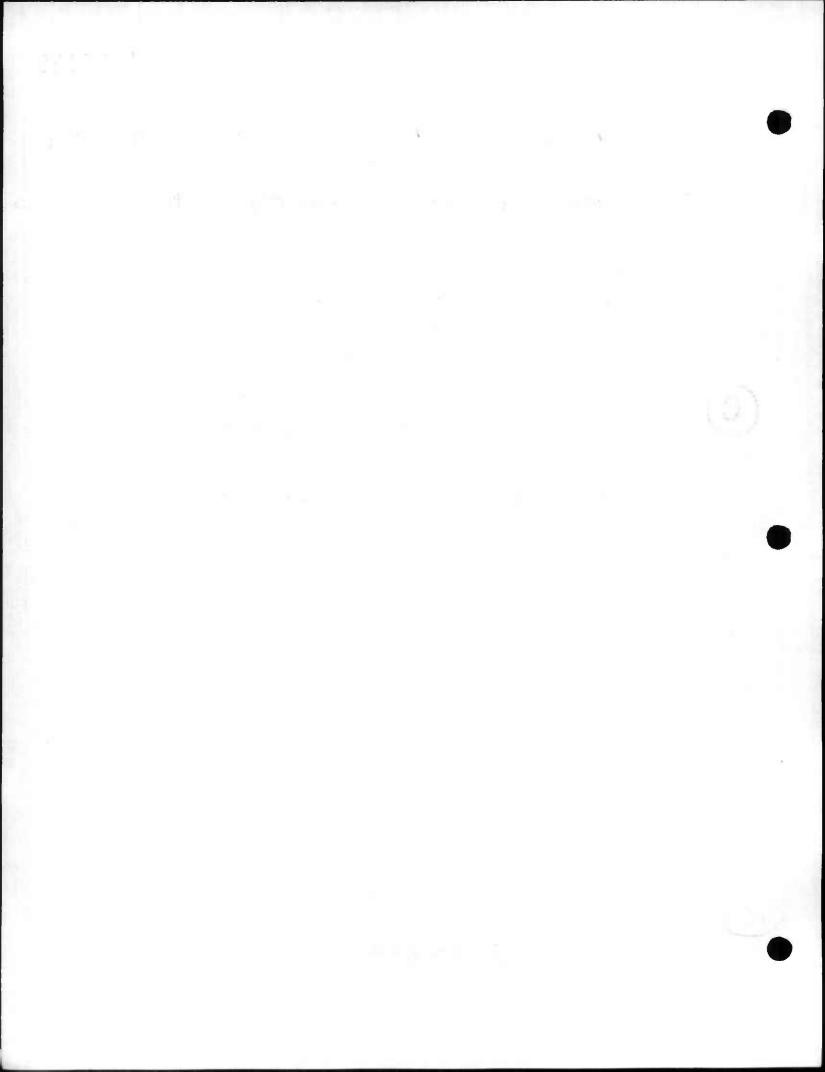
3. TIME OF DEATH

1 - STATE REGISTRAR

	Portia	mc. De	swe	211				18	TH D	9	YEAR 3	3:00 P
	4. SOCIAL SECURITY NUMBER 578 56 1992	5. SEX 6.		46 YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATI	of BIRTH ith, Day, Year) Cember	30.19	Country)	Vash., DC
~	9 FACILITY NAME (If not institution,			1	9b. CITY,	TOWN O	R LOCATION OF			9c. COUNT	Y OF DEAT	н
ЭТОР	PRINCE GER	of Hosp.	LEN	ten	<u></u>	he	ver	14		Prin	ce	George
DIRECTOR		ounty	l c		Y, TOWN O			1		d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	rince George	5	Cap	ital	7	ZIP CODE			10g. CITIZE		YES 2 NO
FUNERAL	5900 Burgundy	7 Street 12. WAS DECEDENT B					20743			USA		
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2	. ARMED X NO	l If	yes, spe-	INDENT OF HISP city Cuban, Maxi 2 XXIO Spec	can, Puarto	IN? (Specify Yas Rican, atc.)	or No-	4. RACE — Black, W Specify:	American Indian, hite, atc. Black
TED	15. DECEDENT'S	grade completed)	16a	Give kind of v	work done di	CUPATION uring mos	N t of working	16	b. KIND OF BUS	SINESS/INDUS	STRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) 2 yrs.			creta	ary			PV	T.		
8	17. FATHER'S NAME (First, Middle, La Alvin Stever						18. MOTHER'S N					
185	19a. INFORMANT'S NAME (Type/Print			19b. MAILING	ADDRESS	(Street an	I Number or Rura		rite Sp		odel	
¥.	Stanley McDowe	11					Street					20743
	20a, METHOD OF DISPOSITION 1 Surial 2 Cremation 3 4 Donation 5 Other (Specify,		20b. PLA cemetery Ha	ceand date of comments of the	of dispositive place)	ial	Park	9-		cation – cit idover		
	21. SIGNATURE OF FUNERAL SERVI	y C. Bu	sca	2			Landove	J.I				al Home and 20785
7	23. PART 1. Enter the diseases ehock, or heart fel IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	a. Anyx	on sach	Ilins.	ooth	ths mod	s of dying, su	ich ss csi	rdisc or respi	retory erres	it,	Approximate interval Between Onset end Deet
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	с		ISEQUENCE OF								
DICAL C	PART II. Other significent cond	On L Wyy / L		ot reaulting (in the und	lerlying	cause given i	n Pert I.	24a, WAS AN PERFOR	MED?	CO	RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION DF CAUSE DEATH?
M: ME								_				YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:	B/Outpetles	3 [] DOA	OTHER		CE OF DEATH (C					
ВУ РНУ	27. MANNÉR OF DEATH 1 Natural 5 Pending 2 Accident Investige	28a. DATE OF IN. (Month, Day,	JURY	28b. TIM		28c. INJU WOR		_	SCRIBE HOW IP	NJURY OCCUR	RED	
TED	3 Suicide S Could no determin		NJURY — A: :. (Specify)	t home, farm, s	dreet, facto	ry, offica		281. LO	CATION (Street a or Town, State)	nd Number or	Rural Route	Number,
COMPLE	one) 2 MEDICAL EX	PHYSICIAN: To the best of my										d manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CER	M. Milled	N	MJ.	Octobra (Control of Control of Co		29c. LICENSE NI	2U		29d. DATE S	G / G	Day, Year)
	31. DATE FILED (Morth, Day Year)	32. REGISTRAR'S	In	580	7 /	Inv	Vin Provi		Milt	wille	Mel	1W/2014
	[] [] [] []			on-Rand	Leve							
		0										DHMH-16 Rev 1/8

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH



the burial-transit permit. Pages 1, 2, 3 should TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director as the defached for use as the burial-transition or removal.

INPORTANT: If item 28 is marked, or item 23 shave and latter.

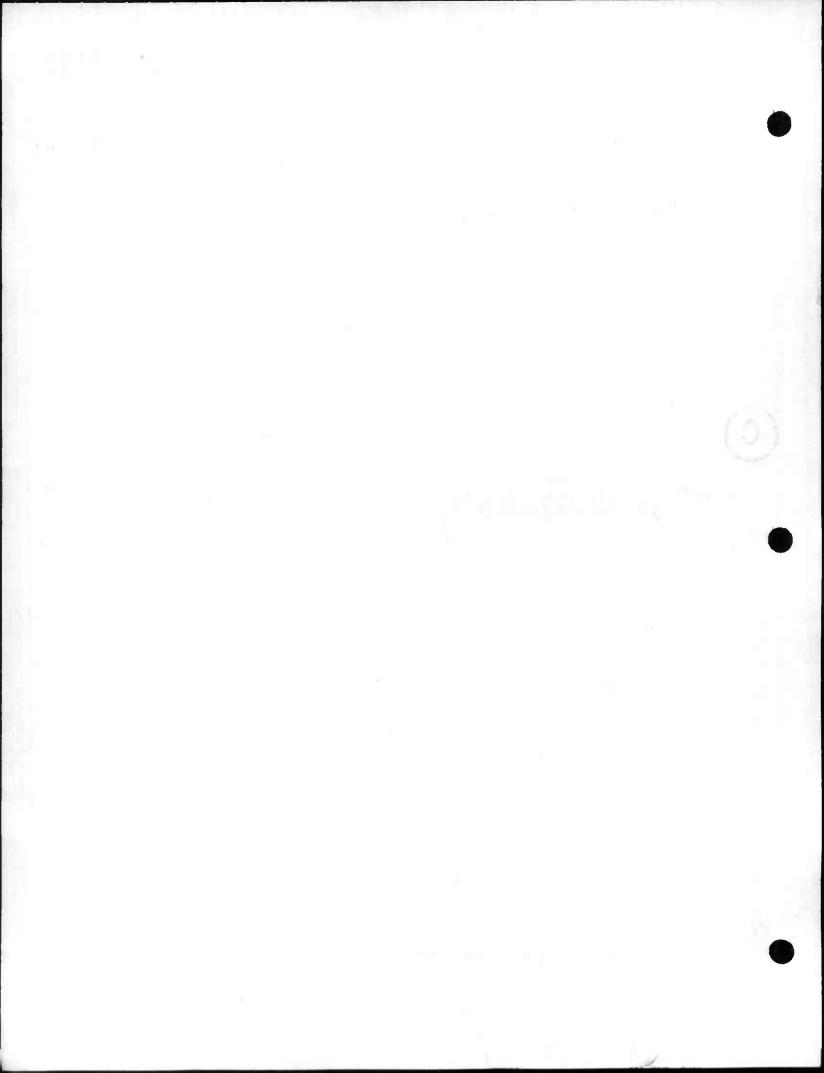
the second per detached for use as		
for t		
ached		-
e deta		Med at one
20		10
Š		Ä
6		=
200 00 5		2
80,	-	H
raj di		iner
ite has been signed by the attending physician and completely filled in by the funeral dira-		ВХап
y the	noval	cai
9	or ren	nedi
filled	on,	he n
etery	emati	nt, t
duo	II, Cri	eve
o pur	buria	atic
ian a	or 10	Ene
HySic	e pric	or tr
g	gien	oth
ttend	tal H	, or
the a	Men	Jun
2	and	ny fr
agne	ealth	5 2
eeu	9	shov
Das D	Dept.	23
ate	tate	tem
ertille	the §	0
TIS C	with	ked,
Mer	eath	тап
H: A	n 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	T: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner much be much
EC.	rs af	П 28
101	Pour	iter
F	n 72	T. H

31. DATE FILED (Month, Day, Year)
SEP 12 '91

32. REGISTRAR'S SIGNATURE Sulia Davidson-Randasa

											9		26150
	1 - STATE REGISTRAR	STATE OF M	MARYLAND C	DEPAR ERTIF	RTMENT	OF HE	ALTH DEAT	AND I		YGIENI EG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D				3. TIME OF DEATH
	CREOLA P. MARSHA	LL							MONTH Q	DA L		YEAR	4:25 P.M.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1		IF UNDER	24 HRS.	7. DATE OF B	IRTH		6. BIRTH	IPLACE (State or Foreign
	579-46-8819	1 □ M 2)(XF	55	YRS.	MONTHS	DAYS H	IOURS	MIN.	(Mogth, Day	1-35			hington, DC
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN OR LOCATION OF DE						_	9c. COU	NTY OF D	
8	PRINCE GEORGE'S	HOSPITAL	CENTER	,	CH	EVERI	· V				DDTA	UCE.	CEODOE LO
5	RESIDENCE OF DECEDENT		- CLIVILIV		L CIT	LVER					PRI	VCE	GEORGE'S
E	10e. STATE 10b. COUNT				Y, TOWN OR	LOCATION	N						10d. INSIDE CITY LIMITS?
0		ce George	5	La	urel								1 TES 2 X XNO
AAI	10e. STREET AND NUMBER					1	IP CODE				10g. CITI	ZEN OF V	WHAT COUNTRY?
FUNERAL DIRECTOR	11717 South Laure						2070	98			USA	A	
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AE	NO NO	13, W	AS OECENI	DENT OF	F HISPAN	IC ORIGIN? (Sp.	ecify Yea	or No-	14. RACE	E — American Indien, k, White, etc.
В	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		11	YES 2	Nio	Specify	n, Puerto Rican,	ario.		Speci	ity:
	15. DECEDENT'S EDU	CATION	40.00										Black
H	(Specify only highest grade	completed)	(G	ive kind of a	USUAL OCC work done du se retired.)	ring most o	of working	7	16b. KIND	OF BUS	INESS/IND	USTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5 +	1	mema					Se	1 f			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	-	110	memu	KC I	1.	e HOTH	5010 MAI	ME (First, Middle,				
	Elias Price, II									, Maiden S	Surname)		
BE	19 INFORMATIC NAME (Souther)												
5	William Marshall								. #1813				20708
			20b. PLACE					וטו				_	
	20s. METHOD OF DISPOSITION 1 Burlel 2 A A Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cametery cre	matory or o	ther plece)	inate	or On C	`rom:	atory		ure1.		wn, State 20707
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE A	Daret	more		AME AND						-	
1	1/2/2000	A 1/2.	do	,					ring Ro	CK I	runei	raii 1 Mn	Home, Inc. 20707
	23. PARTY I. Enter the diseases, or o	omplications the	greed the	oth Do a					_			-	20707
	anock, or neart langre.	Liat only one cau	se on each line	l.	iot alitei (i	na moda	or ayın	ig, auch	as cardiac d	or respir	etory arro	est,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition		12.11	2	elas	10							Onset and Death
	reaulting in death)	DUE TO	(OR AS A CONSE	DIJENCE OF	0 8 8	4							
-		M	11:16	De (7 1.	0 2	of an	,					
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	DUENCE OF	2:	710	3						
AT	cause. Entar UNDERLYING				,								İ
Ĕ	CAUSE (Disease or injury that initiated eventa	OUE TO	OR AS A CONSE	DUENCE OF	ŋ:								
F	resulting in death) LAST	4											
O	PART II Other significant condition		4. 4. 4. 4.										
N N	PART II. Other aignificant condition	contributing to	peath but not r	eaulting i	n tha und	erlying ca	ause gl	ven in F	Part i. 24a.	WAS AN A PERFORM		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	peracy recu	100	Cro 4(- stop	ne	21	DC.	gen.	FC 10	YES 2	□ NO		OF OEATH?
Σ									_				1 - YES 2 - NO
AN	05 Mag 0105 p5550050 To Walley					_							
O	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	28. PLACE	E OF DE	ATH (Chec	ck only one)				
PHYSICIAN: MEDICAL	1 YES 2 NO	1 Inputlant 2 -			4 🗆 Nurein	_			Other (Spec				
ВУ	2 Accident trivestigation	200 BL 605 OL	P. IDA H. IPOV. A. A.		М	1 YES	2 📋	-					
ED	3 Suicide 6 Could not be 4 Homicide determined	building,	FINJURY — At ho atc. (Specify)	ma, term, a	treet, factor	y, office			28f. LOCATION City or Town	(Street an n, State)	d Number	or Rural R	oute Number,
<u>-</u>	29a. CERTIFIER												
MP	(Check only CERTIFYING PHYSIC	CIAN: To the best of											
COMPLET			amination and/or i	nveatigation	n, in my opie	nion, death	occured	d at the t	lme, date and p	lace, end	due to the	cause(a)	and manner as stated.
BE (290. SIGNATURE AND TITLE OF CERTIFIER	4	1 1			29	c. LICEN	ISE NUMI	BER -		29d. DATE	4 .	(Month, Day, Year)
2	prestor		4			1	0) 1	59	8/		P 9	1.61	191
	30. NAME AND AODRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEN	1 27) (Type,	Print)		- 1	510	DP -	0-		, ,	20222
	JASWINDER SS	12300,	0 - 3 61	NEN	MAR	CF	INY	00	Dr. C	KAB	NRU	25	110-2000

DHMH-16 Rev 1/89



ŝ	ä	٦	18
Ħ	-81)a
b	£	1	r
B	3	ø	6
ř	4		=
8	in		=
2	8		2
Ĕ.	×		H
P	뷮		Ē
þ	ē		-
ì	973		듣
į	5		1
i	8	ij	-
0	8	Ē	23
200	.⊆	P G	5
5	Ped	0	=
5	THE P	tion	=
	etel	Sma	÷
	du	5	Ve.
2010	8	nal,	9 3
2	and.	3	40
3	an .	2	5
2	Sici	9	E
3	8	9	e
5	8	ge	등
	pue:	Í	0
2	all .	Ja	څ
2	the:	ž	를
3	6	and	×
5	Dec.	1	2
É	Sign	Hea	3
3	en.	0	2
-	å.	E.	63
2	ha.	Š	1 2
	ate	1316	fer
	Till I	e o	20
5	Ce.	-	P.
	this.	×	Pe P
2	ter.	ath	E
2	×	de	85
i	E.	апе	82
-	EPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the turneral director, page 5 and up to decide	in 72 hours after death with the State Dept. of Health and Mental Hygiene phor to bunal, cremation, or removin	IT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a once
5	8	ğ	ite
17.16	31	7	=
	B.	=	兰

	1 - STATE REGISTRAR	STATE OF I			RTMENT OF COATE OF			NTAL HYGIEN REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)						2.	DATE OF DEATH			3. TIME OF OEATH
	Anna Marie MANN							nonth p	11	1991	6:59 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YEAR	IF UNDER	3.24 HRS. 7.	DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	578-20-8959-A	1 M 2 XF	66	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 3/17/25		Counti	ton, MASS.
	9a. FACILITY NAME (If not institution, give s				9b. CITY, TOWN	OR LOCATI			9c, COL	UNITY OF D	
DIRECTOR	Doctors Community	y Hospita	il		Lanhar						ce George
E C	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
		ce George	e's	La	nham						LIMITS? YES 2 NO
FUNERAL	6012 Elless I. D.				1	of. ZIP COD					VHAT COUNTRY?
NE	6912 Elbrook Road					207				.S.A	
	1 Never Merried 2 Married	12. WAS DECEOEN FORCES? 1	YES 2X	NO NO	If yes, a	pecify Cube	n, Maxican, P	ORIGIN? (Specify Yes uarto Rican, etc.)	or No-	14, RACE Black	E — American Indian, k, White, alc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE V	AR OR OATES		1 🗆 YE	S 2X NO	Specify:			Speci	White
0	15. DECEDENT'S EDUC	CATION	16a, D	ECEDENT'S	USUAL OCCUPAT	ION		16b. KIND OF BUS	RINECCIIN	IOUSTOV	WILLCE
ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	C	Give kind of a Do NOT us	work done during n	ost of working	ng	TOO. KIND OF BOS	MAESSIN	DOSTRI	
PL	12			trit	ionist			P.C. Bo	ard	of E	ducation
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				2011200	18. MOTI	HER'S NAME /	First, Middle, Maiden		OI E	deacton
	Vitale Martitno						abella				
BE	19a. INFORMANT'S NAME (Type/Print)		16	Pb. MAILING	ADDRESS (Street			Number, City or Town		in Code)	
2	William I. Mann							am, Mary			706
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Comment on 3 Remo	wel from Stale	20b. PLACE	ANDDATE	OF DISPOSITION /	lame of				City or To	
	4 Donation 5 Other (Specify)	1	Resur	rect:	ther place)	etery	9/1	6/91 C1	into	n, Ma	aryland
	21. SIGNATURE OF FUNERAL/SERVICE LIC	topes)			22. NAME	ND ADDRE	SS OF FACILITY	Sons Fun	oro1	Uome	DA
	/ busc /	120	teran		4739 I	Balti	nore A	ve. Hva	ttev	flla	, MD 20781
	23. PART I. Enter the diseases, or o	omplications tha	t caused tha d	aath. Do r	not anter the m	oda of dvi	ing, such as	cardiac or mani	ratory ar	rest	Approximate
	shock, or heart failure.	List only one cau	ae on each lin	е.						and the same	Interval Batween Onset and Death
	disease or condition	TON	Wille	C i	Caldo		11	CA	V.		2 L
	reaulting in death)	DUE TO	(OR AS A CONSE	OUENCE O	F):	va c	49	Porce	1/KC	11	- 3 63
z		Ch	need	0	11 9	~		Dres	4		2400
일	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):			*			10.115
<u>ა</u>	cause. Enter UNDERLYING CAUSE (Disease or Injury		WW	Y	M	itm	ENS	سين			
	that initiated events	DUE TO	(OR AS A CONSE	OUENCE O	F):						
CERTIFICATION	Touchard in death) Excit	!									
	PART II. Other significant condition	contributing to	death but not	resulting	in the underlyli	ng cause o	iven in Pari	1 . 24s. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
CAL	Collaber	hi !	2K4E	Nes		800		PERFOR	MED?	_	AVAILABLE PRIOR TO COMPLETION OF CAUSE
요		3		-		o o H		1 TYES 2	_J-NO		OF DEATH?
≥											1 NES 2 NO
₹	25. WAS CASE REFERRED TO MEDICAL				26.6	ACE OF D	EATH (Check o				
SS	EXAMINER!	HOSPITAL:	EDO Librariant	- D DOA	OTHER:			, , ,			
±	27. MANNER OF DEATH	28s. DATE OF	INJURY	28b. TIM	4 Nursing Ho	JURY AT		t. DESCRIBE HOW IN	ATTIEN OC	CHOED	
BY PHYSICIAN: MED	1 Activat 5 Pending Investigation	(Month, D.	ay, Year)	INJ	URY W	YES 2	2.5			CONED	J
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At he	ome, ferm, s	streel, factory, offi	ce	281	LOCATION (Street a	nd Numbe	r or Rural R	oute Number
	4 Homicide determined	building,	atc. (Specify)					City or Town, State)			,
COMPLET	29a. CERTIFIER (Check only	CIAN: To the heat of	my knowledge de	anth occurr	ed at the time det	and attack					
	(Check only one) 2 MEDICAL EXAMINE										and manner on stated
	29b. SIGNATURE AND TITLE OF CERTIFIER										117-17-1-1-17-5-
H H	The The State of Continuent	6	1			29c. LICE	NSE NUMBER		29d, DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	E OF DEATH #TF	M 27) /5	(Print)	L V	NG 10	17		7-1	-611
	4.0			.m &1] (1)/00,	rum)						
	31. DATE FILED PROVIDE Day, Your	32 REALSTRA	R'S SIGNATURE	R	0.	40	Alem	- Fry		2	106
	SEP 13 91	Julia	Davidson-1	Pandel	2						
				16)						DHMH-16 Rev 1/89
				101	7						

THE PARTY OF THE P

Selection of the select

TO BE COMPLETED BY FUNERAL DIRECTOR

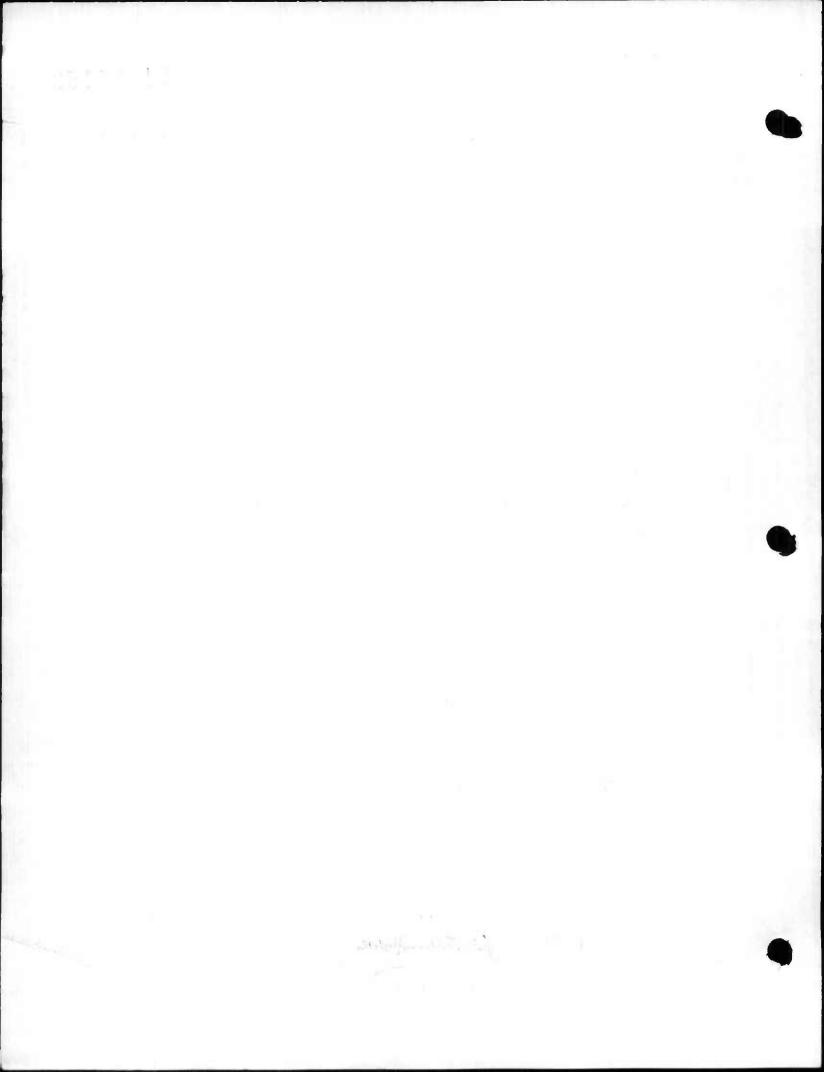
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STAT
1. DECEOENT'S NAME (First, Middle, Last)	12
4. SOCIAL SÉCURITY NUMBER 365-03-5985	5. SEX
90. FACILITY NAME (If not institution, give so AT VIV	treet and nu
Mo. STATE 10h COUNTY	
100. STREET AND NUMBER ATKINS 11. MARITAL STATUS	CH
1 Never Merried 2 Merried 3 M Widowed 4 Diverced	12. WAS I FORC IF YES
15. OECEDENT'S EDUC (Specify only highest grade	CATION completed)
Elementary/Secondery (0-12)	College
17. FATHER'S NAME (First, Middle, Last)	
Bruno Povlofski	
19a. INFORMANT'S NAME (Type/Print)	

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFI	MENT OF H	EALTH AND M	IENTAL HYGIEN		
1. DECEOENT'S NAME (First, Middle, Last)	Lellan				2. DATE OF DEATH		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 365-03-5985		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	Month, Day, Year)	8.	BIRTNPLACE (State or Foreign Country)
90. FACILITY NAME (If not institution, give st	reet and number)		BOW	R LOCATION OF DEA	THE STATE OF	90. COUNTY	
RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Prin	^	5 Bo	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 117 YES 2 NO
100. STREET AND NUMBER 2807 ATKINS	Ct.		101.	ZIP COOE 20715		4.9	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D NO	2 NO	If yes, spe	endent of Nispanie edity Cuben, Mexicen, 2 NO Specify:	C ORIGIN? (Specify Yee Puerto Ricen, etc.)		. RACE — American Indian, Black, White, etc. Specify: BUCASÍAN
15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	18e. DECEOENT'S U (Give kind of wo life. Do NOT use	ork done during mos	N It of working	16b. KIND OF BUS		
12 17. FATHER'S NAME (First, Middle, Last)		Assembly	Worker	18 MOTNER'S NAM	Bakery E (First, Middle, Maiden	Summer	
Bruno Povlofski					Leuendofs		
19a. INFORMANT'S NAME (Type/Print) Frederick J. McLel				nd Number or Rural Ro	ute Number, City or Town	n, State, Zip Co	ode)
20e METHOD OF DISPOSITION	oval from State 20b	PLACE AND OATE OF	DISPOSITION (Nat	ne of		CATION - City	or Town, State
4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	R	esurrecti	on Ceme		9/4/91 C1	<u>inton,</u>	MD
▶ Robert E.	Evans	Pres	16000	Annapoli	neral Hom s Rd. Bow	ie.MD	20715
23. PART I. Enter the diseases, proceedings of the control of the	. Resp	d tha death. Do no ach lina.	Fach	la of dylng, such	aa cardiac or respi	ratDry arreat	Approximata interval Between Onset and Daath
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	Bioust	CARK	.ev		Zyrs
PART II. Other significant conditions	contributing to death b	ut not resulting in	the underlying	cause givan in Pr	PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL/	ICE OF DEATH (Check	k only one)		
1 TYES 2 THO	HOSPITAL: 1 Inpetient 2 ER/Outp	etlent 3 DOA 4	OTHER: - Nursing Home	Residence 8	Other (Specify)		
27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUS	WOR WOR	RY AT 2 K? ES 2 NO	8d. DESCRIBE NOW IN	JURY OCCUR	ED
3 Suicide S Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Spec	At home, farm, stri	eet, factory, office	2	est. LOCATION (Street at City or Town, State)	nd Number or F	Pural Route Number,
	HAN: To the best of my knowl : On the beste of examination						use(e) end manner as stated.
AME AND ADDRESS OF PERSON WHO	ya MI)		1	29c, LICENSE NUMBI	ER	29d. OATE SI	NEO (Month, Day, Year)
Troms A. BBISING	BAMD 75	ATN (ITEM 27) (Type, P	CONW	Dy COM	Sidr. Gre	perpe	11 HBZ0770
36,10,31	Juna David	son-Randell					

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detach-
ir death. Page 6 may be retained by the hos	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos

STEPHEN MICHAEL SOCIAL SICURTY NAMER 215-52-7226 S. SEX AND (in yrs, but blendoy) 41 w. Social size of the control of th	50 P
4. SOCIAL SECURITY MANAGE SCHOOL SECURITY MANAGE STATE	
215-52-7226 15	tare or r-oreign
Substitute Sub	
BETHESDA MONTGOMER BETHESDA MONTGOMER BETHESDA MONTGOMER BETHESDA MONTGOMER The COUNTY The STATE THE COUNTY The STATE THE COUNTY THE STATE THE COUNTY THE STATE THE COUNTY THE STATE THE COUNTY THE STATE THE COUNTY THE STATE THE COUNTY THE STATE THE COUNTY THE STATE THE COUNTY THE STATE THE COUNTY THE STATE THE COUNTY THE STATE THE COUNTY THE STATE THE COUNTY THE STATE THE COUNTY THE STATE THE COUNTY THE STATE THE COUNTY THE STATE THE STATE THE STATE THE COUNTY THE STATE THE STAT	nd
Maryland Prince George's Greenbelt To. STREET AND NUMBER 7505 Mandan Road #104 10 - WAS DECEMBERT OF HERMAN STATUS 11 - MANDAL STATUS 11 - MANDAL STATUS 12 - WAS DECEMBERT OF HERMAN CHIGHT (Specify Yes or No. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	RY
Maryland Prince George's Greenbelt Mc Mc Mc Mc Mc Mc Mc M	
The parties of programmers and properties and properties and properties and properties and properties are considered as a consecuence of the part of the part of the parties and properties and properties are considered as a consecuence of the part	
The content of the property The condition	S 2 NO
THATTAL STATUS New Married 2 Merried 3 Merried	NTRY?
Topic Section Sectio	28
Sequentially list conditions, and setting in death) Sequentially list conditions, and setting in death) Sequentially list conditions, and setting in death) Sequentially list conditions, and setting in death) Sequentially list conditions, and setting in death) Sequentially list conditions, and setting in death) Due to (or as a consequence or): Sequentially list conditions, and setting in death) Due to (or as a consequence or): Sequentially list conditions, and setting in death) Due to (or as a consequence or): Sequentially list conditions, and setting in death) Due to (or as a consequence or): Sequentially list conditions contributing to death but not resulting in the underlying ceuse given in Part i. Set was an autropsy propried or or sequence or sequence or sequence or): Sequentially list conditions, and setting in death) Due to (or as a consequence or): Sequentially list conditions, and setting in death) Due to (or as a consequence or): Sequentially list conditions, and setting in death) Due to (or as a consequence or): Sequentially list conditions, and setting in death) Due to (or as a consequence or): Sequentially list conditions, and setting in death) Due to (or as a consequence or): Sequentially list conditions, and setting in death) Due to (or as a consequence or): Sequentially list conditions, and setting in death) Due to (or as a consequence or): Sequentially list conditions, and setting in death) Due to (or as a consequence or): Sequentially list conditions contributing to death but not resulting in the underlying ceuse given in Part i. Sequentially list conditions contributing to death but not resulting in the underlying ceuse given in Part i. Sequentially list conditions contributing to death but not resulting in the underlying ceuse given in Part i. Sequentially list conditions contributing to death but not resulting in the underlying ceuse given in Part i. Sequentially list conditions contributing to death but not resulting in the underlying ceuse given in Part i.	can Indian, tc.
St. DECERENT'S EDUCATION Charge (1-or 5-1) Stementary/Secondary (0-12) College (1-or 5-1) College (1-or	
Elementary/Secondary (0:12) College (1-d of 5+) 11 th Roofer Construction 18. MOTHER'S NAME (First, Middle, Last) Edward S. Mastin 190. MALING ADDRESS (Street and Number or Paral Fourth Number, City or Town, Steffs, Zep Code) 7505 Mandan Road, Greenbelt, Maryland 20770 Edward S. Mastin 190. MALING ADDRESS (Street and Number or Paral Fourth Number, City or Town, Steffs, Zep Code) 7505 Mandan Road, Greenbelt, Maryland 20770 Edward S. Mastin 190. MALING ADDRESS (Street and Number or Paral Fourth Number, City or Town, Steffs, Zep Code) 7505 Mandan Road, Greenbelt, Maryland 20770 200. PLACE AND DATE OF DISPOSITION/Number of Company Control Paral Fourth Number of Paral Fourth Number, City or Town, Steffs, Zep Code) 7505 Mandan Road, Greenbelt, Maryland 20770 201. PLACE AND DATE OF DISPOSITION/Number of Company Control Paral Fourth Number of Paral Fourth Number, City or Town, Steffs, Zep Code) 21. PART I. Eigher that dissesses, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, september of the paral fourth Number of Paral Fourth Number of	
To particularly list conditions, and any list of contributing to deeth but not resulting in the underlying ceuse given in Part I. Sequentiely list conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Sequentiely list conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Sequentiely list conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Sequentiely list conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Sequentiely list conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Sequentiely list conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Sequentiely list conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Sequentiely list conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Sequentiely list conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Sequentiely list conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Sequentiely list conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Sequentiely list conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Sequentiely list conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Sequentiely list conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Sequentiely list conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Sequentiely list conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Sequentiely list conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Sequentiely list conditions contributing to d	
Edward S. Mastin 19b. MAILING ADDRESS (Street and Number of Pariel Route Number. City or Town. State. Zo Code) 20b. PLACE AND DATE of Disposition Number of Revent Number of Town. State. Zoc. LOCATION — City or Town. State. Zoc. Location — City or Town. State. Zoc. Location — City or Town. State. Zoc. Location — City or Town. State. Zoc. Location Manager. Zoc. Location Number or Rural Route. Zoc. Locati	
The Information of Disposition of Market Plant Number (Plant Number of Disposition of Dispositio	
Edward S. Hastin 7505 Mandan Road, Greenbelt, Maryland 20770 20b. PLACE AND DATE OF DISPOSITION (Name of Committee) PART 20c. LOCATION — City or Town, Stella 20b. PLACE AND DATE OF DISPOSITION (Name of Committee) PART 30b. CLOCATION — City or Town, Stella 20b. PLACE AND DATE OF DISPOSITION (Name of Committee) PART 30b. CLOCATION — City or Town, Stella 20b. PLACE AND DATE OF DISPOSITION (Name of Committee) PART 30b. CLOCATION — City or Town, Stella 20b. PLACE AND DATE OF DISPOSITION (Name of Committee) PART 31b. Clock or Town, Stella 20b. PLACE AND DATE OF DISPOSITION (Name of Committee) PART 31b. Clock or Town, Stella 20b. PLACE AND DATE OF DISPOSITION (Name of Committee) PART 31b. Clock or Town, Stella 20b. PLACE AND DATE OF DISPOSITION (Name of Committee) PART 31b. Clock or Town, Stella 20b. PLACE OF DEATH (Chock only one) PART 31b. Clock or Town, Stella 20b. PLACE OF DEATH (Chock only one) PART 31b. Clock or Town, Stella 20b. PLACE OF NAME AND ADDRESS OF PAGILITY FRANCIS GASCH 55 SONS FUNERAL HOME, P. 4739 BALT. AVE., HYATTSVILLE, MD. 207 AND ADDRESS OF PAGILITY FRANCIS GASCH 55 SONS FUNERAL HOME, P. 4739 BALT. AVE., HYATTSVILLE, MD. 207 AND ADDRESS OF PAGILITY FRANCIS GASCH 55 SONS FUNERAL HOME, P. 4739 BALT. AVE., HYATTSVILLE, MD. 207 AND ADDRESS OF PAGILITY FRANCIS GASCH 55 SONS FUNERAL HOME, P. 4739 BALT. AVE., HYATTSVILLE, MD. 207 AND ADDRESS OF PAGILITY FRANCIS GASCH 55 SONS FUNERAL HOME, P. 4739 BALT. AVE., HYATTSVILLE (Chock only one) PAGILITY CHOCK ONLY ON THE COMMITTEE OF PAGILITY CHOCK ONLY ONE) 22. MAS CASE REFERRED TO MEDICAL LEVEL 10b. 10b. 10b. 10b. 10b. 10b. 10b. 10b.	
20. PLACE AND DATE OF DISPOSITION (Named) 20. PLACE AND DATE OF DISPOSITION (Named) 20. PLACE AND DATE OF DISPOSITION (Named) 20. PLACE AND DATE OF DISPOSITION (Named) 20. PLACE AND DATE OF DISPOSITION (Named) 21. PLACE OF DISPOSITION (Named) 22. NAME AND ADDRESS OF FACILITY FRANCIS CASCH'S SONS FUNERAL HOME, P. 4739 BALT. AVE., HYATTSVILLE, MD. 207 23. PART I. Effer the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interest allure. List only one ceuse on each line. IMMEDIATE CAUSE (Final diseases or condition) 24. PART II. Other significant conditions, in any, leeding to immediate cause. Enter UNDEPLYING CAUSE (Disease or injury the initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 24. WAS AN AUTOPSY PRIFORMED? CONSEQUENCE OF DEATH (Check only one) 24. WAS AN AUTOPSY PRIFORMED? CONSEQUENCE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL Minimal of the Underlying Cause given in Part I. 1 Nutural OF DEATH 1 OF DEATH 1 OF DEATH 1 OF DEATH 1 OF DEATH 1 OF DEATH 1 OF DEATH 1 OF DEATH 1 OF DEATH 1 OF DEATH 1 OF DEATH 1 OF DEATH 1 OF DEATH 1 OF DEATH 1 OF DEATH 1 OF D	
Maryland State Veterans Cem. 09+09-91 Cheltenham, Part)
Maryland State Veterans Cem. 09+09-91 Cheltenham, Part	
22. NAME AND ADDRESS OF FAULTY PRANCIS GASCH'S SONS FUNERAL HOME, P. 4739 BALT. AVE., HYATTSVILLE, MD. 207 23. PART I. Eyer the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, interior interior diseases or condition. IMMEDIATE CAUSE (Final diseases or condition) a. CUNSHOT WOUND OF BACK WITH COMPLICATIONS DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF	, Md.
23. PART I. Erfer the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, algock, or heart failure. List only one ceuse on each line. Image: Cause (Final disease or condition resulting in death)	
23. PART I. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTO AND SPITAL: X hopstart 2 of Northern Spiratory arrest, interior, office EXAMINERO F DEATH 1 Natural 5 of Sucicide 3 Suicide 4 Memicide 25b. DATT II. Other significant conductions contributing to death but not resulting in the underlying cause given in Part i. 25c. WAS CASE REFEREND TO MEDICAL EXAMINERO F DEATH 1 Natural 5 of Sucicide 3 Suicide 4 Memicide 25c. DATE OF INJURY 2 to how when the suit of the	
PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMAILABLE F COMPLETION OF DEATH? VES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XYES 2 NO 26. PLACE OF DEATH (Check only one) AMAILABLE F COMPLETION OF DEATH? VES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Natural Solicities 1 Natural Solicities 1 Natural Solicities 28. DEACE OF INJURY AT WORK? 1 VES XIX NO SUBJECT SHOT 28a. DATE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 5007 58th AVENUE 1 NATURE OF DEATH (Check only one) 24b. WERE AUTON AMAILABLE F COMPLETION AM	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? XYES 2 NO WORTH 1 Natural 1 Natural 28. PLACE OF DEATH (Check only one) 4 Nurning Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 1 Natural 28. DLACE OF DEATH (Check only one) 4 Nurning Home 5 Residence 8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED WORK? 1 YES X NO SUBJECT SHOT 28a. PLACE OF INJURY — At home, ferm, attest, factory, office building, atc. (Specify) 5007 58th AVENUE 1 Nurning Home 5 Residence 8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED WORK? 1 YES X NO SUBJECT SHOT 28d. PLACE OF INJURY — At home, ferm, attest, factory, office City or Town, State) 1 Nurning Home 5 Residence 8 Other (Specify)	
EXAMINER? XX inpatiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 DOther (Specify) 27. MANNER OF DEATH 1 Netural 5 Accident 1 Netural 2 Accident 2 Accident 3 DOA 3 19914:45A M 1 YES XM NO SUBJECT SHOT 28a. DESCRIBE HOW INJURY OCCURED WORK? 1 YES XM NO SUBJECT SHOT 28a. PLACE OF INJURY AT WORK? 1 YES XM NO SUBJECT SHOT 28a. PLACE OF INJURY — At home, ferm, attrest, factory, office building, atc. (Specify) 5007 58th AVENUE HOME	
28. DATE OF INJURY (Month, Dey, Year) 1 Netural 2 Accident 3 Suicide 8 Could not be detarmined 28. PLACE OF INJURY - At home, 1erm, atreat, factory, office HOME 28. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 TYPE X NO SUBJECT SHOT 28b. DATE OF INJURY (Month, Dey, Year) 1 TYPE X NO SUBJECT SHOT 28c. PLACE OF INJURY - At home, 1erm, atreat, factory, office building, atc. (Specify) 5007 58th AVENUE HOME 28c. INJURY AT WORK? X NO SUBJECT SHOT 28c. LOCATION (Street and Number or Rural Route Number, City or Town, State) HYATTSVILLE	E PRIOR TO ION OF CAUSE
Month, Dey, Year) Natural State Natural State Natural State Natural State Natural State Natural State Natural Natural Natural State Natural	E PRIOR TO ION OF CAUSE I?
3 Suicide 4 Momicide 8 Could not be determined 288. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 5007 58th AVENUE 288. LOCATION (Street and Number or Rural Route Number, City or Town, State) HYATTSVILLE	E PRIOR TO ION OF CAUSE I?
4 M Homleide detarmined 5007 58th AVENUE HOME City or Town, State) TYATTSVILLE	E PRIOR TO ION OF CAUSE I?
	E PRIOR TO ION OF CAUSE 17 2 NO
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the carse(s) and manner as varied, UE HYATT (Check only one) XX MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner.	E PRIOR TO ION OF CAUSE 17 2 NO
	E PRIOR TO LOON OF CAUSE I? 2 \(\text{ NO} \)
DENNIS J. CHUTE 111 PENN STREET BALTIMORE, MARYLAND 21 31. DATE FILED (Month Str.) Year) 91 32. REGISTRA'S SIGNABLE.	E PRIOR TO ION OF CAUSE 17 12 NO 1007 17 17 17 17 17 17 17 17 17 17 17 17 1



	examiner
or remova	medical
cremation,	vent, the
or to burial,	or other traumatic event
Hygiene pri	or other tr
д мента	injury, o
ler death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
Dept.	23 \$
State	item 23 sh
the	0
Jeath with	marked
ler (50

	1 - FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEI CERT	PARTMEN	T OF H	EALTH AND DEATH	MENT	AL HYGIEN				
	1. OECEDENT'S NAME (First, Middle, Last)	McLemor	~ e				2. DAY Sep	tember			2:40	P _M
	4. SOCIAL SECURITY NUMBER 578-05-6983	1 M 2 St 9	GE (In yrs. lest birtho 7 YR	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	Ju	re of BIRTH onth, Day, Year) Ine 6 1	894	BIRTHPL Country) Mary	LACE (State or Foreign	gn
TOP.	Presidential Wood RESIDENCE OF DECEDENT	d Nursing Ho	ome		y, town o	R LOCATION OF E	DEATH		9c. COUNT Princ			
DIRECTOR	10a. STATE 10b. COUNT	ce George		city, town		ION					Od. INSIDE CITY LIMITS? YES 2 A NO	
FUNERAL	100. STREET AND NUMBER 5530 Marlboro Pil	ke				ZIP CODE			10g. CITIZE		AT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVE FORCES? 1 YE IF YES, OIVE WAR OF	ES 2 NO		If yes, spe	ENDENT OF HISPA celfy Cuben, Mexic 2 X NO Speci	en, Puert	BIN? (Specify Yes o Rican, etc.)		I. RACE Black, V Specify:	- American Indian, White, atc. White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade (Specify only highest grade (0-12)	JCATION to completed) College (1-4 or 5+)	16a. DECEOEN (Give kind life. Do NO bookb	of work done of use retired.)	CCUPATIO during mos	N it of working		56. KIND OF BUS				3
BE COI	17. FATHER'S NAME (First, Middle, Last) Robert Gray					Barba:		, Middle, Malden Not Ava		e		
10	190. INFORMANT'S NAME (Type/Print) Mabel Sherman		19b. MAII 237:	ing AODRES	s (Street ar	ood Dri	Route Nu Ve	mber City or Town Mt Airy	n, State, Zip Co	1771		
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	noval from State	cemetery, cremetory Epiphan	or other place) y Ceme	tery		9/	6 Fore	cation - cit			
	21. SIGNATURE OF FUNERAL SERVICE LI	Milhel	(n)	4	308	ADDRESS OF F Im Funei Suitland	d Rd	Home, I Suitl	nc. and M	D 20		
rion	23. PART I. Enter the disease, or shock, or hear failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	a. Out to (or at be m.)	sed the death. En eech ilne. S A CONSEQUENCE S A CONSEQUENCE) 87 av				rdiac or raspi	ratory arres	l.	Approximete interval Betw Onset and D	veen
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. OUE TO (OR AS	S A CONSEQUENC	E OF):								
MEDICAL	PART ii. Other significant condition	s contributing to deeth	but not resulti	ng in the un	nderlying	ceuse given in	Part I.	24a. WAS AN PERFOR	MED?	CC OF	ERE AUTOPSY FINDS MAILABLE PRIOR TO DMPLETION OF CAUS F DEATH? YES 2	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		ACE OF DEATH (C)	neck only o	one)				
PHYSICIAN:	1 YES 2 O NO 27. MANNER OF OEATH 1 S Netural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	Y 28b.		28c. INJU WOR	K?		er (Specify)	NURY OCCUR	IEO		
тер ву	2 Accident Investigation 3 Suicide 6 Could not be datermined	28e. PLACE OF INJU- building, etc. (Sp	RY — At home, ter			ES 2 NO	281. LO	CATION (Street as y or Town, State)	nd Number or i	Rural Rout	te Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI CERTIFYING PHYSI 2 MEDICAL EXAMINE	ICIAN: To the best of my kno	owledge, death occ	curred at the ti	ime, data a	and place, and due	to the cr	Suse(s) and men	ner es stated.	muse(s) or	nd manner se state	4
BE	29b. SIGNATURE AND TITLE OF CERTIFIES					29c. LICENSE NUI	MBER				onth, Day, Year)	
5	List P	O COMPLETED CAUSE OF I	7500	() () () () () () () () () () () () () (2 40				cnhel	2) 1	MA	
	31. DATE FILED (Month, Day, Man) 91	32. REGISTRAR'S SIG)						

1	-	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

91 26155

	** REGISTRAR CERTIFICATE OF DEATH REG. NO.
,	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH
	HATTIE P. NORWOOD 9 14 1991 95 AM
	11/11/12 P. NON WOOD 9 14 1/41 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	MONTHS DAYS MOTION MIN (Month, Day, Year) Country)
	217-46-0895 1 M 2 XF 48 YRS. MONTHS DAYS HOURS MIN. 10-12-1942 MD.
	98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
Œ	LONGVIEW NURSING HOME MANCHESTER MD. CARROLL
일	LONGVIEW NURSING HOME MANCHESTER MD. CARROLL RESIDENCE OF DECEDENT
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
<u>=</u>	LIMITS?
	Md. CARROLL SYKESUILLE MD. 1 YES 2 (AND 100. STREET AND NUMBER 100. CITIZEN OF WHAT COUNTRY?
A	106. STREET AND NUMBER
8	Springfield Hospital (Jones Building) 101. ZIP CODE 21784 109. CITIZEN OF WHAT COUNTRY? U.S. A.
FUNERAL	11, MARITAL STATUS 12, WAS DECEDENT EVER IN U.S. ARMED 13, WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. — 14, RACE — American Indian.
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14. RACE — American Indian, Black, White, etc.
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 WINO Specify: Specify:
	15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY
Ш	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of working life, De NOT use retired.) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, De NOT use retired.)
W	Elementary/Secondery (0-12) College (1-4 or 5+)
4P	12 HOUSEKEEPING STATE OF MARYLAND
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Sumeme)
	WILLIAM G. NORWOOD FAEZ PICKETT
BE	19e, INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code)
2	
-	Gilbert Norwood RD3 Box 447 Glen Rock, PA 17327
	20c. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State
	4 Donation 6 Other (Specify) Mt. Olive Cemetery Ht. Airy, MO
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF PACILITY
	4 LATCUM ETIMEDAT HOME (D O DOY 105)
	Sykesville, MD 21784 (301)-795-1400
	23. PART I. Enter the diseases, or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate
	shook or heart follows. List only one series on seek line
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): home of lungs
	resulting in death)
1	DUE TO (OR AS A CONSEQUENCE OF):
- 1	- sung
CERTIFICATION	Sequentially list conditions, Due to (OR AS A CONSCOLLENCE OF)
A	if any, leading to Immediate cause, Enter UNDERLYING Christian Chr
유	CAUSE (Disease or Injury C. DISE TO OD AS A CONSTRUCTION OF
Ē	that initiated events resulting in death) LAST
E	d
	PART ii. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
EDICAL	PERFORMED? AVAILABLE PRIOR TO
일	1 VES 2 NO COMPLETION OF CAUSE OF DEATH?
	1 YES 2 (1) W
Σ	
A	25. WAS CASE REFERREO TO MEDICAL 28. PLACE OF DEATH (Check only one)
PHYSICIAN:	EXAMINER? HOSPITAL: OTHER:
X	1 Seedence 6 Other (Specify)
포	27. MANNER OF DEATH 269. DATE OF INJURY (Month, Day, Year) 269. TIME OF INJURY AT WORK? 280. INJURY AT WORK?
ВУ	1 New Pending M 1 YES 2 NO
	2 Suleide 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f, LOCATION (Street and Number or Rural Route Number,
~ '	3 Suicide 6 Could not be building, etc. (Specify)
田	4 Homicide determined
ETED	4 Homicide determined
PLETEC	4 Homicide determined
MPLETE	4 Homicide determined
COMPLETED	29s. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner as stated.
E COMPLET	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end menner as stated.
BE COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Pay, Year)
E COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, pey, Veer) 9 1 4 19
BE COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Pay, Vear) 29d. DATE SIGNED (Month, Pay, Vear) 29d. DATE SIGNED (Month, Pay, Vear) 29d. DATE SIGNED (Month, Pay, Vear) 29d. DATE SIGNED (Month, Pay, Vear) 29d. DATE SIGNED (Month, Pay, Vear) 29d. DATE SIGNED (Month, Pay, Vear)
BE COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Pay, Vear) 29d. DATE SIGNED (Month, Pay, Vear) 29d. DATE SIGNED (Month, Pay, Vear) 29d. DATE SIGNED (Month, Pay, Vear) 29d. DATE SIGNED (Month, Pay, Vear) 29d. DATE SIGNED (Month, Pay, Vear) 29d. DATE SIGNED (Month, Pay, Vear)
BE COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, pey, Veer) 9 1 4 19

:14:

burial-transit by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 be detached for use as the funeral death. the filled in by

examiner

medical

the

traumatic event,

injury, or other

shows any

23

6

marked,

60

THE P

1, 2, 3 s

Pages 1

permit.

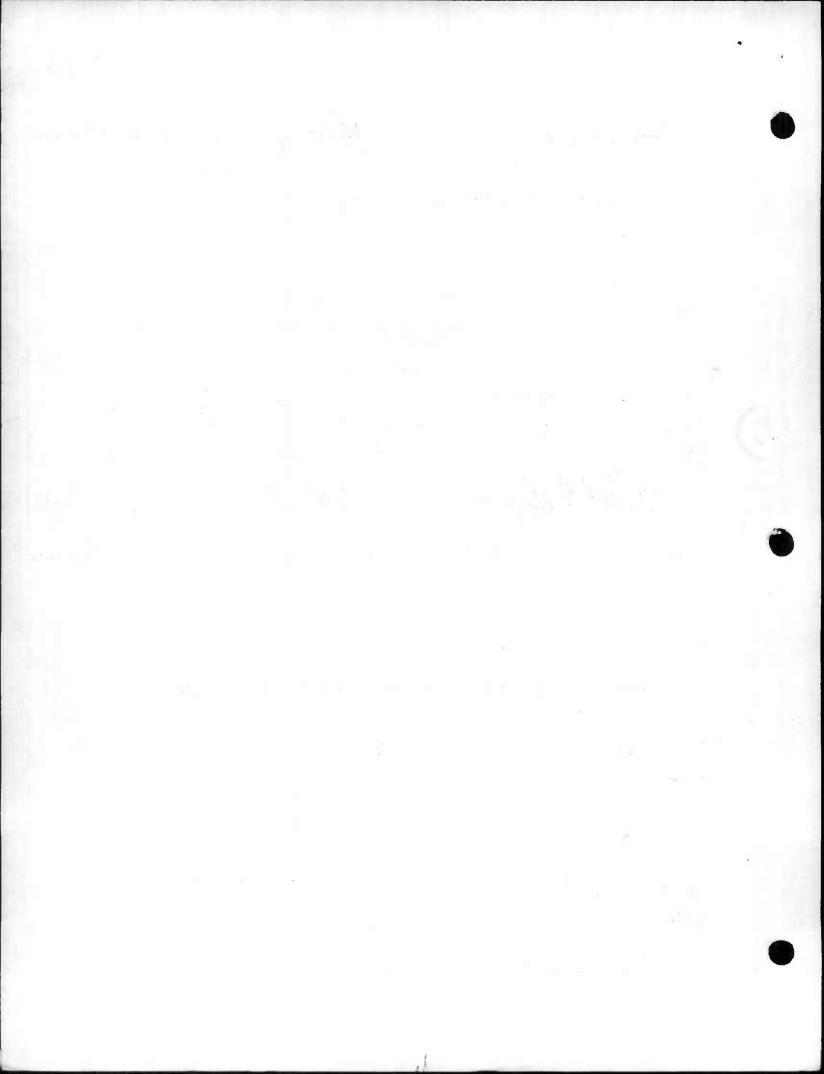
completely BOX 13146, burial, and Hygiene prior to attending physician certificate P.0. requires that the death Mental signed by the at Health and Ment DIVISION OF VITAL RECORDS, Health been s has be Dept. WE OR ATTENDING PHYSICIAN: The State this certificate the with After death TO THE FUNERAL DIRECTOR: At be filed within 72 hours after de IMPORTANT: If Item 28 is r

FOR 1 STATE	STATE OF	MARYLAND / DEPAR	RTMENT OF H	EALTH AND I	MENTAL HYGIENE
REGISTRAR			ICATE OF		REG. NO.
1. DECEDENT'S NAME (First, Middle, Lest)	E	Irene	Nic	ckoles	2. DATE OF OEATH MONTH 09 DAY 14
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)
216-14-0315	1 M 2 F	QE YRS.	MONTHS DAYS	HOURS MIN.	01 22 100

940 PM 8. BIRTHPLACE (State or Foreign 1896 Maryland 9a, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Sykesville Eldercare_Center Sykesville Carroll DIRECTO RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a, STATE 10h COUNTY 10d, INSIDE CITY Sykesville Maryland Carroll 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 3706 London Bridge Road 21784 United States 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Ricen, etc.)

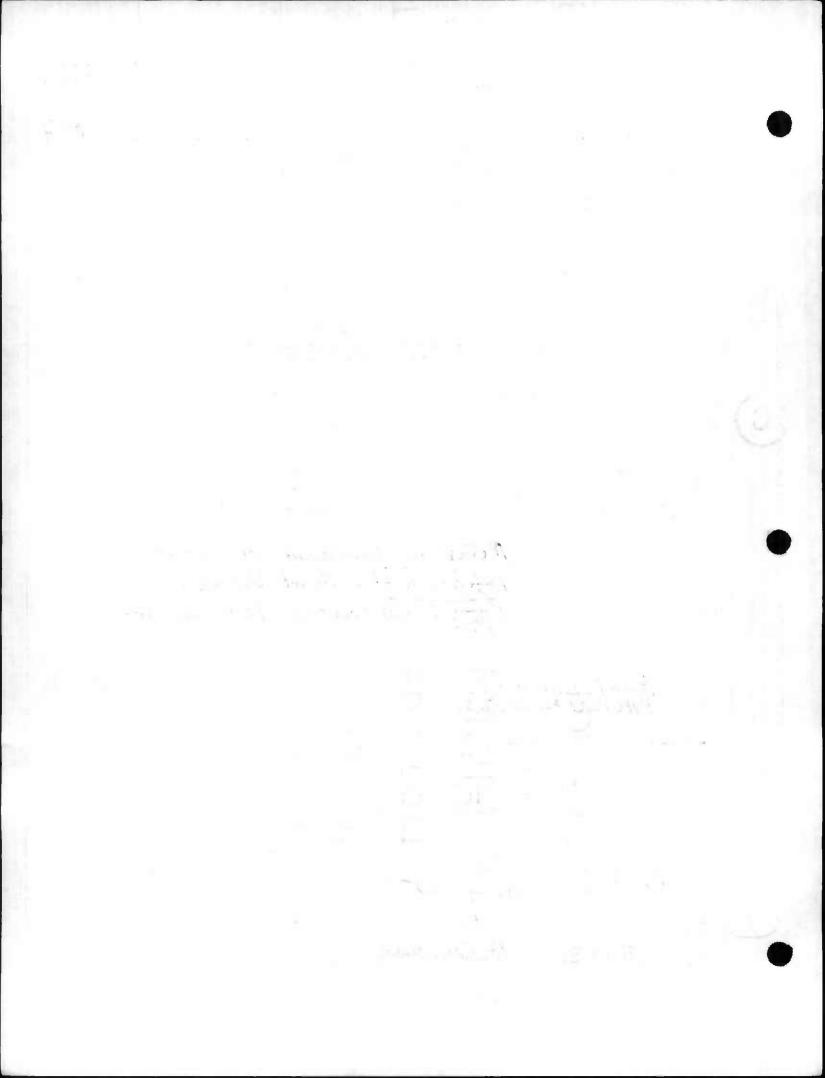
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married Specify BY 35 Widowed 4 Divorced White ED 18a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) COMPLET Elementary/Secondary (0-12) College (1-4 or 8+) Domestic 8 Housewife 18. MOTHER'S NAME (First, Middle, Melden Surname) 17. FATHER'S NAME (First, Middle, Last) Josephine Brothers Jacob Alfred Edmondson 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 78 Margaret Helen Holbrook 3706 London Bridge Road, Sykesville, MD 2 20e. METHOD OF DISPOSITION
11 Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Providence (Calvary Meth) Cemetery Donetion 8 - Other (Specify) _ Gamber, Maryland 21. SIGNATURE OF FUE 22. NAME AND AGORESS OF FACILITY Myers Funeral Home 91 Willis Street, Westminster, MD 21 57 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition Diabetes resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF). if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART il. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO Cerebral Varular Accidents COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 TES 3 MO OTHER:

Nursing Home 5 - Residence 8 - Other (Specify) 1 Inpetient 2 ER/Outpatient 3 DOA 27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) ETED. 8 Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 33281 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 912 Washington Road 1 E. Forst, 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Lelia Davidson Randale '91



al examiner must be nothled at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be normed at once.
oval.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.
the funeral director, more presented to detached for use as the burial-ti-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and the property of the burlat-to
iter death. Page 6 me be another by the hospital or attending physicia	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 mm be many by the hospital or attending physicia
BALTIMORE MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HE		MENTAL HYGIENI REG. NO.	E	2010/
	1. DECEDENT'S NAME (First, Middle, Late Charles H. N		2			2. DATE OF DEATH DA 9 11		3. TIME OF DEATH 9:35 Am
	4. SOCIAL SECURITY NUMBER 218-22-6874	1 XM 2 □ F 8	32 YRS. M	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-14-190	9 Wa	RTHPLACE (State or Foreign outly) ashington, DC
TOR	Southern Maryla RESIDENCE OF DECEMENT		/	Clint	LOCATION OF DE	ATH	Prince	e George's
DIRECTOR	Maryland Pri	ntv ince George's		Town on location Temple				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 5802 Walnut Str	reet	1	10f.	ZIP CODE	748	10g. CITIZEN (U.S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 💢 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 NO		NDENT OF HISPAN	IC ORIGIN? (Specify Year, Pusrto Rican, etc.)		NACE — American Indian, Slack, White, etc.
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 12th	EDUCATION rade completed) College (1-4 or 5+)	16a. OECEOENT'S US (Give kind of wo life. Do NOT use Retired	rk done during most retired.) Admi	of working nistrat	ion Fed		
BE CON	17. FATHER'S NAME (First, Middle, Last) Alle	en P. Nichols				me (First, Middle, Meiden e Virginia		an
10	190. INFORMANT'S NAME (Type/Print) Samuel P. Nich	nols		Walnut		Temple Hi		
	20a METHOD OF DISPOSITION 1 A Buriel 2 Cremition 3 R 4 Donation 8 A Sther (Specify)	lemoval from State	ob. PLACE AND DATE OF Cometary, crematory, or H			1	CATION — City of Silver	Spring, Md.
	21. SIGNATURE OF ONERAL SERVICE	LICENSEE		Georg		las Funera		, Md. 20745
RTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events	e. Meta our ro (on as c. Ar fel pue ro (on as c. Chro	static ACONSCIUMOS OFF	Carcin ptic k	oma Yeart	of Lun Osease Lune D	<i>.</i>	Approximate interval Between Onset and Death
CERI	reaulting in deeth) LAST	d						
BY PHYSICIAN: MEDICAL	PART II. Other algolificent conditions of the second of th	All Sepsis	but not reaulting in	the underlying	cause given in	Part i. 24a. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch	V. I. sie economi		
Y PHYS	1 VES 2Y NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation	28a. DATE OF INJURY (Month, Day, Year)		OF 28c. INJURY WOL	IRY AT	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURE	SD.
	2 Accident investigate 3 Suicide 8 Could not 4 Homicide determined	be 28s. PLACE OF INJUR	Y — At home, farm, atractiv)	reet, factory, office		281. LOCATION (Street: City or Town, State)	and Number of R	ural Route Number,
COMPLET	4001	HYSICIAN: To the best of my kno MINER: On the basis of examinati						use(s) and manner as stated.
TO BE C		maughy	mo	-	29c. LICENSE NUI D07287	MBER		INED (Month, Day, Year)
F	Robert A. McCo				Rd. Ft	. Washingt	on, Md.	20744
	SEP 1 3 9	32. REGISTRAR'S SIG	nature vidson-Andal	æ				
		()						DHMH-16 Rev 1/89



9	2	6	1	5	8

REGIS	STRAR		CER	TIFICATE	OF DI	EATH	R	EG. NO.		
1. DECEDEN	IT'S NAME (First, Middle, Last)						2. DATE OF I	DEATH		3. TIME OF DEATH
ELJJ	AH NICHOLSON						Septer	nheir 11	YEAR	10:05 A
	SECURITY NUMBER	5. SEX 6. /	NGE (In yrs. last birt	hday) IF UNDER	1 YEAR #	UNDER 24 HRS.	7. DATE OF E	BIRTH	411 0 0 0 0	22.00
216-	18-5835	1 📈 M 2 🗆 F		RS. MONTHS		URS MIN.	(Month, De 2-8-1	y, Ybar)	Country	PLACE (State or Foreign y)
	Y NAME (If not institution, give s	treet and number)				CATION OF D	EATH		OUNTY OF DE	EATH
PESIDE	Point VAMC			Per	ry PO	Int			Cecil	
10a. STATE	10b. COUNT	Y	10	c. CITY, TOWN O	R LOCATION		-			10d. INSIDE CITY
Perry RESIDEN 100. STATE MD		ford		Havre d	le Gra	ce				LIMITS?
2	Warren St.				10f. ZIP 21	078		10g. C	US#	WHAT COUNTRY?
. 23	STATUS Married 2 Married red 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 (X) IF YES, GIVE WAR (2-23-43 1-	OR DATES	13. 1	f yes, specify		an, Puerto Ricar	pecify Yes or No— n, etc.)	14. RACE Black Speci	- American Indian, c, White, etc.
	15. DECEDENT'S EDU	CATION	16e, DECED	ENT'S USUAL OC	CCUPATION		16b. KIN	ID OF BUSINESS/	NDUSTRY	
Elements 17. FATHER:	(Specify only highest grade ary/Secondary (0-12)	College (1-4 or 5+)	1.100	nd of work done on NOT use retired.)	during most of	working		-		
<u> </u>	8		dis	abled			M	ilitary		
17. FATHER	S NAME (First, Middle, Last)							ie, Meiden Surname)	
u Elij	ah Nicholson					Edith				
D 198, INFORK	ude Hawkins			George George		umber or Rural	Route Number, (Oity or Town, State,	Zip Code)	
	D OF DISPOSITION	74-1	20b. PLACE OF I			v cramatory or		20c. LOCATION	- City or To	evn State
1 Donati	2 Cremellon 3 Remilion 5 Other (Specify)	oval from State	carriso					Owings		
21. SIGNATU	JRE OF FUNERAL SALVICE LE	centre /	7	22.	NAME AND A	DDRESS OF F	ACILITY EU	neral Se		
1 1	mell he.	Vine						de Grace		
disease o resulting	re condition in death)	DUE TO (OR	of the	ICE OF):	th Me	castas:	is			Onset and De
If eny, lee	iding to immediate and inter UNDERLYING	DUE TO (OR	AS A CONSEQUE	ICE OF):						
that initia	Disease or Injury ted events in death) LAST	DUE TO (OR	AS A CONSEQUE	NCE OF):						
BART II C	Other aignificant condition	no contribution to do	Al- had not man	Internal or the same	4 -4 4			. WAS AN AUTOPS	1	
Pneu	monia	is contributing to dec	in but not read	iding in the un	idenying cu	use given in		PERFORMED? YES 2 NO	246	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
25. WAS CALEXAMIN 1 YE	SE REFERRED TO MEDICAL				20 81 405	OF DEATH (C	ttt			
EXAMIN		HOSPITAL:	(Output) 2	OTHER	₹:					
27, MANNER	R OF DEATH	1 Xipatient 2 ER		b. TIME OF	28c, INJURY		6 Other (Sp	BE HOW INJURY	OCCUBED	
1 44400		(Month, Day, 1	(sar)	INJURY M	WORK?	2 NO			JOOGILES	
3 Sui	icide S Could not be	28a. PLACE OF IN building, etc.	JURY — Al home, (Specify)	ferm, street, faci	tory, office			ON (Street and Number, State)	ber or Rural I	Route Number,
29e. CERTIF	only 125 ACERTIFTING PHYS	ICIAN: To the best of my								s) and menner as state
n 296, SIGNAT	TURE AND STILE OF CENTIFIE	461	11	m	29	c. LICENSE NU		29d, 0	ATE SIGNED	(Month, Day, Year)
30. NAME A	ND ADDRESS OF PERSON WI	10 COMPLETED CAUSE (OF DEATH (ITEM 27) (Type, Print)	/	E ULU	1-0249]	.f.	//	111
	THANOM ISAAC	M.D. VA	Medical	Center	Perr	Point	- MD	21902		
31. DATE FIL	SFP 16 91	32. HEGISTRAR'S	SIGNATURE AGAIN	tell.			-			
1	ULI A U	//	1-1001 . Il							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within so four after death. Page 18 for presented by the attending physician and completely filled in by the funeral difference and certificate has been signed by the attending physician and completely filled in by the funeral difference and the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

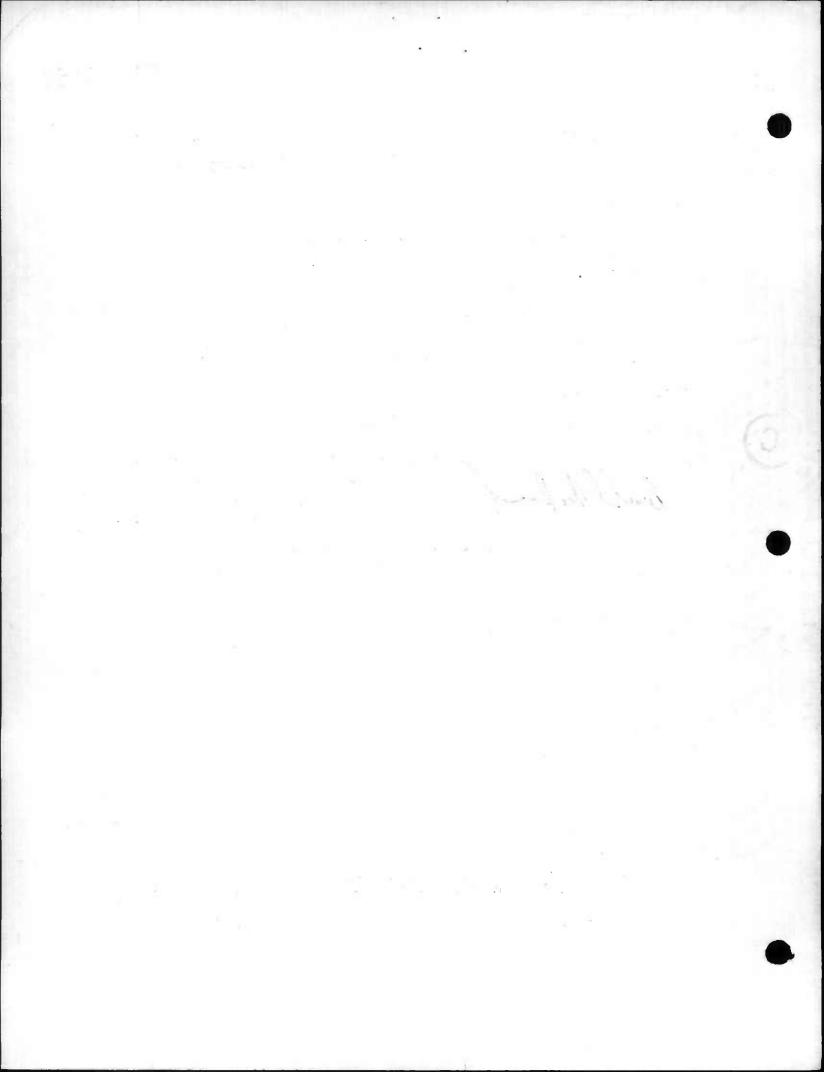
IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

mild be detached for use as the burial-transit permit, Pages 1, 2, 3 million

and by the hospital or attending physician.

THE MARYLAND 21203-3146



BALTIMORE,

BOX 13146, P.0. OF VITAL RECORDS.

29

31. DATE FILED (Month, Day, Year)

'91

	REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	RTMENT OF I	HEALTH AN	D MENTA	L HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	AY _	уедя 3	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	KSTON T.				8	17		11	9:00 A "
			GE (in yrs. lest birthday) 7 6 YRS.	MONTHS DAYS	HOURS MI	N. 7. DATE (Monti	6720/1	.5	Country)	ACE (State or Foreign York
	9e. FACILITY NAME (If not institution, give street			9b. CITY, TOWN	OR LOCATION O				ING W	
CTOR	PRINCE GEORGE'S H	HOSPITAL (CENTER	CHEVERL	Y MD					eorges
DIRECTOR	Md. 100b. COUNTY Princ	ce Georges	10c. CIT M	y, town or Local itchellv	rille		15			0d. INSIDE CITY LIMITS? XYES 2 NO
AL	10e. STREET AND NUMBER		- 58 3220 -	101	I, ZIP CODE	76		Prin 10g. CITIZE	CEN OF WH	AT COUNTRY?
FUNERAL	3404 Grayvine I	Lane			2072	21			USA	
FU		2. WAS DECEDENT EVE FORCES? 1 Y		13. WAS DEC	ENDENT OF HIS	SPANIC ORIGIN	7 (Specify Yee		4. RACE -	- American Indian,
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATESX		ecify Cuben, Me 2 X NO Sp		Rican, etc.)			Black
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION npleted)	(Give kind of v	USUAL OCCUPATION	ON ost of working	16b.	KIND OF BUS	INESS/INDU	STRY	
2LE	Elementary/Secondery (0-12)	College (1-4 or 5+)	Ille. Do NOT us	se retired.)						
OME	17. FATHER'S NAME (First, Middle, Last)	% + 5+	Compute	r Progra						
	Edward Middleton					NAME (First, A		Surname)		
BE (19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		ie Sco		Or to Tin O		
10	Karen Pinkston		3404 (Grayvine	Lane/N	Attche	er, City or rown	n, State, Zip U Md	^(ode)	721
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE O	OF DISPOSITION /Ne	ame of	DATE	V	CATION - CI		
3	1 X Buriel 2 ☐ Cremelion 3 ☐ Removal 4 ☐ Donation 5 ☐ Other (Specify)	I from State	cemetery, cremetory or of Harmony MI	Emorial	Park	8/24		Landov		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE O		22. NAME AN	D ADORESS OF	FACILITY			, ,	TIC.
	· Sul	8		Sam	Butler	Funera	1 Ser	vice		
_										
	23. PART I. Entar tha diseases, or com	plications that cau	sed tha daath. Do n	716	Kennedy	St N	7\ T.7 T.	Jachir	ngton	D. C.
	23. PART I. Enter the diseases, or com shock, or heart fellure. List IMMEDIATE CAUSE (Final	t only one cause of	n aach lina.	716 not antar the mo	Kennedy da of dylng, s	St N	7\ T.7 T.	Jachir	ngton it,	Approximata Interval Batween
	IMMEDIATE CAUSE (Fine)	t only one cause of	n aach lina.	716 not antar the mo	Kennedy da of dylng, s	St N	7\ T.7 T.	Jachir	ngton it,	Approximata
	IMMEDIATE CAUSE (Fine)	Boure	sed the death. Do no a sech line.	716 not anter the mo	Kennedy da of dylng, s	St N	7\ T.7 T.	Jachir	ngton st,	Approximata Interval Batween
NO	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	Boure	AS A CONSEQUENCE OF	716 not anter the mo	Kennedy da of dylng, s	St N	7\ T.7 T.	Jachir	ngton	Approximata Interval Batween
NTION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	Boure DUE TO (OR A	AS A CONSEQUENCE OF	716 not antar the mo	Kennedy da of dylng, s	St N	7\ T.7 T.	Jachir	ngton	Approximata Interval Batween
FICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR A	AS A CONSEQUENCE OF	716 not anter the mo	Kennedy da of dylng, s	St N	7\ T.7 T.	Jachir	ngton	Approximata Interval Batween
TIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE OF	716 not anter the mo	Kennedy da of dylng, s	St N	7\ T.7 T.	Jachir	ngton	Approximata Interval Batween
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST	DUE TO (OR A	IS A CONSEQUENCE OF	716 not anter the mo	Kennedy da of dying, s	St. N	7\ T.7 T.	Jachir	ngton	Approximata Interval Batween
T. 1	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A OUE TO (OR A OUE TO (OR A	AS A CONSEQUENCE OF	716 not anter the mo	Kennedy da of dying, s	St. N	N. W./I lac or reapir	Washir	24b. WE	Approximate Interval Batween Onset and Death Onset and Death
T. 1	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST	DUE TO (OR A OUE TO (OR A OUE TO (OR A	IS A CONSEQUENCE OF	716 not anter the mo a-cf; city in the underlying if Ins of	Kennedy da of dying, s	St. N	N. W./I	Washir retory srress	24b. WE	Approximate Interval Batween Onset and Death Onset and Death ERE AUTOPSY FINDINGS ANLABLE PRIOR TO MPLETION OF CAUSE
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST	DUE TO (OR A OUE TO (OR A OUE TO (OR A	AS A CONSEQUENCE OF	716 not anter the mo a-cf; city in the underlying if Ins of	Kennedy da of dying, s	St. N	iac or reapir	Washir retory srress	24b. WE	Approximate interval Batween Onset and Death Onset and Death ERE AUTOPSY FINDINGS BALABLE PRIOR TO
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST PART II. Other aignificant conditions or Color on y 69	DUE TO (OR A OUE TO (OR A OUE TO (OR A	IS A CONSEQUENCE OF	716 not anter the mo a-cf; city in the underlying if Ins of	Kennedy da of dyling, a	St. N	iac or reapir	Washir retory srress	24b. WE	Approximate Interval Batween Onset and Death Onset and Death ERE AUTOPSY FINDINGS RALABLE PRIOR TO MPLETION OF CAUSE DEATH?
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST PART II. Other aignificant conditions or condit	DUE TO (OR A OUE TO (OR A OUE TO (OR A OUE TO (OR A OUE TO (OR A	IS A CONSEQUENCE OF	716 not anter the mo	Kennedy da of dyling, a	In Part I.	iac or reapir	Washir retory srress	24b. WE	Approximate Interval Batween Onset and Death Onset and Death ERE AUTOPSY FINDINGS RALABLE PRIOR TO MPLETION OF CAUSE DEATH?
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST PART II. Other significant conditions or color of the cause of the cau	DUE TO (OR A OUE TO (OR A	A CONSEQUENCE OF A CONS	716 not anter the mo er-c/; fi: in the underlying fi	Kennedy da of dying, s ori. graupe given ricie ACE OF DEATH	In Part I.	24a. WAS AN A PERFORI	Washir retory srress	24b. WE	Approximate Interval Batween Onset and Death Onset and Death ERE AUTOPSY FINDINGS RALABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST PART II. Other aignificant conditions or Colember 1997 (1997) 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR A OUE TO (OR A	AS A CONSEQUENCE OF SA CONSEQU	716 not anter the mo Y-C+1 C T: T: The underlying I	Kennedy da of dying, s OFI. Signature given ACE OF DEATH Signature given ACE OF DEATH Signature given	In Part I.	24a. WAS AN A PERFORI	Washir retory arres	24b. WE AMO	Approximate Interval Batween Onset and Death Onset and Death ERE AUTOPSY FINDINGS RALABLE PRIOR TO MPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST PART II. Other aignificant conditions or condit	DUE TO (OR A OUE TO (OR A	A CONSEQUENCE OF A CONS	716 not anter the mo Y - C C T: T: T: T: T: T: T: T: T: T	Kennedy da of dying, s 2	In Part I. (Check only one ce 6 Other 28d, DESi	24s. WAS AN A PERFORE 1 YES 2	Washir etory srress WITOPSY MEO? PNO	24b. WE AM COOF	Approximata Interval Batween Onset and Death Onset and Death Programmer Progr
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST PART II. Other aignificant conditions or condit	DUE TO (OR A OUE TO (OR A	A CONSEQUENCE OF A CONS	716 not anter the mo Y - C C T: T: T: T: T: T: T: T: T: T	Kennedy da of dying, s 2	In Part I. (Check only one co 6 Other 28d, DESI	24a. WAS AN A PERFORM 1 YES 2	Washir etory srress WITOPSY MEO? PNO	24b. WE AM COOF	Approximata Interval Batween Onset and Death Onset and Death Programmer Progr
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST PART II. Other significant conditions or condit	DUE TO (OR A OUE A CONSEQUENCE OF SA CONSEQUENC	716 not anter the mo The control of the control of	Kennedy da of dying, s cause given cause given ACE OF DEATH 5 Residence URY AT RICS 2 NO	In Part I. (Check only one co 6 Other 28d, DESt.	24s. WAS AN A PERFORI 1 YES 2 (Specify) CRISE HOW IN	Washir retory stress WUTOPSY MEO? MO NO WITOPSY MEO NO WITOPSY MO NO	24b. WE AMOCO OF 1 [Approximata Interval Batween Onset and Death Onset and Death Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval	
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST PART II. Other aignificant conditions of the conditions of th	DUE TO (OR A OUE A CONSEQUENCE OF SA CONSEQUENC	716 not anter the mo The control of the control of	Kennedy da of dying, s cause given cause given ACE OF DEATH 5 Residence URY AT RICS 2 NO	In Part I. (Check only one co 6 Other 28d, DESt.	24s. WAS AN A PERFORI 1 YES 2 (Specify) CRISE HOW IN	Washir retory stress WUTOPSY MEO? MO NO WITOPSY MEO NO WITOPSY MO NO	24b. WE AMOCO OF 1 [Approximata Interval Batween Onset and Death Onset and Death Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval	
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST PART II. Other significant conditions or condit	DUE TO (OR A OUE A CONSEQUENCE OF SA CONSEQUENC	716 not anter the mo The control of the control of	Kennedy da of dying, s cause given cause given ACE OF DEATH 5 Residence URY AT RICS 2 NO	In Part I. (Check only one 6 Other 28d. DESI. LOCA City of the cause the time, date of the cause the ca	24s. WAS AN A PERFORI 1 YES 2 (Specify) CRISE HOW IN	Washir retory srress WITOPSY MEO? MO Number or her es stated, due to the o	24b. WE AM CO OF 1 [Approximata Interval Batween Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset o	
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST PART II. Other aignificant conditions of the conditions of th	DUE TO (OR A OUE As A CONSEQUENCE OF SA CONSEQU	716 not anter the mo or anter the mo o	Kennedy da of dying, s	In Part I. (Check only one 6 Other 281. LOCA City of the time, date of the time, da	24s. WAS AN A PERFORE 1 YES 2 (Specify) (Specify) TION (Street er Town, Stete)	Washir retory srress WITOPSY MEO? MO Number or her es stated, due to the o	24b. WE AM CO OF 1 [Approximata Interval Batween Onset and Death Onset and Death Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval Price Interval	
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST PART II. Other aignificant conditions of the conditions of th	DUE TO (OR A OUE As A CONSEQUENCE OF SA CONSEQU	716 not anter the mo or anter the mo o	Kennedy da of dying, s	In Part I. (Check only one 6 Other 281. LOCA City of the time, date of the time, da	24s. WAS AN A PERFORE 1 YES 2 (Specify) (Specify) TION (Street er Town, Stete)	Washir retory srress WITOPSY MEO? MO Number or her es stated, due to the o	24b. WE AM CO OF 1 [Approximata Interval Batween Onset and Death Onset and Death Onset and Death Programme	

32. REGISTBAR'S SIGNATURE

Julia Davidson Randall

.

the hospital or attending physician.

B

MARYLAND 21215-0020

BALTIMORE. Page 6 may funeral hours after death. filled in by me i completely filler rial, cremation, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within n and con to burial, attending physician ntal Hygiene prior to the atter been signed by the pt. of Health and IN 3 shows any Inj has be Dept. the State D. . or item 2. : After this cer death with th this c DIRECTOR: An hours after dea Item 28 is n If Item FUNERAL (TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT. II

91 26 161 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN YEAR P M ARTHUR BERNARD PICARD SEP 4 1991 2:04 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Country) 579-52-8714 DAYS HOURS 1 🕅 M 2 🗌 F YRS. 62 MAY 20 1929 PENNSYLVANIA 9a. FACILITY NAME (If not Institution, give street and number) 9h. CITY, TOWN OR LOCATION OF DEATN DIRECTOR NATIONAL NAVAL MEDICAL CENTER BETHESDA MONTGOMERY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND PRINCE GEORGE'S TEMPLE HILLS 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 5608 JOAN LANE 20748 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ▼ YES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 TYES 2X NO BY Specify: Specify 3 Widowed 4 Divorced - 1966 WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 2 U.S.AIR FORCE DEFENSE 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) NICHOLAS JOSEPH PICARD BE ALICE KELLY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SHIRLEY PICARD 5608 JOAN LANE, TEMPLE HILLS, MD 20748 20s. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State http://www.ncincolor.com/state/4 □ Donation 5 □ Other (Specify) Arlington National Cem. 9/12/91 Arlington, Va. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE George P. Kalas Funeral Home Jeorge 119 6160 Oxon Hill Rd. Oxon Hill, Md.20745 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ehock, or heert fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition reaulting in deeth) CEREBRAL VASCULAR ACCIDENT DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate e. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST 6 Injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS PERFORMED? WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO 1 X YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 TES 2 NO lient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 [X Natural 5 Pending BY М 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, ferm, streat, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide datermined 29a. CERTIFIER 1 X CERTIFYINO PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 555PT91 2

B. MITCHELL, SEP 0 9 91

30. NAME AND ADDRESS OF PERSON

LT, MC, USN 32. REGISTRAR'S SIGNATURE LA DAVIDSON-HANDER

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NATIONAL NAVAL MEDICAL CENTER

BETHESDA, MD 20889-5000

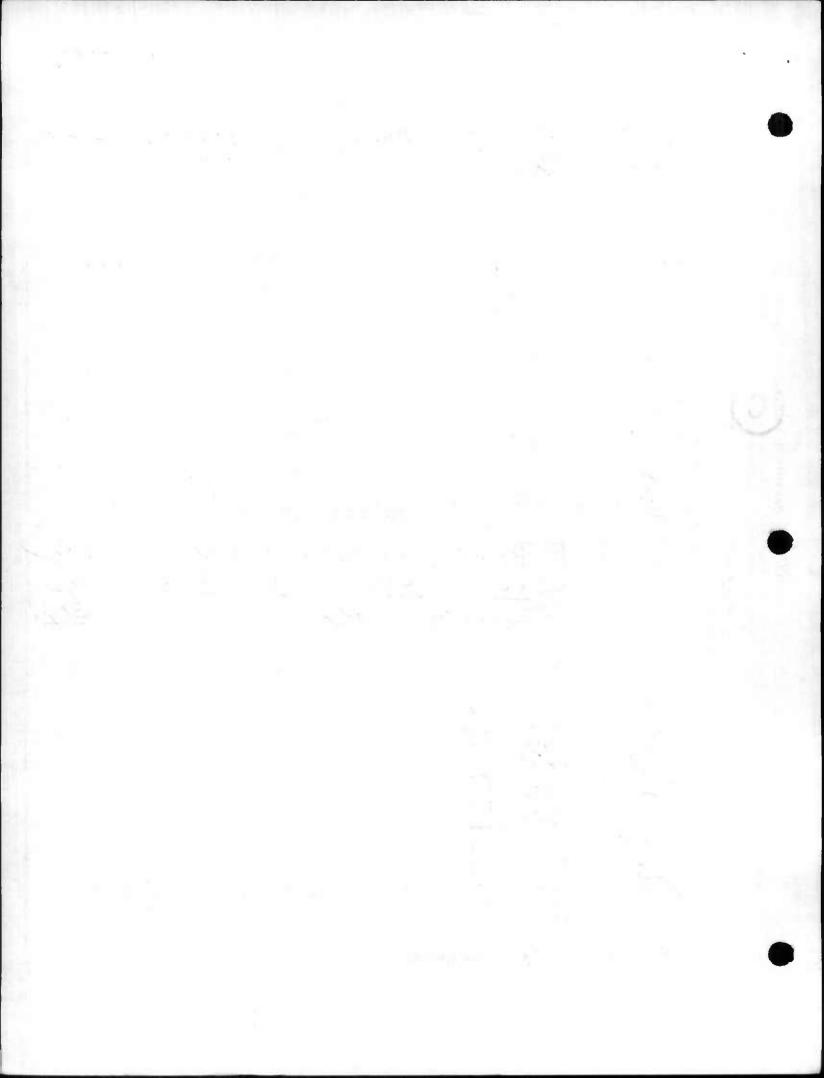
Silver in

was a company

DHMH-16 Rev 1/89

use as		
of b		
detache		Duca
8	. 1	Y
ز		l
10	ø	P
pag		3
TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages seems detached for use as		28 is marked or item 23 shows any influe or other traumaile event the medical examiner must be not the north
uneral		amine
the f	wal.	al ex
in by	rem	edic
Filled	In, 0r	
etely	ematic	1
idmo	al, cre	AVE
and c	bung	Saffe
ician	ior to	Land
phys	ene pi	har
nding	Hygi	nr of
e atte	ental	2
by ch	and &	July A
paud	alth	8 2n
en si	of He	how
as be	Dept.	23
cate h	state	Hom
certific	the S	20
this (with	read
After	death	em c
:TOR:	after	28 16

REGISTRAR		AND / DEPAR CERTIFI	CATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle) LI	WASHINGZONA TO	RUSSO	usso		2. DATE OF DEATH	71997 YEAR	3. TIME OF DEATH 3:12PMp
4. SOCIAL SECURITY NUMBER 011-09-6580	MALE	(In yrs. last birthday) 75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02/22/16	MAS	HPLACE (State or Foreign SACHUSETTS
9a. FACILITY NAME (If not institution, gif FREDERICK MEMORIES OF DECEDENT	RIAL HOSPITAL		FREDE	RICK	EATH	9c. COUNTY OF FREDER	
	FREDERICK	10c ctr	ON BRIT	JON GE			10d. INSIDE CITY LIMING 1 YES 2 NO
100. STREET AND NUMBER 12109 GLISSAN'S	S MILL RD.		10	M. ZIP CODE 217	91	10g. CITIZEN OF	what country?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed M Diverced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES GIVE WAR OR D	2 NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexico S 2 NO Speek	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)		E — American Indian, ck, White, etc.
15. DECEDENT'S (Specify only highest g Elemantary/Secondary (0-12) 11	College (1-4 or 8+)	16a, DECEDENT'S (Give kind of willie, Do NOT us) PRODUCE	vork done during m e retired.)	ost of working	FIL		
17. FATHER'S NAME (First, Middle, Last) ANTHONY RUSSO) 			EMI	LY SORGI		
19e. INFORMANT'S NAME (Type/Print) INEZ C. RUSSO					Aoute Number, City or Tow NION BRIDG		ID 21791
atmuse	V. Harfel	er			TYTOWN, ME		
23. PART I. Enter the diseases, shock, or heert felk immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Remail on as a c. Due to (or as d.	A CONSEQUENCE OF	of Face	lue o	Pol. Ed	hirl AUTOPSY 2	Onset and De 3 Day 30y 30y 30y 30y 30y 30y 30y 30y 30y 30
shock, or heert felt IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, If sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent cond	b. Concluded to the state of th	A CONSEQUENCE OF	In the underlying	lue o	Part I. 24a. WAS AN PERFO	LAUTOPSY RMED? 2	interval Betwee Onset and Dei 3 Day May May May May May May May May May M
shock, or heert felit IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST PART II. Other significent cond 25. WAS CASE REFERREO TO MEDICA EXAMINER? 1 YES 2 NO	s. Concludes on a substitution of the substitu	A CONSEQUENCE OF	Pi: Pi:	ng ceuse given in	Part I. 24a. WAS AN PERFOI 1 YES :	AUTOPSY RMED?	interval Betwee Onset and Dei 3 Day 30 May 3
shock, or heert felt IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent cond 25. WAS CASE REFERREO TO MEDICA EXAMINER?	S. Con Class on a substitution of the contributing to death in the contributing to death in the contribution of the contributi	A CONSEQUENCE OF A CONS	OTHER: 4 Nursing Ho FIURY M 1	PLACE OF DEATH (C	Part I. 24a. WAS AN PERFO! 1 YES :	AUTOPSY RMED? 2 NO	Interval Betwee Onset and Dei 3 Day 30 Dei 3
shock, or heert felit IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent cond 25. WAS CASE REFERREO TO MEDICA EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	S. OUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF A CONS	OTHER: 4 Nursing Ho FIURY M 1	PLACE OF DEATH (C	Part I. 24a. WAS AN PERFOI 1 YES :	AUTOPSY RMED? 2 NO INJURY OCCURED and Number or Rura	interval Betwee Onset and Del 2



골		А
â	o	3
2		1
908		-
d.		
Cto		1
din		ì
12		-
5		
the	Nal.	
3	ome	100
=	K	
lled	n, c	
N	atio	**
ete	Em.	•
dw	2	1
8	Iria	
an an	Ď,	
yan	or to	ļ
NS.	bu	•
d	ene	,
ding	Š	
tten	la.	ì
9	Леш	
y th	b	
P	7 2/	į
ign	ealt	
S US	J H	
ě	J.	-
has	8	-
ate	tate	
tiffe	S	
8	th c	ĺ,
certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	h the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

1 - STATE REGISTRAR		CERTIFIC		EALTH AND I	REG. NO.		T. solven
1. DECEDENT'S NAME (First, Middle, Las	MARY CATHE	RINE RE	DMOND		2. DATE OF DEATH MONTH DA		
4. SOCIAL SECURITY NUMBER 220-26-0449	1□M2XF 59	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. NOURB MIN.	7. DATE OF BIRTH (Month, Day, Year) 7/30/19	32 P	
99. FACILITY NAME (If not institution, give 1635 Old Manc Residence of Decement	hester Road			n LOCATION OF DE	АТН	ec county of	
10e. STATE 10b. COUR	rroll		own on locat Westm:	inster		- 1	10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 1635 Old Manc	hester Rd.		101	21157		U.S.	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN S FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)		ACE — American Indian, lack, White, etc. pec/ly: White
15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)		6e. DECEDENT'S US (Give kind of work life. Do NOT use in	k done during mo etired.)	N st of working	166. KIND OF BUS	BINESS/INDUSTR	Y
17. FATHER'S NAME (First, Middle, Last) Clinton Cl	ive Rohrbau				ME (First, Middle, Maiden LaRue T		
19d. INFORMANT'S NAME (Type/Print) Mr. Albert M	Redmond				er Rd.		
20f. METHOD OF DISPOSITION 11-3 Burlel 2 Cremation 3 R . 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	moval from State La	PLACE OF DISPOSITION (CAPTUS C	emeter 22. NAME AI	tts Fun	Curv eral Hom		MD
23. PART I. Enter the diseases, of abook, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING	B. List only one cause on each	05	CA	how Moer	Tres		Approximate Interval Betwe Onset and De
CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A C	CONSEQUENCE OF):					
PART II. Other significent condit	ona contributing to death bu	t not reaulting in	the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 1 1 10	HOSPITAL:		THER:	ACE OF DEATH O	eck only one)		
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. IN. WY 1	PRK?	28d. DESCRIBE HOW	INJURY OCCURE	D
3 Suicide Could not datermined	28a, PLACE OF INJURY - building, etc. (Specif	At home, farm, str	et, factory, offic	•	28f. LOCATION (Street City or Town, State		ral Route Number,
onel -	YSICIAN: To the best of my knowle INER: On the basic of examination						use(s) end manner se stated
28h. SIGNATURE OF CENT	OWL			200 LICENSE NU	372	29d. DATE SIG	CO (MONT), Transbay
30, NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEA	ry avillago dina di	nteet in		13	·	-

177 A MAIN OF A SALE PROPERTY OF THE PARTY OF TH

BOX 68760,

DIVISION OF VITAL RECORDS, P.O.

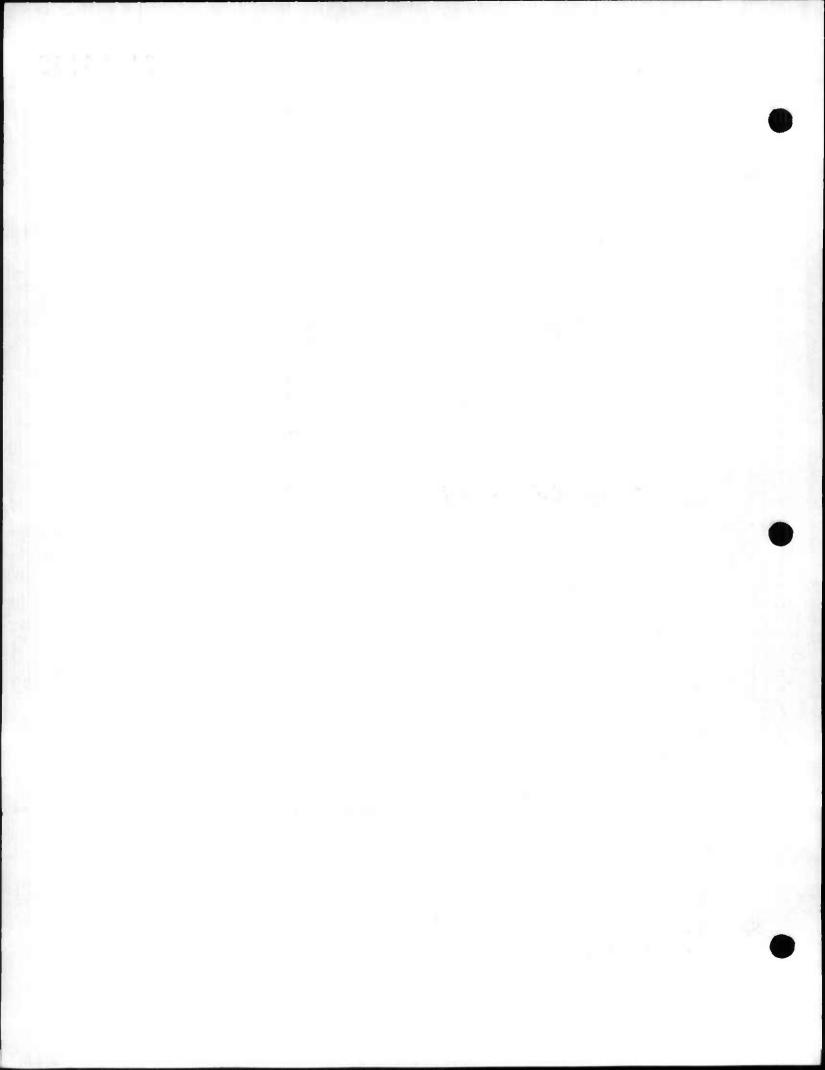
BE

2

YLAND 21215-0020

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Esther Deliah Smith Reid 2. DATE OF DEATN 3. TIME OF DEATN 10.30 PM ESTHER · 26 3 KEID 5. SEX 8. AGE (In yrs. lest birthdey) 7. DATE OF BIRTH 1911 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 1 M 2 578-20-0695 80 February 17. West Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH So - MALY DIRECTOR LINTON GEORGES 10s. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince Georges Fort Washington 1 X YES 2 NO 10a, STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7502 Fawley Avenue 20744 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-it yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE -- American Indian, Black, Whits, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 18s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co. Elementary/Secondary (0-12) College (1-4 or 5 +) 1 year Retired/Data Entry Operator/US Dept. of Navy 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Coleman Henry Smith Mary BE 19s. INFORMANT'S NAME (Type/Print. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Forrest Evans Reid (husband) 7502 Fawley Avenue, Fort Washington, Maryland 20744 20a. METHOD OF DISPOSITION
1 XBuriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE cemetery, cremetory of other place)
Cedar Hill Cemetery 4 Donatton 5 Other (Specify) Suitland, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Latney's Funeral Home * Earla 3831 Georgia Avenue, N.W.; Wash.D.C. 20011 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or reepiratory strest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in desth) CERTIFICATION Sequentisily list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other algorithment conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? PERFORMED? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 X NO 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED t Natural 5 Pending Investigation M 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homfolde 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner sa stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day-Year) PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) duay so pr. REGISTRAP'S SIGNATURE Tuha Davidson-Randala

	1. DECEDENT'S NAME (First, Middle	a f mad)				_	DEATH		REG. NO		_	
	Howard	i, Lasi)	Rid	enou	r			2. C	ATE OF DEATH	ĝ c	YEAR	3. TIME OF DEA 5:20
1	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. Is		IF UNDER 1	YEAR	IF UNDER 24 H	RS. 7. D	ATE OF BIRTH			D: ZU
/	290-12-9693			YRS.		DAYS		IN. (F	fonth, Day, Year) 1-13-19		Countr	Ohio
	9a. FACILITY NAME (If not institution	n, give street and number)			9b. CITY,	TOWN O	R LOCATION (1-13-13	9c. COUN		
TOR	Memorial	Hospital			Ea	sto	n			Tal	bot	
DIRECTO		COUNTY		10c. CIT	Y, TOWN OF	LOCATI	ON					10d. INSIDE CITY
	Maryland	Talbot					Trapp	e				LIMITS?
RAL	10e. STREET AND NUMBER						ZIP CODE			10g. CITIZ	EN OF W	VNAT COUNTRY?
NER	29811 Boli						216			1	USA	
FUN	1 Never Married 2 Married	12. WAS DECEDE FORCES?	NT EVER IN U.S. A 1 YES 2 WAR OR DATES	RMED NO	11	yes, spe	cify Cuban, M	exicen, Pue	IGIN? (Specify Year rto Rican, atc.)	or No-		— American Indi
ВУ	3 Widowed 4 Divorced	IF TES, GIVE	WAR OR DATES		,	☐ YES	XIX NO S	pecify:			Specif	White
TED	15. DECEDENT (Specify only highes	'S EDUCATION st grade completed)	16a. D	ECEDENT'S	USUAL OCC	CUPATION	N of working		16b. KIND OF BUS	SINESS/INDU	STRY	
LET	Elamentary/Secondary (0-12)	College (1-4 or 5)+)		work done du se retired.)							
COMPL	11 Years 17. FATHER'S NAME (First, Middle, Le		CI	hief	Eng	ine			U.S. M		ant	Marin
	Joel Farl		19.50						st, Middle, Maiden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Prin			DE MAILING	ADDRESS /	(Change an			e Lee			
2	May Belle P								Rd .			MA 2
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3		20b. PLACE	ANDDATE	OF DISPOSIT	ION (Nan	a of			CATION — C		
	4 Donetlon 5 DOther (Specify	entombed	cemetary, cre	ematory or o	ther place) 1. Men			1				ary1an
	21. SIGNATURE OF FUNERAL SERV				22. N/	AME AND	ADDRESS O	F FACILITY				ar y ran
	Kenne	The R Tho	g.		70	י ד חר	Thoma	s Fu	neral . Camb	Home	,	14 21
	resulting in death)	DUE TO	10-0-	THE RESIDENCE	- 6	LIV	$II \cap V$	· n)	PE 1111 . 1/100	// 11	$I \cap A \cup A \cap A$	1201.
RTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. OV DUE TO	O (OR AS A CONSE	OUENCE OF	huis	time	hun	5 1	Reser	erel V		year
AL CERTIFICATION	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b	O (OR AS A CONSE	OUENCE OF	trucj	trul	Lun	o in Part I	Peses	errel W	T _{24h}	Year Almost El
MEDICAL	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	O (OR AS A CONSE	OUENCE OF	trucj	tul	Lung (in Part I	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FI ANARABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 N
MEDICAL	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER?	b. DUE TO c. DUE TO d. nditions contributing to	O (OR AS A CONSE	OUENCE OF	Trucy		Cause giver		PERFOR	MED?		AVAILABLE PRIOR COMPLETION OF C OF DEATH?
SICIAN: MEDICAL	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART ii. Other aignificant con	b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetient 2	O (OR AS A CONSE	OUENCE OF	OTHER:	26. PLA	CE OF DEATH	(Check only	PERFOR 1 YES 2	MED?		AVAILABLE PRIOR COMPLETION OF C OF DEATH?
PHYSICIAN: MEDICAL	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO d. CAL HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, C.)	O (OR AS A CONSE	OUENCE OF	OTHER:	26. PLA ng Home 8c. INJUI WORI	CE OF DEATH 5	(Check only	PERFOR	MED?		AVAILABLE PRIOR COMPLETION OF (OF DEATH?
BY PHYSICIAN: MEDICAL	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investige	DUE TO d. CAL HOSPITAL: 1 Inpatiant 2 28e. DATE OF (Month), D 28e. PLACE OF 28e	O (OR AS A CONSE	OUENCE OF	OTHER: 4 Aurusin	26. PLA ng Home 8c. INJUI WORI 1 YE	CE OF DEATH 5	(Check only	PERFOR 1 YES 2 cone) ther (Specify) DESCRIBE HOW IN	MED?	RED	AMAILABLE PRIOR COMPLETION OF COMPLETION OF COF
TED BY PHYSICIAN: MEDICAL	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART if. Other aignificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigate Course (Course)	DUE TO c. DUE TO d. Additions contributing to CAL HOSPITAL: 1 Inpatient 2 [(Month, Cartion be) 28e, DATE Opening to the contribution by	O (OR AS A CONSE	OUENCE OF	OTHER: 4 Aurusin	26. PLA ng Home 8c. INJUI WORI 1 YE	CE OF DEATH 5	(Check only	PERFOR 1 YES 2	MED?	RED	AWAILABLE PRIOR COMPLETION OF COMPLETION OF
TED BY PHYSICIAN: MEDICAL	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation of the Could investigate the Could invest	DUE TO c. DUE TO d. Additions contributing to CAL HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) 28e. PLACE OF building,	O (OR AS A CONSE	OUENCE OF COUENCE OF COUNTY OF COUNT	OTHER: 4 Quarint E OF 21 URY M	26. PLAng Home 8c. INJUN WORI 1 YE	CE OF DEATH 5	(Check only) sea 6 0 28d. 1	PERFOR 1 YES 2 Tone) ther (Specify) DESCRIBE HOW IN OCATION (Street all ifly or Town, State)	MED? NO	RED Rural Ro	AWAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
TED BY PHYSICIAN: MEDICAL	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation of the Could investigate the Could invest	DUE TO c. DUE TO d. Additions contributing to CAL HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D) 28e. PLACE OF building.	O (OR AS A CONSE	OUENCE OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURSE OF	OTHER: 4 Nursing E OF 21 URY M	26. PLANING Home Sc. INJUI WORI 1 YE	CE OF DEATH 5	(Check only one 6 0 28d. 28d. 28f. C	PERFOR 1 YES 2 ther (Specify) DESCRIBE HOW IN OCATION (Street alify or Town, State)	MED? NO NO NURY OCCU nd Number or	RED	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
E COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation of the Could investigate the Could invest	DUE TO c. DUE TO d. Additions contributing to calculate to the contributing to the contributing to the contributing to the contribution t	O (OR AS A CONSE	OUENCE OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURSE OF	OTHER: 4 Nursing E OF 21 URY M	26. PLA ig Home 8c. INJUI WORI 1 YE y, office e, data as	CE OF DEATH 5	(Check only case 6 0 28d. 1 28f. L c	PERFOR 1 YES 2 ther (Specify) DESCRIBE HOW IN OCATION (Street alify or Town, State)	MED? IJURY OCCU Ind Number or The sa stated of due to the company of the compa	RED Rural Ro	AWAILABLE PRIOR COMPLETION OF
D BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigated Security one 2 MEDICAL EX. 29b. SIGNATURE AND TITLE OF CER	DUE TO c. DUE TO d. Additions contributing to d. CAL HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D. 28b. PLACE OF building. PHYSICIAN: To the best of a	O (OR AS A CONSE	OUENCE OF COUENCE OF COUNCE OF COUENCE OF COUNCE OF COUENCE OF COUNCE OF	OTHER: OTHER: 4 Chursin E OF URY M d st the time	26. PLA ig Home 8c. INJUI WORI 1 YE y, office e, data as	CE OF DEATH 5 Resider RY AT K? S 2 NO	(Check only case 6 0 28d. 1 28f. L c	PERFOR 1 YES 2 ther (Specify) DESCRIBE HOW IN OCATION (Street alify or Town, State)	MED? IJURY OCCU Ind Number or The sa stated of due to the company of the compa	RED Rural Ro	AWAILABLE PRIOR COMPLETION OF
D BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigated Accident Investigated Accident Acc	DUE TO c. DUE TO d. Additions contributing to d. CAL HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D. 28b. PLACE OF building. PHYSICIAN: To the best of a	O (OR AS A CONSE	OUENCE OF COUENCE OF COUNTY OF	OTHER: OTHER: A Chursin E OF URY M d st the time n, in my opin	28. PLA ng Home 8c. INJUI WORI 1 YE y, office e, data ac nilon, dea	CE OF DEATH 5 Resider RY AT K? S 2 NO nd place, end th occured at RPC. LICENSE	(Check only case 6 of Check on	PERFOR 1 YES 2 Tone) Ther (Specify) DESCRIBE HOW IN OCATION (Street airly or Town, State) couse(a) and manifesta and place, and	MED? IJURY OCCU Ind Number or Der as stated if due to the it. 29d. DATE S	RED Rural Ro	AMAILABLE PRIOR COMPLETION OF
TO BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigated Security one 2 MEDICAL EX. 29b. SIGNATURE AND TITLE OF CER	DUE TO c. DUE TO d. Additions contributing to call Hospital: 1 Inpatient 2 Description of the best of the best of the property of the best of the property of the best of the property of the best of the property of the best of the property of the best of the property of the best of the property of the best of the property of the best of the property of the pro	O (OR AS A CONSE	OUENCE OF COUENCE OF COUNTY OF	OTHER: OTHER: A Chursin E OF URY M d st the time n, in my opin	28. PLA ng Home 8c. INJUI WORI 1 YE y, office e, data ac nilon, dea	CE OF DEATH 5 Resider RY AT K? S 2 NO	(Check only case 6 of Check on	PERFOR 1 YES 2 Tone) Ther (Specify) DESCRIBE HOW IN OCATION (Street airly or Town, State) couse(a) and manifesta and place, and	MED? IJURY OCCU Ind Number or The sa stated of due to the company of the compa	RED Rural Ro	AWAILABLE PRIOR COMPLETION OF



5.	Ŧ	4	=
BALTIMORE, N	ay	bad	ā
0	E	tor.	55
0	e e	irec	E
2	S.	al d	Je .
5	E.	ner	Ē
M	de	e f	ex:
ш	the second	th th	Te C
	5	4	100
	3	00	Ē
•		ie ie	the
	Pi.	stely	¥,
Ó	-X	and and	200
4	pp	15 E	0
5	Sec	and bu	Tat
×	96	r to	5
0	te	Sici	Ħ
0	fica	등	her
o.	cert	Jaje	0
0	=	a H	0
-	dea	ent	5
S	4	₫ N	三
2	Tat	3.5	ě
ō	SS	atta	9
S	-Si	F S	3
2	5	Deer	5
	Neg.	as Jep	23
A	The	te d	E
	3	Sta	=
>	CE	the the	0
G	ESE.	Sit H	6
_	63	中中	Te!
ō	NO	Afte	100
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	EN	DR:	8
5	A	EC.	2
5	OR	DIR	ē
	M	A R	=
	SPI	高品	=
	2	豆素	T
	분	里물	P
	10	0 1 e	3
_	_	- 0	_
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within givuns after death. Page 6 may and	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be in
1)	1
-			

REGISTRAR												
1. DECEDENT'S NAME (F	rst, Middle, Last)							2. DATE (OF DEATH	W	YEAR	3. TIME OF DEATH
CASE	ANTHO	Y ROBERT	S JR.						EPT.		1991	
4. SOCIAL SECURITY NU	MBER	5. SEX	6. AGE (in yrs. I	ast birthday)	IF UNDER	7	IF UNDER 24 HRS.		OF BIRTH , Day, Year)		B. BIRTH Countr	IPLACE (State or Foreign
230 - 60-5	5231	1 M 2 - F	44	YRS.	MONTHS	DAYS	HOURE MIN.		1.9,19	47		RTH CAROLIN
9e. FACILITY NAME (If no	t Institution, give s	treet and number)			9b. CITY	r, TOWN	OR LOCATION OF D				INTY OF D	
3016 ALI	י מיישום ש	A TITE			ਦਾਸ	MAC	HINGTON			DD.	INCE	GEORGES
RESIDENCE OF D		HATT.		-	FI.	· WAN	IIINGION			I.V.	LIVCE	GEORGES
10e. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN C	OR LOCA	TION					10d. INSIDE CITY
MD.	PRI	NCE GEORG	ES		FT.V	WASH	INGTON					LIMITS? 1 YES 2 NO
10e. STREET AND NUMB	R					10	H, ZIP CODE	-		10a. CIT	IZEN OF Y	WHAT COUNTRY?
2076 27						"						
3016 AI	DERTON	AVE .		- Dansella	- 40		20744			L	U.S.	
1 K Never Merried 2	Merried	FORCES? 1	YES 2			If yes, sp	CENDENT OF HISPA pecify Cuben, Mexic	an, Puerto R		or No-	14. RACI	E — Americen Indien, k, White, atc.
3 Widowed 4 D		IF YES, GIVE V	WAR OR DATES			1 TYES	S 2 XNO Speci	fy:			Spec	
45.0	ECEDENT'S EDU	OATION .	100.0					-				BLACK
	only highest grade			Give kind of te. Do NOT u	work done	durina me	ost of working	160.	KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondery	(0-12)	College (1-4 or 5	+)	COMPU			Vem	-	. C. GO	ווארו יבול	MENTE	
12				COMPO	IER F	HIVAL					MENT	
17. FATHER'S NAME (First		CD					18. MOTHER'S N					
CASEY	ROBERTS	SR.					RUT	H MAE	WILL:	LAMS		
19a, INFORMANT'S NAMI							end Number or Rural					
DEBRA HALI	,			2029	s.Qt	UINC	EY ST.,A	RLING	TON, V	A. 22	204	
20a, METHOD OF DISPOS 1 N Buriel 2 Creme	SITION		20b. PLAC	E OF DISPO	SITION (No	ame of ce	emetery, crematory or		20c. LO	CATION -	- City or To	own, State
4 Donetion 5 Ot		ioval from State	PLI	piace) EASAN'	r vai	LLEY	MEMORIA	L PAR	K ANN	ANDA	LE.V	IRGINIA
21. SIGNATURE OF FUNE	RAL SERVICE LI	CENSEE			22.	NAME A	AND ADDRESS OF F	ACILITY	TATO D		N.T. 110	N/E
	-00	1						LE	WIS F	UNER	AL HO	ME
6)1	11 11											
23. PART I. Enter the shock, of IMMEDIATE CAUSE (disease or condition resulting in death)	heart feilure. Final	complications the List only one cet	use on each lin	ne.	not antar	r tha mo		ch as card	liec or reepi	ratory s	rrest,	Approximate interval Between Onset and Death
ahock, or iMMEDIATE CAUSE (disease or condition resulting in dasth) Sequentially list con if any, leading to improve cause. Enter UNDER CAUSE (Disease or I that initiated events	ditions, nedlete LYING njury	a. A C 4 // OSE TO BUE TO C.	use on each lin	EOUENCE	not antar	r tha mo	ode of dying, su	ch as card	liec or reepi	ratory s	rrest,	Approximata interval Between
shock, or iMMEDIATE CAUSE (disease or condition resulting in dasth) Sequentially list con if any, leading to improve cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L	heart fellure. Final ditions, nedlete LYING njury AST	a. A C G U OUE TO DUE TO d	(OR AS A CONS (OR AS A CONS (OR AS A CONS	EOUENCE (not anter	Def	TICION CY	r Sy	liec or reepi	AUTOPSY	>	Approximata interval Between Onset and Deat 2 444 5
ahock, or iMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list con if any, leading to improve the cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L	heart fellure. Final ditions, nedlete LYING njury AST	a. A C Q U DUE TO d	(OR AS A CONS (OR AS A CONS (OR AS A CONS	EOUENCE (not anter	Def	TICION CY	r Sy	24a. WAS AN	AUTOPSY	>	Approximata interval Between Onset and Death O
ahock, or iMMEDIATE CAUSE (disease or condition resulting in dasth) Sequentially list con if any, leading to improve cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other significant of the cause cause. The cause cause control in the cause ca	ditions, nedlete Lyring njury AST	a. A C G U OUE TO DUE TO d	(OR AS A CONS (OR AS A CONS (OR AS A CONS	EOUENCE (not anter	Definderlying	TICION CY	Sylph Part I.	24a. WAS AN PERFOR	AUTOPSY	>	Approximate interval Between Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Dea
ahock, or iMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list con if any, leading to immediate. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other signif	ditions, nedlete Lyring njury AST	B. ACGUETO B. DUE TO C. DUE TO d	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS	EOUENCE C	orhei	Definderlyin	ng cause given in	Sylphas card	24a. WAS AN PERFOR	AUTOPSY	>	Approximate interval Between Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Dea
ahock, or iMMEDIATE CAUSE (disease or condition resulting in dasth) Sequentially list con if any, leading to improve the cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other significant in the cause of the cause in the cause of the	ditions, nedlete Lyring njury AST	a. ACGU DUE TO b. DUE TO c. DUE TO d	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS	EOUENCE C	orthe	nderlyin	ng cause given in	Sylphas card	24a. WAS AN PERFOR 1 YES 2	AUTOPSY	248	Approximate interval Between Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Dea
ahock, or iMMEDIATE CAUSE (disease or condition resulting in dasth) Sequentially list con if any, leading to improve the cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other significations of the cause of	ditions, nedlete LYING Injury AST O TO MEDICAL Pending	BUE TO DUE TO	OR AS A CONS OR AS A CONS OR AS A CONS OR AS A CONS Description ERVOutpetient INJURY	EOUENCE (Treouting Corr 3 □ DOA 29b. Til	orthe	nderlyin 26. P R: rsing Hor 28c. IN	ng cause given in PLACE OF DEATH (C)	Sylphas card	24a. WAS AN PERFOR	AUTOPSY	248	Approximate interval Between Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Dea
ahock, or immediate CAUSE (disease or condition resulting in dasth) Sequentially list con if any, leading to immediate. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other significations of the condition	ditions, nediete LYING njury AST D TO MEDICAL	BUE TO DUE TO C. DUE TO DUE	(OR AS A CONS (OR AS	EOUENCE C EOUENCE C TO THE COUNTY CONTRIBUTION OF THE COUNTY CONTRIBUTION OF THE COUNTY CONTRIBUTION OF THE COUNTY CONTRIBUTION OF THE COUNTY CONTRIBUTION OF THE COUNTY CONTRIBUTION OF THE COUNTY	OTHEL OTHEL JURY ME OF JURY M	nderlyin 26. P PR: naing Hor 28c. IN 1	ng cause given in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24k	Approximate interval Between Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Dea
Sequentially list confit any, leading to imcause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L. PART II. Other significant of the confit any, leading to imcause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L. PART II. Other significant of the confit and conf	ditions, nedlete LYING Injury AST O TO MEDICAL Pending	BUE TO DUE TO	OR AS A CONS OR AS A CONS OR AS A CONS OR AS A CONS Description ERVOutpetient INJURY	EOUENCE C EOUENCE C TO THE COUNTY CONTRIBUTION OF THE COUNTY CONTRIBUTION OF THE COUNTY CONTRIBUTION OF THE COUNTY CONTRIBUTION OF THE COUNTY CONTRIBUTION OF THE COUNTY CONTRIBUTION OF THE COUNTY	OTHEL OTHEL JURY ME OF JURY M	nderlyin 26. P PR: naing Hor 28c. IN 1	ng cause given in	Sylphas card Sylphas card Part I. And the control of the card 28d, DES	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24k	Approximate interval Betwee Onset and Deat 2 Lycer S Were autopsy finding Awarable Prior To Completion of Cause Of Death? 1 YES 2 NO
ahock, or immediate and immediate condition resulting in death) Sequentially list confit any, leading to immediate. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other significant control of the control of	theart fellure. Final ditions, nedlete LYING njury AST D TO MEDICAL Pending investigation Could not be	BUE TO DUE TO	(OR AS A CONS (OR AS	EOUENCE C EOUENCE C TO THE COUNTY CONTRIBUTION OF THE COUNTY CONTRIBUTION OF THE COUNTY CONTRIBUTION OF THE COUNTY CONTRIBUTION OF THE COUNTY CONTRIBUTION OF THE COUNTY CONTRIBUTION OF THE COUNTY	OTHEL OTHEL JURY ME OF JURY M	nderlyin 26. P PR: naing Hor 28c. IN 1	ng cause given in	Sylphas card Sylphas card Part I. And the control of the card 28d, DES	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24k	Approximate interval Betwee Onset and Deat 2 Lycer S Were autopsy finding Awarable Prior To Completion of Cause Of Death? 1 YES 2 NO
ahock, or immediate CAUSE (disease or condition resulting in dasth) Sequentially list con if any, leading to immoduse. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other signification of the control of th	Pending Investigation Could not be determined	BUE TO DUE TO	(OR AS A CONS (OR AS	EOUENCE C EOUENCE C Teouiting Corr 3 DOA 28b. Till home, farm,	OTHE 4 Number of Street, fac	nderlyin 26. P R: raing Hor 28c. IN 1 □ ctory, officitime, dat	ng cause given in	heck only on 6 Other 284. DES	24a. WAS AN PERFOR 1 YES 2 ATION (Street or Town, Stele)	AUTOPSY MED? NJURY ON	24b	Approximate interval Between Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Dea
ahock, or immediate cause. Immediate condition resulting in death) Sequentially list con if any, leading to immediate. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other signification of the condition o	Pending Investigation Could not be determined	a. ACCIII DUE TO b. DUE TO c. DUE TO d	(OR AS A CONS (OR AS	EOUENCE C EOUENCE C Teouiting Corr 3 DOA 28b. Till home, farm,	OTHE 4 Number of Street, fac	nderlyin 26. P R: raing Hor 28c. IN 1 □ ctory, officitime, dat	ng cause given in	heck only on 1 Part 1. 28d. DES 28f. LOC. City 1 to the cau 1 to the cau 2 time, date	24a. WAS AN PERFOR 1 YES 2 ATION (Street or Town, Stele)	AUTOPSY MED? NJURY OCH MIND AUTOPSY MED?	24t	Approximata interval Between Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Dea
ahock, or immediate cause. Immediate condition resulting in death) Sequentially list con if any, leading to immediate. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other signification of the condition o	D TO MEDICAL Pending Investigation Could not be determined ERTIFYING PHYSE EDICAL EXAMIN	a. ACCIII DUE TO b. DUE TO c. DUE TO d	(OR AS A CONS (OR AS	EOUENCE C EOUENCE C Teouiting Corr 3 DOA 28b. Till home, farm,	OTHE 4 Number of Street, fac	nderlyin 26. P R: raing Hor 28c. IN 1 □ ctory, officitime, dat	ng cause given in PLACE OF DEATH (Come 6 Residence JURY AT YES 2 NO	heck only on 1 Part 1. 28d. DES 28f. LOC. City 1 to the cau 1 to the cau 2 time, date	24a. WAS AN PERFOR 1 YES 2 ATION (Street or Town, Stele)	AUTOPSY MED? NJURY OCH MIND AUTOPSY MED?	24t	Approximate interval Between Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death D
ahock, or immediate cause. Immediate condition resulting in death) Sequentially list con if any, leading to immediate. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other signification of the condition o	ditions, nediete LYING Injury AST TO MEDICAL Pending Investigation Could not be determined ERTIFYING PHYS EDICAL EXAMIN	A C C III DUE TO B. DUE TO C. DUE TO d	GR AS A CONS GR	EOUENCE C EOUENCE C Tresuiting Corr 3 DOA 28b. Till home, farm, death occur or investigat	orther or Jury M street, fac	nderlyin 26. P R: raing Hor 28c. IN 1 □ ctory, officitime, dat	ng cause given in PLACE OF DEATH (Come 6 Residence JURY AT YES 2 NO	heck only on 1 Part 1. 28d. DES 28f. LOC. City 1 to the cau 1 to the cau 2 time, date	24a. WAS AN PERFOR 1 YES 2 ATION (Street or Town, Stele)	AUTOPSY MED? NJURY OCH MIND AUTOPSY MED?	24t	Approximate interval Between Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death D
ahock, on immediate and immediate condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition in cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other signification in the cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other signification in the cause in t	ditions, nediete LYING Injury AST TO MEDICAL Pending Investigation Could not be determined ERTIFYING PHYS EDICAL EXAMIN	A C C III DUE TO B. DUE TO C. DUE TO d	GR AS A CONS GR	EOUENCE C EOUENCE C Tresuiting Corr 3 DOA 28b. Till home, farm, death occur or investigat	orther in the unit of the unit	nderlyin 26. P R: raing Hor 28c. IN W 1 □ ctory, office	DEACE OF DEATH (C) TO REST TO STATE OF THE	heck only on 1 Part 1. 28d. DES 28f. LOC. City 1 to the cau 1 to the cau 2 time, date	24a. WAS AN PERFOR 1 YES 2 ATION (Street or Town, Stele)	AUTOPSY MED? NJURY OCH MIND AUTOPSY MED?	24t	Approximate interval Between Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset on O
ahock, or shock, or shock, or shock, or shock, or condition resulting in dasth) Sequentially list con if any, leading to improve the cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other significant in the cause of the	D TO MEDICAL Pending Investigation Could not be determined ERTIFYING PHYS EDICAL EXAMIN DE OF PERSON WI	A C C III B. DUE TO C. DUE TO d	GR AS A CONS (OR AS	EOUENCE C EOUENCE C EOUENCE C Teouiting Teouiting Teouiting Teouiting Teouiting Teouiting Teouiting Teouiting Teouiting	ortheir and at the lon, in my of their and at the long in their and at the long in their and at the long in their and at the long in their and at the long in their and at the long in their and at the long in their and at the long in their and at the long in their and at the long in their and at the long in their and at the long in their and at the long in their and at the long in their and at the long in t	nderlyin 26. P R: raing Hor 28c. IN W 1 □ ctory, office	ng cause given in PLACE OF DEATH (Come 6 Residence JURY AT YES 2 NO	heck only on 1 Part 1. 28d. DES 28f. LOC. City 1 to the cau 1 to the cau 2 time, date	24a. WAS AN PERFOR 1 YES 2 ATION (Street or Town, Stele)	AUTOPSY MED? NJURY OCH MIND AUTOPSY MED?	24t	Approximate interval Between Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset on O
ahock, on immediate and immediate condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition in cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other signification in the cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other signification in the cause in t	D TO MEDICAL Pending Investigation Could not be determined ERTIFYING PHYS EDICAL EXAMIN DE OF PERSON WI	A C C III B. DUE TO C. DUE TO d	GR AS A CONS GR	EOUENCE C EOUENCE C EOUENCE C Teouiting Teouiting Teouiting Teouiting Teouiting Teouiting Teouiting Teouiting Teouiting	ortheir and at the lon, in my of their and at the long in their and at the long in their and at the long in their and at the long in their and at the long in their and at the long in their and at the long in their and at the long in their and at the long in their and at the long in their and at the long in their and at the long in their and at the long in their and at the long in their and at the long in t	nderlyin 26. P R: raing Hor 28c. IN W 1 □ ctory, office	DEACE OF DEATH (C) TO REST TO STATE OF THE	heck only on 1 Part 1. 28d. DES 28f. LOC. City 1 to the cau 1 to the cau 2 time, date	24a. WAS AN PERFOR 1 YES 2 ATION (Street or Town, Stele)	AUTOPSY MED? NJURY OCH MIND AUTOPSY MED?	24t	Approximate interval Betwee Onset and Deat 2 Lycars.

BOX 68760,

DIVISION OF VITAL RECORDS, P.O.

0

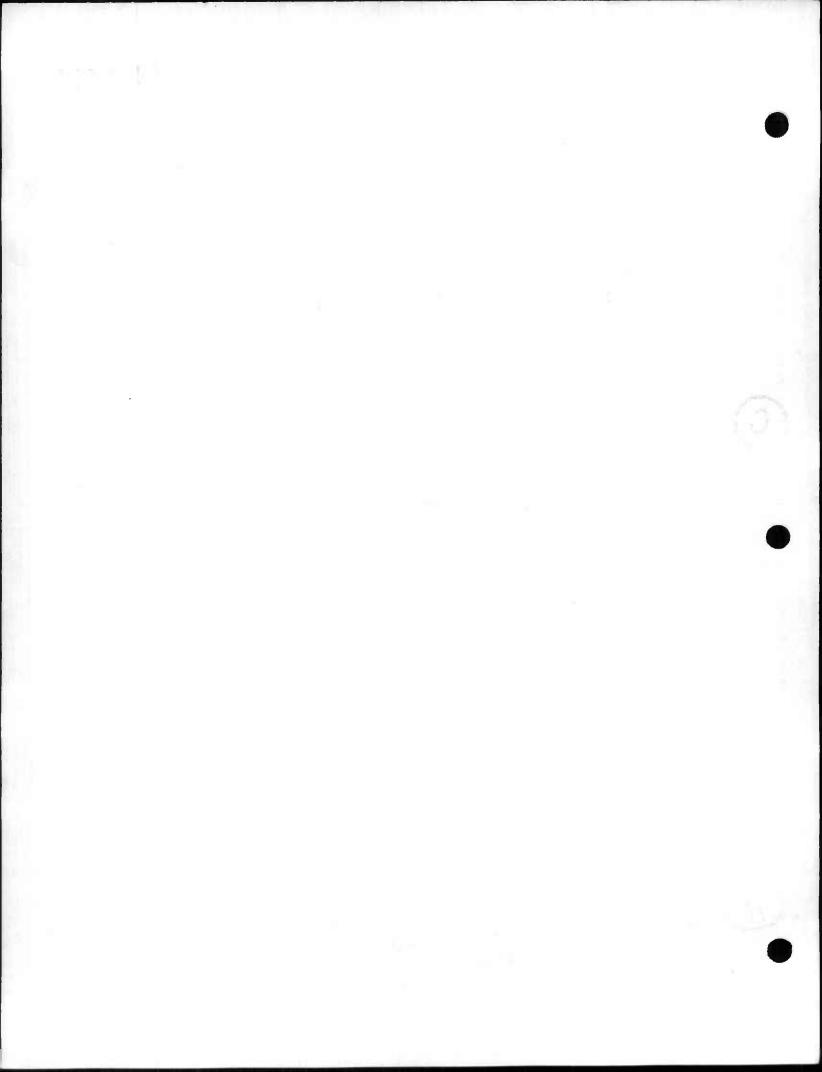
/LAND 21215-0020

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF CEATH 3. TIME OF DEATH Nilliam West YEAR 22 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 X M 2 - F 59 579 38 8404 November 20,1931 Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR Prince George's General Hospital Cheverly Prince George's 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Landover EYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6602 West Forest Rd. 20785 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR CATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 1 TYES 2 NO Specify: Specify: Black 3 Widowed 4 Divorced Korean War COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th Juvenile Service Counselor Govt. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Hurley Sweat BE Helen Savage 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lisa Shade 2800 Woodly Rd. Washington. DC 2000 8 NW 20a. METHOD OF DISPOSITION

| Burlal 2 | Cremation 3 | Removal from State
4 | Donation 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Maryland Veteran's Cemetery 9-12 Cheltenham, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Jenkins Funeral Home * Kemberry C J.B. 7474 Landover Rd. Landover, Maryland 20785 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate ehock, or heart failure. Liet only one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition eno selevotes cardio vascular dorla se resulting in death) DUE TO (OF AS A CONSEQUENCE OF) CERTIFICATION Sequentielly liet conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS W welew AVAILABLE PRIOR TO Julmonar COMPLETION OF CAUSE 1 YES 24 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINERY 1 PYES 2 NO HOSPITAL:
1 | Inpetiant 2 | ER/Outpatient 3 | DOA OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNED OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Sulcide COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER
(Chack only 1 CERTIEXING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) end manner as stated 29b. SIGNATURE AND TITLE O BE 29d. DATE SIGNED (Month, Day, Year) 9 32. REGISTRAR'S SIGNATURE wha Davidson-Randell

100	ехаш
ed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	DRTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami
ation,	the
. crem	event
burial	atic e
for to	maeu
iene pr	ther t
Hyg	0 JO
Menta	njury,
h and	lu l
Healt	W.S. a
1.0	Sp
Ded	133
State	ie ie
the	6
WITH	Ted.
death	ша
after	28 Is
hours	Item
2	=
d within	RTANT:

	1 - STATE REGISTRAR		STATE OF M		/ DEPAR ERTIF					MENT	REG. NO.	_	,		
	1. DECEDENT'S NAME (First, A	Middle, Last)									TE OF DEATN			3. TIME OF DEATN	
	FDWARD J. SMITH									9/5/91 DAY			YEAR	7.50PM M	
	4. SOCIAL SECURITY NUMBER 578 16 7319		5. SEX	6. AGE (In yrs. I		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DA (M	TE OF BIRTH onth, Day, Year)		8. BIRTI	HPLACE (State or Foreign	
	9a. FACILITY NAME (If not insti		XX M 2 □ F	15	YRS.			110000000000000000000000000000000000000		Ju	ly 24,	1912		th Carolina	
DIRECTOR	PRINCE GEORG		96. CITY, TOWN OR LOCATION OF DEATH CHEVERLY 99. COUNTY OF DEATH PRINCE GEORGE												
EC	10a. STATE	IOB. COUNT	Y		10c. CIT	Y, TOWN C	OR LOCAT	ION						Distribution of the second	
	Maryland Prince George's					Landover								10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	6902 Kenttown Drive					101. ZIP CODE 20785					× 18	USA			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVE FORCES? 1 Y Y IF YES, GIVE WAR OF			YES 2	N U.S. ARMED 2 NO If yes, 4 If yes, 4 1 □ YE			DECENDENT OF HISPANIC ORIGIN? (S specify Cuban, Mexican, Puerto Rica (ES 2 NO Specify:			GIN? (Specify Yea to Rican, atc.)	or No-	Black	E — American Indien, k, White, etc. Black	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working						16b. KIND OF BUSINESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12	College (1-4 or 5+)	ollege (1-4 or 5+)			Do NOT use retired.)									
₹	12th				Printer					GOVT.					
8	17. FATNER'S NAME (First, Middle, Lest)					18. MOTNER'S NAME (First, Middle					t, Middle, Malden	Malden Surname)			
H	Edd Smith					Caroline Pope									
2	196. INFORMANT'S NAME (Type/Print) Martha L. Smith 196. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code) 6902 Kenttown Drive Landover, Maryland										20785				
	20a. METHOD OF DISPOSITION [X] Burlal 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)					EOF DISPOSITION (Name of pher place) In Cemetery 9-10 Suitland. Management of pher place)									
	21. SIGNATURE OF FUMERAL S		In Cemetery 9-10 Suitland, Mary						aryland						
	1 Jane	13	Le		_									uneral Home land 20785	
ION											interval Batween Onset and Death				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events requiting in death) LAST	G	DUE TO (M CONSE	MY EQUENCE OF): }	175	NY	- Y,	719	505 6	5			
WEDICAL	PART II. Other significant conditions contributing to death but not re					eculting in the underlying ceuee given in			iven in i	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN	25. WAS CASE REFERRED TO N EXAMINER?	MEDICAL					26. PL/	CE OF DE	ATH (Che	ck only	one)				
é	1 YES 2 NO		HOSPITAL:	ER/Outpetient :	3 DOA	OTHER		5 🗆 Res	ildence 8	. □ Orl	her (Specify)				
	27. MANNER OF DEATH		28a. DATE OF III (Month, Day		28b. TIME	OF	28c. INJU	RY AT		_	EŞCRIBE NOW IN	JURY OCC	URED		
5		Natural 5 Pending				м	WORK?								
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At h building, stc. (Specify)				ome, farm, street, factory, office						OCATION (Street and Number or Rural Route Number, lity or Town, State)				
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.														
22	29b. SIGNATURE AND TITLE OF CERTIFIER							29c, LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)							
	30. NAME AND ADDRESS OF PE	ERSON WHO	COMPLETED CAUSE	OF DEATH (ITE								• 9	- 7	1-91	
1	31. DATE FILED (MO) Day, goal	1 01	32. REGISTRAS	S SIGNATURE	7//	ma	110	nd	Dr	٠.	Laur	el,	m	d 20708	
1	Ari T	1 31	gun	a wavedoo	n-Hand	عالم									

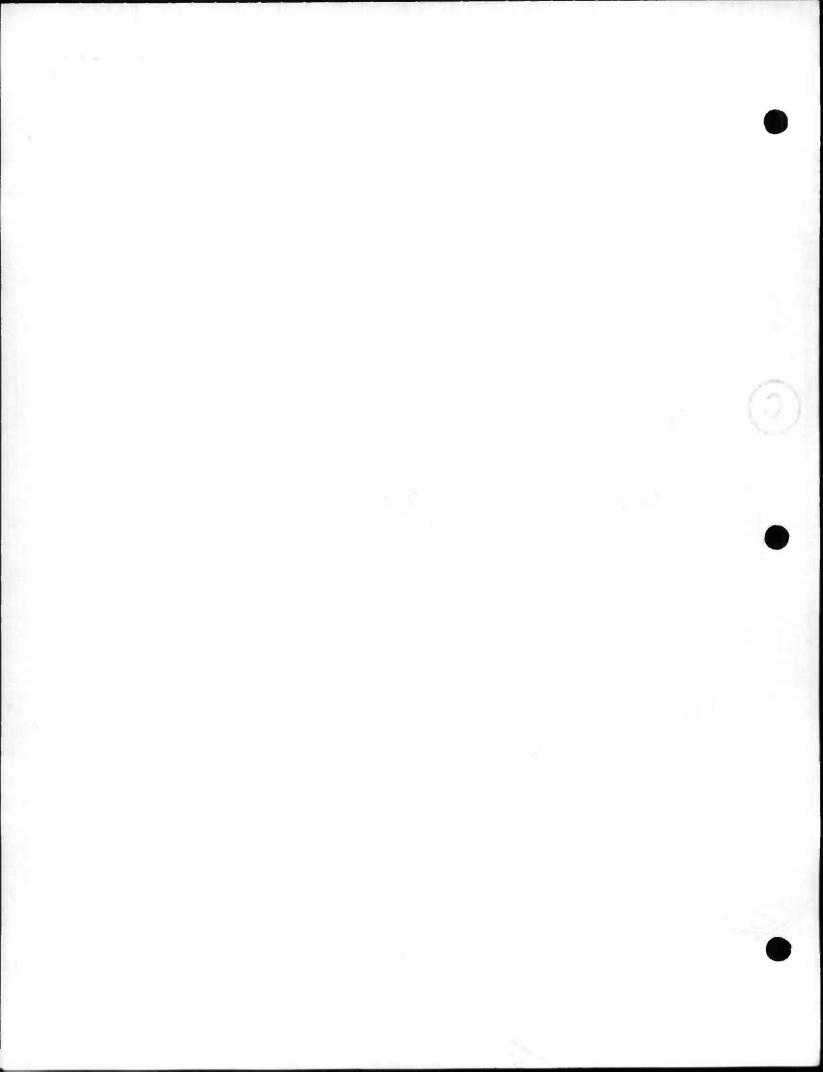


to hospital or attending physician. AND 21215-0020

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OF VI	TA	1	RECC	R	DS	Φ.	o.	BO	9 X	976	0	U		8	AL	Ξ	9	A H	ALTIMORE MAR	ē	_
L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may	PHYSICIAN	The	WE	requires t	hat	the c	leath	certific	cate b	e exec	w barr	rithin	24 h	OURS	after	Ħ	200	田田	100	ij	d p	•
								,												d	١	

	1 - FOR STATE REGISTRAR	ATE OF MARYL			F HEALTH AND OF DEATH	MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Lest) LENORA STARKS	-				2. DATE OF DEATH MONTH D. O. O.	ğ ,	3. TIME OF DEATH 91. 8:50 P.Mm
	4. SOCIAL SECURITY NUMBER 5. SE 579-30-5927 A 1□	6. AGE (1 M 2) F 82	in yrs, lest birthdey) YRS,	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH (Morth, Day, Year) 12-12-08		BIRTHPLACE (State or Foreign Country)
E C	90. FACILITY NAME (If not institution, give street end PRINCE GEORGE'S HOS		ITER		WN OR LOCATION OF D	1	9c. COUNTY	RVINGTON, KY. OF DEATH CE GEORGE'S
25	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	TIME CEN					PRIN	
L DIRECTOR	MD Montgor	nery	10c. C11	Y, TOWN OR L	ilver Sp	ring		10d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 8860-PINEY BRANC	CH ROAD,	#:	1010	101. ZIP COOE 2090	7		J.S.
BY	1 Never Married 2 Married FC	AS DECEDENT EVER IN PRCES? 1 YES YES, GIVE WAR OR DA	2v NO	If yo	DECENDENT OF HISPA a, specify Cuban, Mexic YES 2 XNO Spec		or No 14	RACE — American Indian, Black, White, etc. Specify: BLACK
TED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	ed)	18e. DECEDENT'S	work done durin	PATION g most of working	16b. KIND OF BU	SINESS/INOUS	TRY
COMPLET	10th	ge (1-4 or 5+)	PRACT:		NURSE	PRIVAT	E DU	ΓY
ш	17. FATHER'S NAME (First, Middle, Last) LEVI R. STARKS					AME (First, Middle, Maiden E FOOTE	Sumerne)	
TO B	190. INFORMANT'S NAME (Type/Print) EULA R. WARD		19b. MAILING	AODRESS (St	eet and Number or Rura	Route Number, City or Tow N.W. WASH	n, State, Zip Co	de)
	20e. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Removal fro		PLACEANDDATE	OF DISPOSITIO				or Town, State
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE		ROCKCR	EEK C	EMETERY	9-13-91		WASH, D.C.
	Latleane & Y	1 sut san	101 to 1		E AND ADDRESS OF F	MONTGON ST,N.W.	MERY I	BROTHERS F.H
CERTIFICATION	shock, or heart failure. List on iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	MASSIVE BI DUE TO (OR AS A	LATERAL CONSEQUENCE O	F): F):	VARY EMBOL	I		Interval Between Onset and Daath
MEDICAL	PART II. Other significant conditions cont	ibuting to death bu	ut not reaulting	In the undar	lying cause given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:		OTHER:	8. PLACE OF DEATH (C	heck only one)		
PHYSICIAN:		patient 2 - ER/Outpo	itlent 3 DOA	4 Nursing	Home 5 Residence	6 Other (Specify) 28d. DE\$CRIBE HOW II	IIIBY OCCUB	ED.
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1	WORK?			
	3 Suicide 6 Could not be 4 Homicide determined	Be. PLACE OF INJURY building, etc. (Speci	— At home, ferm, ify)	street, factory,	office	261. LOCATION (Street e City or Town, Stele)	nd Number or I	Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2	the best of my knowle basis of examination	edge, death occum	ed at the time, on, in my opinio	date end place, end du	time, date end plece, en	ner as atated, d due to the co	Puse(s) end manner ee stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIER	Luce	0		29c. LICENSE NU	MBER (8-3	29d. DATE SI	GNEO (Month, Day, Year)
2	38. NAME AND ADDRESS OF PERSON WHO COMP	LETEO CAUSE OF DEA	TH (ITEM 27) (Type	. Print)	130			
	31. DATE FILED (MORNE 12 '91 32	REGISTRAR'S SIGNA	TURE widson-Ran	dell				



ed at once.

1. DECEDENT'S NAME (First, Middle, Last)				FDEATH	REG. NO.		3. TIME OF DEATH
Joanne	24		Smith		MONTH DA	MY YEA 10 100	00 00 4 4
4. SOCIAL SECURITY NUMBER	писпе	E (In yrs. lest birthday) 45 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 11-1-45	8. 8	INTHPLACE (State or Foreign country) Mass.
215-44-3808 98. FACILITY NAME (If not Institution, give stree Physicians Memoria RESIDENCE OF DECEDENT			»ь сту, том LaPlata	OR LOCATION OF DE		9c. COUNTY (
10a. STATE 10b. COUNTY	rles		TOWN OR LOC Bryanto				10d. INSIDE CITY LIMITS? 1 YES * NO
Rt.1,Box 74				101. ZIP CODE 20617	7		OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYE IF YES, GIVE WAR OR	S 2 NO	If yes,		NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDUCA (Specify only highest grade oc Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S I (Give kind of w life. Do NOT use Enginee)	ork done during retired.)	most of working	18b. KIND OF BUS		
17. FATHER'S NAME (First, Middle, Last)		Endineer	TIIG DE		ME (First, Middle, Maiden	P Telep Sumamo)	none
John R. Butler					on I. Korkı		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tow		(e)
Russell P. Butl					Camp Spring	s.Md.	20746
20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☑ Cremation 3 ☐ Remov	rai from State	20b. PLACE AND DATE	or other place)		1	CATION — City	
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE!	NSFF	Lee Cre	ematory	9-11-91	CH CTV —	Clinton	.Md.
- Redin lan	Butte		6633 Clin	Old Alex ton,Md. 2	kander Ferr 20735	eral H Y Road	ome,Inc.
23. PART 1. Enter the disease, Dr co shock, or heart feilure. Li IMMEDIATE CAUSE (Fine) disease or condition	at Dnly one ceuse Dn	eech line.			ch as cardiac or resp		Approximate Interval Between Onset and Deat
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS META DUE TO (OR AS	A CONSEQUENCE OF): \(\(\) \(\)	To	LIVER		3 mon
that initiated events resulting in death) LAST		TA GOTTOE GI					
PART II. Other significant conditions	contributing to death	but not resulting i	n the underly	ing cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26 OTHER:	PLACE OF DEATH (C	heck only one)		
1 TYES 2 TNO	1 Inputient 2 - ER/O		4 - Nursing H	ome 5 - Residence			
27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident investigation	28a. DATE OF INJUR (Month, Day, Year		URY	INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCUR	ED
3 Suicide 6 Could not be	28e. PLACE OF INJU building, atc. (S	RY — At home, farm, a pecify)	treet, factory, o	ffice	28f. LOCATION (Street City or Town, State	and Number or F)	tural Floute Number,
4 Homicide detarmined							

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Mathur M.D

"91

Pembrooke

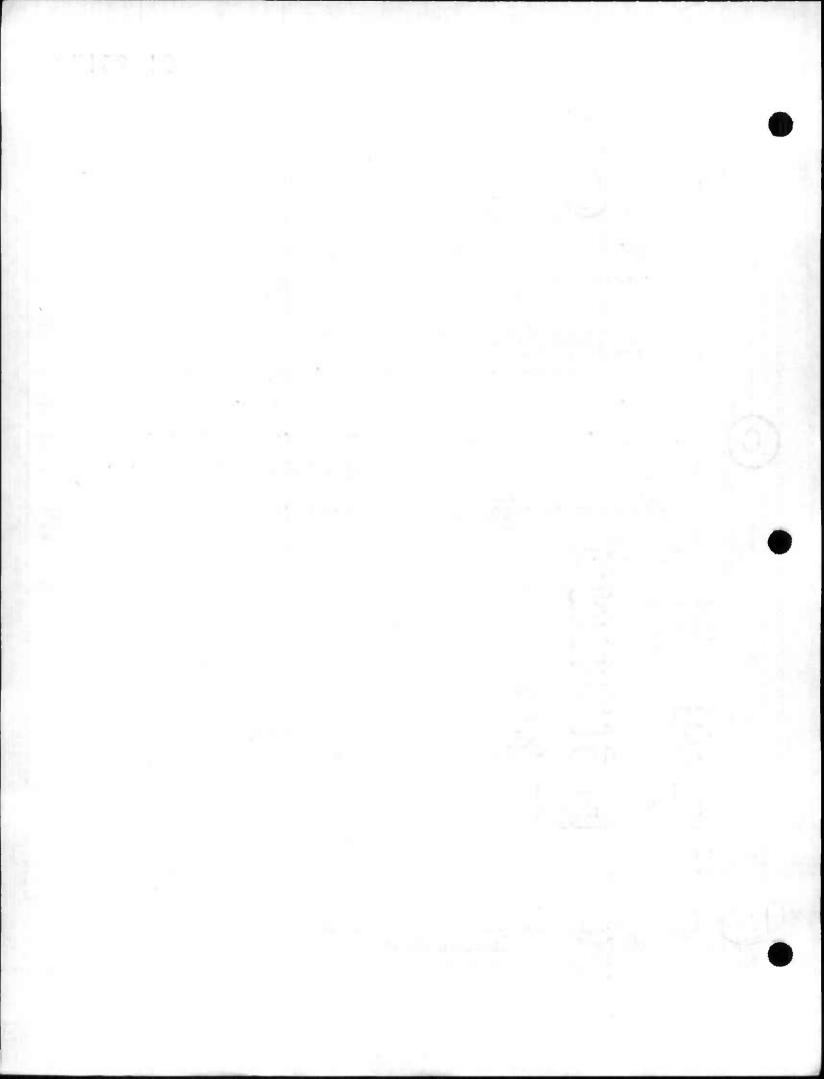
32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

Sq

#213 Highway 301 So.

Krishan M.

20603



<u></u>		1 - STATE REGISTRAR		CERTIFICATE	OF DEATH	MENTAL HYGIEN REG. NO		
		1. DECEDENT'S NAME (First, Middle, Last)		STABAU		2. DATE OF DEATH DON'TH		3. TIME OF DEATH
pino		4. SOCIAL SECURITY NUMBER 100-05-8577 90. FACILITY NAME (If not institution, give str	1 - M 2 MX)6 YRS.	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Y Ne	w York
1, 2, 3 should	DIRECTOR	13007 GOLDE			AUREL	ATH	PRINCE	DEATH S
020 consultan. burni-transit permit. Pages 1,		10e. STATE 10b. COUNTY PRIME 10e. STREET AND NUMBER	CE GENRAGE	10c. CITY, TOWN OR	REL			10d, INSIDE CITY LIMITS? 1 YES Y NO
ian. -transit per	FUNERAL	13002 GOLD	EN VAKI		101. ZIP CODE 20708		USA	WHAT COUNTRY?
-0020 office physician, the burist-trans	B	1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT		AS DECENDENT OF HISPANI yee, specify Cuben, Mexicen YES 2 NO Specify:	, Puerto Ricen, atc.)	Bla	CE — American Indian, ock, White, etc.
(\mathcal{L})	LETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16e. DECEDENT'S USUAL OCC (Give kind of work done du life. Do NOT use retired.)	UPATION ring most of working	16b. KIND OF BUS	SINESS/INDUSTRY	
A detail	COMPL	17. FATHER'S NAME (First, Middle, Lest)	0	Homemaker	18. MOTHER'S NAM	Home		
	BE	Ernest Brechter 190. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS /	Maria Street and Number or Rural Re	Brechter	- St T C L.	
. 9 9	2	Carolyn Stabach		13007 Gol	den Oak Dri	ve Laurel.	Maryla	
AOF ie 6 m rector,		204/RETHOD OF DISPOSITION 1 1 Soriel 2 Cremetton 3 Remove 4 Donation 5 Other (Specify)	Mea	PLACE AND DATE OF DISPOSITION, cremetory or other place (100 mr 10ge 11eiii	orial Park	j	cation - city or 1	own, State laryland
~ = = =	Cyalling	21. SIGNATURE OF FUNERAL SERVICE LICE	releasley	76	01 Sandy Sp	FLeck Fring Rd. L	uneral H	Home, Inc.
24 hours filled in the		23. PART I. Enter the dieeese, or co ehock, or heert failure. Li IMMEDIATE CAUSE (Finel disease or condition	ist Olly one cause on man	in line.				Approximate interval Between Onast end Death
P P F F F		resulting in death) e.	Myocave DUE TO (OR AS A C Arterias C	CONSEQUENCE OF):	- dimen	lar >		Minudes
DX be excisan a	1 ()	if sny, lesding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF):	W D 1 0 100 W	W/ D/	sease	years
P.O. th certif	1 111 1	CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):				
Se de S	51 O I							
O a a a	CAL	PART II. Other significant conditions Diabetts M.	contributing to death but	not reaulting in the unde	rlying ceuse given in P	PERFOR	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH
L RECORD; law requires that the as been signed by the lept. of Health and M	MEDICAL	Diabetes m	contributing to death but	not resulting in the unde		PERFOR	MED?	AVAILABLE PRIOR TO
L RECORD; law requires that the as been signed by the lept. of Health and M.	SICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1X YES 2 \(\) NO	contributing to death but	OTHER	erfying cause given in P 26. PLACE OF DEATH (Chec	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
OF VITAL RECORDS PHYSICIAN: The law requires that the this certificate has been signed by the with the State Dept. of Health and M with the State Dept. of Health and M And And The Hear 22 shours are lain.	HYSICIAN: MEDICAL	LIABETTS M. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	lent 3 DOA OTHER:	26. PLACE OF DEATH (Chec	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1SION OF VITAL RECORDS ATTENDING PHYSICIAN: The law requires that the GTOR: After this certificate has been signed by the after death with the State Dept. of Health and M 29 is marched or Hear 22 shours out laid.	TED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 \(\text{NO}\) 27. MANNER OF DEATH 1 Natural 5 \(\text{Pending}\)	HOSPITAL: I Inpatient 2 ER/Outpati 28a. DATE OF INJURY (Month, Dey. Year)	ient 3 DOA 4 Nursin 28b. TIME OF INJURY M At home, ferm, street, facton	26. PLACE OF DEATH (Checg Home 5 Residence 6 Ic. INJURY AT WORK?	PERFOR 1 YES 2	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY
DIVISION OF VITAL RECORDS OR ATTENDING PHYSICIAN: The law requires that the DIRECTOR: After this certificate has been signed by the hours after death with the State Dept. of Health and Milliam 28 is maded on them.	PLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAL	HOSPITAL: Impatient 2 ER/Outpets 28e. DATE OF INJURY (Month, Day, Year) N A 28e. PLACE OF INJURY	Sent 3 DOA 4 Nursin 28b. TIME OF INJURY M At home, ferm, atreet, factory	26. PLACE OF DEATH (Check The property of the	PERFOR 1 YES 2 Sk only one) Other (Specify) 28d. DESCRIBE HOW IN 28t. LOCATION (Street e. City or Town, State)	MED? NO NJURY OCCURED Ind Number or Rural	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
1SION OF VITAL RECORDS ATTENDING PHYSICIAN: The law requires that the GTOR: After this certificate has been signed by the after death with the State Dept. of Health and M 29 is marched or Hear 22 shours out laid.	PLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CETIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER Paullulum	HOSPITAL: Inpatient 2 ER/Outpett 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY - building, etc. (Specify, AN: To the best of my knowled On the basis of examination e	ient 3 DOA 4 Nursin 28b. TIME OF INJURY M At home, ferm, atreet, factory ige, death occurred at the time ind/or investigation, in my opin	26. PLACE OF DEATH (Check The property of the	PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW IN City or Town, State) the cause(e) end manume, date and place, and	MED? NO NJURY OCCURED and Number or Rural ner es stated.	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DIVISION OF VITAL RECORDS THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the THE FUNERAL DIRECTOR: After this certificate has been signed by the field within 27 bours after death with the State Dept. of Health and MORTHAT. If Item 28 is moderal on these	BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	HOSPITAL: I Inpatient 2 ER/Outpati 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Specify, AN: To the best of my knowled On the basic of examination e	Jent 3 DOA 4 Nursin 28b. TIME OF INJURY M At home, ferm, atreet, factory 1ge, death occurred at the time and/or investigation, in my opin The Management of the time and/or investigation, in my opin The Management of the time and/or investigation, in my opin The Management of the time and the time	26. PLACE OF DEATH (Chec g Home 5 Recidence 6 ic. INJURY AT WORK? 1 YES 2 NO , office	PERFOR 1 VES 2 Other (Specify) 28d. DESCRIBE HOW IN 28t. LOCATION (Street e. City or Town, State) the cause(e) and manume, date and place, and	NO NO NO NO NO NO NO NO NO NO NO NO NO N	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 VES 2 NO Route Number, e) end menner ee stated. D (Month, Dey, Year)

2. DATE OF OEATH
MONTH
O7 - C

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les		DER 1 YEAR		7. DATE OF	F BIRTH	8. BIRTHPI Country)	LACE (State or Foreig
	215-32-8522	1 □ M 2 N F	75	YRS. MONTH	B DAYS	HOURS MIN.	08	- 22—	14	VA.
_	9a. FACILITY NAME (If not institution, give			9b. CI		OR LOCATION OF	DEATH	9c.	COUNTY OF DEA	ATH
DIRECTOR	Stella Maris Ho	ospice			Tov	wson			Balt	more
EC	10a. STATE 10b. COUP	чтү		10c. CITY, TOW	N OR LOC	CATION				IOd. INSIDE CITY
	Haryland Pri	nce George		Laure				law.		LIMITS?
VERAL	13603 Barnet Lan					20708		104	USA	IAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Addowed 4 Divorced	12. WAS OECEDENT FORCES? 1 [IF YES, GIVE WI	YES 2 A	MEO 1	If yes,	ECENDENT OF HISP/ specify Cuban, Mexic ES 2 XXO Spec	an, Puerto Ric		14. RACE - Black, Specify:	- American Indian White, etc.
PLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		(Gi	cedent's usual to kind of work do not use retired to homemak	ne during i d.)			HOME	BS/INDUSTRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)			Homemak		16. MOTHER'S N		ddle, Malden Surni	nme)	
	Carl L. Boyce						V. Tev			
) BE	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING ADDRI	ESS (Stree	et and Number or Rura			nte, Zip Code)	
10	Reba NcPeek		1	3119 La	rchd	lale Rd.	#1 La	urel, E	iD 2070	8
	20a, METHOD OF DISPOSITION 1 Burlel 2 A Cremetion 3 Re	emoval from State	20b. PLACE other pla	OF DISPOSITION	(Name of c	comotory, crematory or		20c. LOCATIO	ON — City or Tow	n, Stata
	4 Donation 5 Other (Specify)		Baltim	ore-Has	hing	ton Crem	atory	Laure	1, Hary	land
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	0			AND ADDRESS OF F				
	/ Calal	estilla	Eller	/	1901	Sandy S	pring	Rd. Lau	irel, fill	20707
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CONSECUTOR AS A CONSEC	DUENCE OF):		CANCE				
MEDICAL CER	PART II. Other significent conditi	ions contributing to	death but not a	resulting in the	underly	ing cause given i		PERFORMED	no l	WERE AUTOPSY FIN MMAILABLE PRIOR T COMPLETION OF CO OF DEATH?
							_			T YES 2 N
¥	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (C	check only one)		
Sic	1 Tes 2 No	HOSPITAL:	ER/Outpatient 3	28. PLACE OF DEATH (Check only one) OTHER: tpstlent 3 □ DOA 4 □ Nursing Home 8 □ Residence 6 ※Other (Specify) HOSK						
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF (Month, Da		28b. TIME OF INJURY	28c.	INJURY AT WORK? YES 2 NO	-	PIBE HOW INJUR	_	
TED BY	2 Accident Investigation 3 Suicide 6 Could not independent determined	28e. PLACE Of building,	FINJURY — At ho etc. (Specify)	ome, farm, street,	factory, of	ffice	281. LOCAT	TION (Street and her Town, State)	lumber or Rural Ro	ute Number,
COMPLE	anal any	YSICIAN: To the best of INER: On the besin of ax								and manner as at
BE	296. SIGNATUME AND TITLE OF CERTIFICATION	1 / 1 1	Kan	del	0	29c. LICENSE N D 270		29	d. DATE SIGNED (Month, Day, Year) 8 - 91
10	30. NAME AND ADDRESS OF PERSON Carla S. Alexan				ospi	.ce-Dulan	ey Val	ley Rd.	-Towson	21204
	31. DATE FILED (Month, Day, Year) SEP 1 2 91		R'S SIGNATURE	Danda DO						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Edith Virginia Sherman SHERMAN

3. TIME OF OEATH
4:20 p M

White

Approximats interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

ē	#		
tte	8 35		
9	Sn L		
23	9 6		
OSD	che		-6
9	deta		500
2	2		Ħ
9	밁		Pe
etair	Sh		DO.
8	36 5		
lay.	Ba		9
9	ctor,		Sãu.
906	dire		10
o.,	1		Ē
deat	3		Xan
je	a	Oval	9
60	4	E E	die
100	P	0	E
4	The state of	jou,	=
F	stely	ша	1
3	E E	C.	2
nge.	8	rial	2
ě	and	90	mat
2	cian	lor 1	2
cate	PAS	e p	er t
ertile ertile	Du	gien	45
5	pue	Ŧ	6
deal	att a	ema	Z.
136	4	N	重
hat	d b	an (2
Se	igne	ealtt	20
nbe	S US	E H	Ž
W	be	F.	3
36	has	8	n 2
F	cate	State	ter
CIA	artifu.	the	0
2	is c	it.	pa
4	4	*	ark
NDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	a; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	ar death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Z	*	-	-

TO BE COMPL	17. FATHER'S NAME (First, Middle, Lest) James A. Stale 19e. INFORMANT'S NAME (Type/Print)	у	Disable	18. MOTHER'S	NAME (First, Middle, Maider V. Randall al Route Number, City or Tox		de)
OT	Helen Stalev 20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetole 3 4 Donation Other Specify) 21. SIGNATURE OF TUBER A SERVICE I	Moderate Medical Medic	3409 Ta: Db. PLACE OF DISPOSITION other place) etropolita: Atual ed the death. Do not	ylor St. Brei ON (Name of cameter, crematory n Crematory 22. NAME AND ADDRESS OF Gasch's Funer Hyattsville,	Ale FACILITY cal Home - Md. 20722	20722 pocation – cm xandria 4739 Ba	or Town, State a, Va. altimore Av
. CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):		In Sect Line was		Hour
HYSICIAN: MEDICAL CE	Chronic be	one contributing to deeth Shuthve enal faile ve knee a HOSPITAL: 1 Inpetient 2 XER/OU	Lung d		PERFO	RMED?	24b. WERE AUTOPSY FIN MALLABLE PRIOR T COMPLETION OF C/ OF DEATH? 1 YES 2 N

nedlcal	
the n	
event,	
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
other	TIFIC
6	1 65
Injury,	AL CI
апу	2
Shows	ME
2	Z
ltem.	SICIA
6	>
ed,	F
тап	BY
90	0
28	=
Tem.	٦
=	B
TANT	8
P	삤
F	1 2
-	12

TO BE COMPLETED BY FUNERAL DIRECTOR

1. DECEDENT'S NAME (First,	, Middle, Lest)							2. DATE OF D	EATH DAY	YEAR	3. TIME OF DEATH
ARTHUR WAL	LACE S'	TONE						AUGUS	T 29	1991	7:45 P M
4. SOCIAL SECURITY NUME	DER	5. SEX	6. AGE (In yrs	. lest birthdey)	IF UNDER 1 Y	EAR IF L	UNDER 24 HRS.	7. DATE OF BI (Month, Day)	- Wanri	Cour	THPLACE (State or Foreign
577-20-7209)	1 🖾 M 2 🗌 F	66	YRS.	MONTHS D	ATS HOL	UMS IMIN.	October	25,1	1924 Vi	rginia
9a. FACILITY NAME (If not in	stitution, give st	reet and number)					CATION OF D	EATH	94	c. COUNTY OF	DEATH
Malcom Grow		al center	AAFB		Camp	Spri	ngs		I	Prince	Georges
10e. STATE	10b. COUNTY				Y, TOWN OR I						10d. INSIDE CITY LIMITS?
Maryland 10a. STREET AND NUMBER		e Georges	5	Uppe	er Mar	1bor				071771105	1 YES 2 NO
3113 Pyles						101. 219	20772			U.S.A	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	YES 2 WAR OR OATES	. ARMED	If yo	s, specify		NIC ORIGIN? (Sp an, Puarto Rican y:		Bla	CE — American Indian, ick, White, etc. White
	EDENT'S EDU	11945 - 1		. DECEDENT'S	Hellel Occi	IDATION		185 KINI	OF BUSINE	ESS/INDUSTRY	
(Specify onl	y highest grade	completed)		(Give kind of a	work done duri	ng most of	working	Tou. rain	o or bosine	233/11/2031/11	
Elementary/Secondary (I	J-12)	College (1-4 or 5		Milita	ry			U.S.	. Navy	у	
17. FATHER'S NAME (First, M	liddle, Lest)					102		ME (First, Middle			
Charles 0.	Stone					G	ertrud	e E. L:	inkins	3	
19a. INFORMANT'S NAME (1.74				Route Number, C			
Constance K.	. Stone	9		3113	Pyles	Dr.	Upper	Marlbo	ro, Ml	D. 2077	72
20a. METHOD OF DISPOSIT 1 🛱 Burial 2 □ Crematic		oval from State	oth	ACE OF DISPO						ION — City or	
4 Donation 5 Other			_ Arli	ington				ry 9/4			
21 SIGNATURE OF FUNERA	L SERVICE LIC	No.		2.1			DDRESS OF FA		43	308 Suj	itland Rd.
Dre	a 1	1 Dec	par	4	Rob	ert	E. Wil	helm, I	nc. St	uitland	1, MD. 20746
23. PART I. Enter the d	Beasea, Dr	complications the	t caused the	death. Do	not entar th	a moda d	of dying, suc	ch ss cardiac	or reapirate	ory arrest,	Approximata Interval Between
IMMEDIATE CAUSE (FI	/	List Only One Ca	use on aach	IIIIa.							Onset and Daath
disesse or condition resulting in death)	\rightarrow	METAS:	TATIC I	LUNG C	ARCTNO	MA					
resulting in death)			(OR AS A CO			A.A.A.					
Commentation Not consider			NIA PS								
Sequentially list condit if any, leading to imma	diate	DUE TO	(OR AS A CO	NSEQUENCE O	F):						
cause. Enter UNDERLY CAUSE (Disease or inju		L HEMORI	(OR AS A CO	MATCHEN OF O	_						
that initiated events resulting in death) LAS	T.				•						i i
		a. <u>RESP1</u>	RATORY	ARRES'	r						-
PART II. Other aignifica	ent condition	s contributing to	death but n	ot resulting	in the unda	riying ca	use given in	Part i. 24a	. WAS AN AU		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO
									YES 2 K		COMPLETION OF CAUSE OF DEATH?
								_ `			1 YES 2 NO
								_			
25. WAS CASE REFERRED T	TO MEDICAL					26. PLACE	OF DEATH (C	heck only one)			
1 TES 2 NO		HOSPITAL:	☐ ER/Outpatier	nt 3 🗆 DOA	OTHER:	g Home 5	☐ Residence	6 Other (Sp	ecify)		
27. MANNER OF DEATH		28a. DATE O (Month)	F INJURY Day, Year)	28b. TIR	AE OF 20	tc. INJURY WORK?		26d. DESCRI	BE HOW INJU	JRY OCCURED	
1 Netural 5 2 Accident	Pending Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, ,,,				2 🔲 NO				
	Could not be	26s. PLACE	of INJURY — I	At home, ferm,	street, factory	, office			N (Street and wn, State)	Number or Rura	al Floute Number,
4 Homicide	determined		(())					S., C. 10	,,		
CONSULT OFFIN		ICIAN: To the best of									e(a) end manner ee stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	B A				20.	c. LICENSE NU	IMBER	1 -	9d. DATE SIGN	ED (Month, Day, Year)
(' -	was	4	her	CAPT	4.00-				1	≥ 29 AT	
30. NAME AND ADDRESS O		IO COMPLETEO CAI	JSE OF DEATH	(ITEM 27) (Ton	e, Print) MA	LCOL	M CROT	IICAFI	MEDIC	AT CENT	סקו
CAESAR A.	JUNKER	, CAPT,	JSAF, 1	MC				MD 20:			LEK
31. DATE FILED (Month, Day	Year)	32. REGISTA	AR'S SIGNATU	RE J. OO							
SEP 10"	01	L.S. Ja	March	bulance							

notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEALTH CATE OF DEAT	AND MENT	AL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Anntoinette				E OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 157-09-8717 90. FACILITY NAME (# not institution, give	1 □ M 25€\$F	In yrs. lest birthday) 82 YRS.	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	MIN. (Mo. 1(E OF BIRTH (1th, Day, Year)	08 Ne	W Jersey
DIRECTOR	SOULDERN MORY RESIDENCE OF DECEDENT 100. STATE 100. COUNT	Land Hosp	ital	ob. City, town or Locati			Print	e Goorfe
DIRE	100.00011	e George's		er Marlboro				10d. INSIDE CITY LIMITS? 1 YES 2XXNO
FUNERAL	9703 Antioch Stre	et		101. ZIP CODE 207	-			F WHAT COUNTRY? S. A.
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DA	22 24 0	13. WAS DECENDENT OF IT IS NOT THE TOTAL OF	n, Mexicen, Puerto	IN? (Specify Yes o	BI	ACE — American Indian, ack, White, etc. becity: White
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S U (Give kind of wo life. Do NOT use Home	,	16	At Hom		
BE CO	17. FATHER'S NAME (First, Middle, Last) Paul Camperchio	le		Vi	rginia T	ridy	ĺ	
10	190. INFORMANT'S NAME (Type/Print) Russell P. Tedes	co	9703 A	ntioch Street	or Rural Route Nur et, Uppe	nber, City or Town, er Marlb	State, Zip Code)	d. 20772
1	20g METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State cam	etery, crematory or other	DISPOSITION (Name of Br place) Cath. Cemet	tery 0		ATION — City or	Town, State ton, N.J.
	21. SIGNATURE OF SUSPERAL SERVICE LA	anton St	~	6633 Old	alexande	ee Fune er Ferry	ral Ho	me, Inc. linton, Md.
	23. PARO I. Enter the diseases, or ahock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CONGE	ich line.	tenter the mode of dyl Henry Henry				Approximata interval Between Onset and Daeth
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):		Dis	4Asi		
AL C	PART II. Other eignificant condition	na contributing to death be	it not resulting in	the undarlying cause g	iven in Part I.	24s. WAS AN AL		4b. WERE AUTOPSY FINDINGS
N: MEDIC	Chronic u	TI, Low	En.			PERFORMI 1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DE	EATH (Check only o	ne)		
BY PHYSICIAN:	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Propertient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year)		Nursing Home 5 Re	28d. DE	er (Specify) SCRIBE HOW INJ	URY OCCURED	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, stc. (Speci	At home, ferm, str	eet, factory, office	28f. LOI City	CATION (Street end or Town, State)	Number or Rura	I Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 DUITIFYING PHYSI (Check only one)	CIAN: To the best of my knowle R: On the basis of examination	edge, death occurred and/or investigation,	at the time, date end piece, in my opinion, death occurr	and due to the ce	use(e) end menne e end place, and c	er se stated.	o(e) and manner as stated.
10 BE	39 MANUE AND MODRESS OF PERSON WHI	M IC. HA		Enale Dzy	945	2	DATE SIGNE	-7 - 9/
	51. DATE (LEDYSMOT), DOY 30000 01	1 BRONCH	- Dre	#409	am	ton, n	12	20735
	/ 001 12 31	guna David	son-Aandell					DMANIA AND DAY AND

o Maria

8. BIRTHPLACE (State or Foreign

3. TIME OF DEATH

050

2. DATE OF DEATH DAY

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

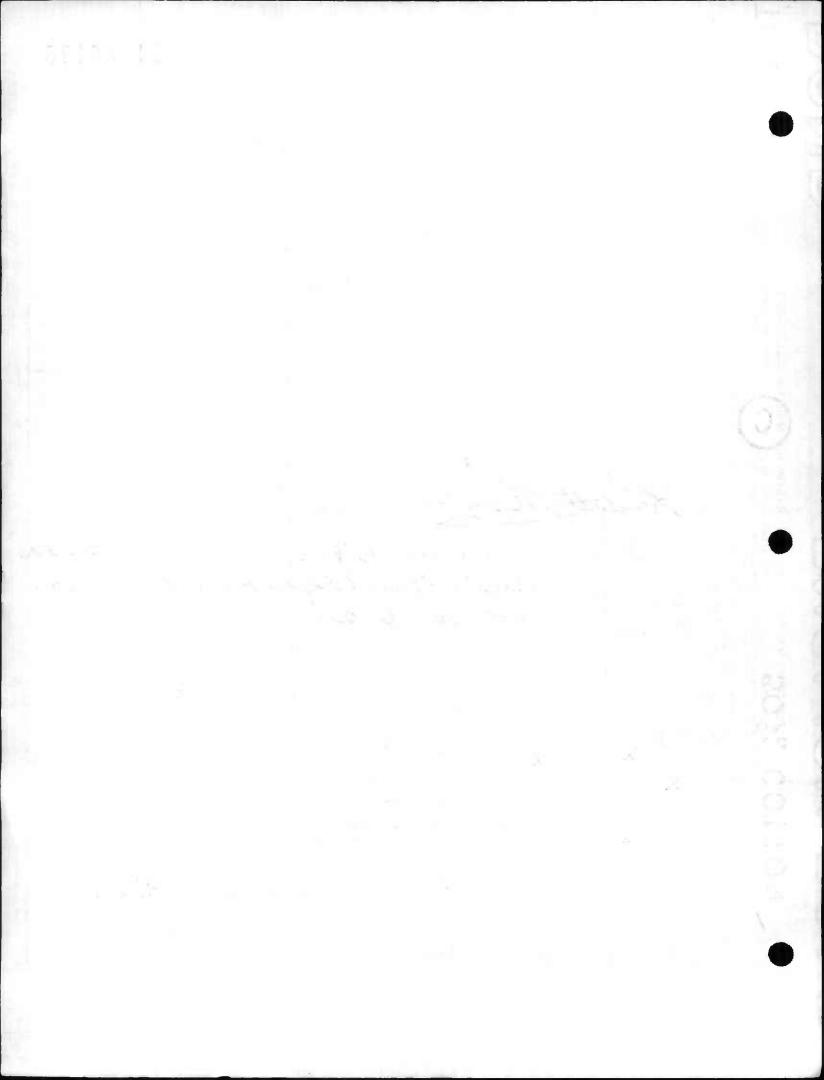
	A/A		1 □ M 2XX F								Saigon, Viet						
			·		96. FACILITY NAME (If not institution, give street and number) Stackington Adventist Hospital Stakoma Park Stakoma Park Stakoma Park Stakoma Park												
e E			tist Hosp	ital		Tak	oma P	ark		110	ontgomery						
ត្ត	RESIDENCE OF DEC	10b. COUNT	γ		100 00	TY, TOWN OR LO	CATION				10d, INSIDE CIT						
DIRECTOR	Maryland		nce Georg	e	100	aurel	GRIDH				UMITS?						
	10e. STREET AND NUMBER					1	10f. ZIP COD	Œ		10g. CIT	TIZEN OF WHAT COUNTRY?						
ER/	10315 Balsa	boowma	Court				20708			Vi	etnam						
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Division 4 Division 11.		12. WAS DECEDENT FORCES? 1 IF YES, GIVE WA	YES 2	5 NWO	If yes,		an, Mexican	C ORIGIN? (Specif , Puerto Rican, etc		14. RACE — American Ind Black, White, etc. Specify: Vietnar						
		CEDENT'S EDU		16	(Give kind of	S USUAL OCCUP/ work done during		ing	16b. KIND OI	BUSINESS/IN							
IPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	0	Hom	emaker			Но	ne							
E COM	17. FATHER'S NAME (First, A An Huu Trai						1.00		ie (First, Middle, Mi Nguyen	alden Sumeme)							
10 B	19a. INFORMANT'S NAME (oute Number, City o								
-	Kiem Thi N					Balsam		Court		l, Mar							
	20p. METHOD OF DISPOSIT 1 B Burlel 2 Cremati 4 Donation 5 Othe	r (Specify)				re of dispositi Nationa	1 Cem		9-7		-City or Town, State , Maryland						
	21. SIGNATURE OF FUNETI	AL SERVICE LI	CENSEE //	/	1	22. NAME	AND ADDRE	ESS OF FAC	Flec	k Fune	ral Home, In						
	Kand	511	14/	emel	5	7601	Sand	v Spr	ing Rd.								
	iMMEDIATE CAUSE (FI disease or condition resulting in death)	enei	DUE TO	pw.	Wory	Fai	lur	2/	4	1 1	Inch						
AL CERTIFICATION	disease or condition	tions, addeta fing ury	c. A HE TO	OR AS A CO	ONSEQUENCE OF SOME	lero	sis			S AN AUTOPSYRFORMED?	Zab. WERE AUTOPSY AMAILABLE PRIO						
MEDICAL CERTI	disease or condition resulting in death) Sequentially list condition, and the condition of	tions, addeta fing ury	c. A HE TO	OR AS A CO	ONSEQUENCE OF SOME	lero	sis		Part i. 24s. W	S AN AUTOPSY RFORMED?	G L (24b. WERE AUTOPSY						
MEDICAL CERTI	disease or condition resulting in death) Sequentially list condition and the sequentially list condition and the sequentially list condition and the sequential sequ	tions, adjets (ING ury ST	c. A HE TO	OR AS A CO	ONSEQUENCE OF SOME	Corp.:	sis	given in i	Part I. 24a. WWPE	S AN AUTOPSY RFORMED?	Z 4b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH?						
/SICIAN: MEDICAL CERTI	Sequentially list condition resulting in death) Sequentially list condition and the sequentially list condition and the sequential	tions, adjets (ING ury ST	d	death but	ONSEQUENCE OF SCHOOL ON SEQUENCE OF SCHOOL OF	In the underly	ying cause	given in i	Part I. 24a. Will PE 1 Yill Yill Yill Yill Yill Yill York only one)	S AN AUTOPSY REORMED? ES 2 KNO	Z4b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2						
PHYSICIAN: MEDICAL CERTI	disease or condition resulting in death) Sequentially list condition and the condition of	tions, adjets [ING ury ST ant condition of the condition	c. DUE TO	COR AS A CO	ONSEQUENCE OF SOME OF THE PROPERTY OF THE PROP	OTHER: 4 Nursing I	ying cause	given in i	Part i. 24a. Wire PE 1	S AN AUTOPSY REORMED? ES 2 KNO	Z4b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2						
BY PHYSICIAN: MEDICAL CERTI	disease or condition resulting in death) Sequentially list condition and the condition in death if any, laeding to immicause. Enter UNDERLY CAUSE (Disease or Underty that initiated events resulting in death) LAST CAUSE (Disease or LAST II. Other algnific examiner) 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 2 Accident	tions, adjets [ING ury ST	d. HOSPITAL: 1 Vinputent 2 28a. DATE OF (Month, Da) 28e. PLACE OI	death but ER/Outpatle INJURY F INJURY F INJURY	ONSEQUENCE OF SCIENTS	OTHER: 4 Nursing I	ying cause PLACE OF Home 5 F INJURY AT WORK? YES 2	given in i	Part I. 24a. When PE 1 You you want only one) 8 Other (Specify 28d. DESCRIBE H	S AN AUTOPSY RFORMED? ES 2 NO OW INJURY OF	Z4b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2						
ED BY PHYSICIAN: MEDICAL CERTI	disease or condition resulting in death) Sequentially list condition and the condition in death if any, laeding to immicause. Enter UNDERLY CAUSE (Disease or Underty that initiated events resulting in death) LAST CAUSE (Disease or LAST II. Other algnific examiner) 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 2 Accident	tions, adjets [ING ury ST ant condition of the condition	d. HOSPITAL: 1 Vinputent 2 28a. DATE OF (Month, Da) 28e. PLACE OI	death but	ONSEQUENCE OF SCIENTS	OTHER: A G Nursing H ME OF LUURY M 1	ying cause PLACE OF Home 5 F INJURY AT WORK? YES 2	given in i	Part I. 24a. WPPE 1 VI	S AN AUTOPSY RFORMED? ES 2 NO OW INJURY OF	Zab. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2						
ED BY PHYSICIAN: MEDICAL CERTI	disease or condition resulting in death) Sequentially list condition and the condition in death if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust in initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 2 Accident 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only 1 CERTIFIER)	tions, adjets fring fury ST ant condition TO MEDICAL Pending investigation Could not be determined	d	death but ER/Outpettle INJURY INJURY F INJURY oftc. (Specify)	ONSEQUENCE OF SCHOOL OF SC	OTHER: 4 Nursing HE OF 28c. JURY M 1 [, street, factory, c	ying cause PLACE OF INJURY AT WORK? YES 2 office	given in i	Part I. 24a. Wife PE 1 You you will be a control one) 28d. DESCRIBE H 28f. LOCATION (Solly or Town, to the cause(s) and the c	S AN AUTOPSY RFORMED? ES 2 NO OW INJURY OF The stand Number State) d manner as stand number	Zab. WERE AUTOPSY AMALABLE PRIO COMPLETION OF DEATH? 1 YES 2 C						
E COMPLETED BY PHYSICIAN: MEDICAL CERTI	disease or condition resulting in death) Sequentially list condition and the condition in death if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust in initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 2 Accident 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only 1 CERTIFIER)	tions, adjets find ury ST Condition of the condition of t	c. DUE TO (d	death but ER/Outpettle INJURY INJURY F INJURY oftc. (Specify)	ONSEQUENCE OF SCHOOL OF SC	OTHER: 4 Nursing HE OF 28c. JURY M 1 [, street, factory, c	ying cause I. PLACE OF INJURY AT WORK? YES 2 wiffice date and place n, death occ 29c. U.	given in i	Part I. 24a. Wind PE 1	S AN AUTOPSY RFORMED? ES 2 NO OW INJURY Of State) d manner as state, and due to	Z4b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2 C						
BE COMPLETED BY PHYSICIAN: MEDICAL CERTI	disease or condition resulting in death) Sequentially list condition and the condition and the cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAST CAUSE (Disease or in) that initiated events resulting in death) LAST CAUSE (Disease or in) that initiated events resulting in death) LAST CAUSE (Disease or in) that initiated events resulting in death) LAST CAUSE (The condition and the cause of the	tions, adjets find ury ST Condition of the condition of t	c. DUE TO (d	death but ER/Outpettle INJURY INJURY F INJURY oftc. (Specify)	ONSEQUENCE OF SCHOOL OF SC	OTHER: 4 Nursing HE OF 28c. JURY M 1 [, street, factory, c	ying cause I. PLACE OF INJURY AT WORK? YES 2 wiffice date and place n, death occ 29c. U.	given in i	Part I. 24a. WAP PE 1 VI 1 VI 28d. DESCRIBE H 28f. LOCATION (S City or Town, to the cause(s) an	S AN AUTOPSY RFORMED? ES 2 NO OW INJURY Of State) d manner as state, and due to	Zbesta Z4b. WERE AUTOPSY ANALIABLE PRIO COMPLETION OF OF DEATH? 1 YES 2 C CCURED CCURED CCURED Lated. the cause(e) and manner see						
E COMPLETED BY PHYSICIAN: MEDICAL CERTI	disease or condition resulting in death) Sequentially list condition and the condition and the cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAST CAUSE (Disease or in) that initiated events resulting in death) LAST CAUSE (Disease or in) that initiated events resulting in death) LAST CAUSE (Disease or in) that initiated events resulting in death) LAST CAUSE (The condition and the cause of the	ant condition TO MEDICAL Pending Investigation Could not be determined ATTIFYING PHYS DICAL EXAMIN E OF CENTIFIE	d. HOSPITAL: 1 Vinpatient 2 28a. DATE OF (Month, De) 28a. PLACE Of building, BICIAN: To the best of ex	COR AS A CCC death but ER/Outpatle INJURY F INJURY my knowled temination el	ONSEQUENCE OF SCONSEQUENCE OF	OTHER: 4 Nursing Is ME OF 28c. UURY M 1 street, factory, c	ying cause I. PLACE OF INJURY AT WORK? YES 2 wiffice date and place n, death occ 29c. U.	given in i	Part I. 24a. Wind PE 1	S AN AUTOPSY RFORMED? ES 2 NO OW INJURY Of State) d manner as state, and due to	Zbesta Z4b. WERE AUTOPSY ANALIABLE PRIO COMPLETION OF OF DEATH? 1 YES 2 C CCURED CCURED CCURED Lated. the cause(e) and manner see						
BE COMPLETED BY PHYSICIAN: MEDICAL CERTI	disease or condition resulting in death) Sequentially list condition and the condition of	tions, adieta (YING Pending Investigation Could not be determined RTIFYING PHYS DICAL EXAMIN TE OF PERSON WITH PER	d	death but ER/Outpette INJURY Port P	DISEQUENCE OF SCHOOL OF SC	OTHER: 4 Nursing Is ME OF 28c. UURY M 1 street, factory, c	ying cause I. PLACE OF INJURY AT WORK? YES 2 wiffice date and place n, death occ 29c. U.	given in i	Part I. 24a. Wind PE 1	S AN AUTOPSY RFORMED? ES 2 NO OW INJURY Of State) d manner as state, and due to	Zbesta Z4b. WERE AUTOPSY ANALIABLE PRIO COMPLETION OF OF DEATH? 1 YES 2 C CCURED CCURED CCURED Lated. the cause(e) and manner see						
BE COMPLETED BY PHYSICIAN: MEDICAL CERTI	disease or condition resulting in death) Sequentially list condition and the cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH Natural 8 2 Accident 3 Suicide 8 4 Homicide 8 4 General Check only one) 2 MEI	tions, adieta (YING Pending Investigation Could not be determined RTIFYING PHYS DICAL EXAMIN TE OF PERSON WITH PER	d. HOSPITAL: 1 Vinpatient 2 28a. DATE OF (Month, De) 28a. PLACE Of building, BICIAN: To the best of ex	COR AS A CCC death but ER/Outpatle INJURY etc. (Specify) my knowled temination etc.	ONSEQUENCE OF SCIENTS	OTHER: 4 Nursing Is ME OF 28c. UURY M 1 street, factory, c	ying cause I. PLACE OF INJURY AT WORK? YES 2 wiffice date and place n, death occ 29c. U.	given in i	Part I. 24a. Wind PE 1	S AN AUTOPSY RFORMED? ES 2 NO OW INJURY Of State) d manner as state, and due to	Zbesta Z4b. WERE AUTOPSY ANALIABLE PRIO COMPLETION OF OF DEATH? 1 YES 2 C CCURED CCURED CCURED Lated. the cause(e) and manner see						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH

TU Thi Tran

5. SEX



	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAR	TMENT	OF H	IEALTH A	ND MI	ENTAL HYGIEN		•	20111
	1. DECEDENT'S NAME (First, Middle, Last)			ERIN	ICATE	UF	DEAL		REG. NO.			3. TIME OF DEATH
	PHILIP I	erov		Т	'URNBA	TICU	t ID		MONTH DA		YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER 1		IF UNDER 24		. DATE OF BIRTH	- 1	91 8. BIRTH	IPLACE (State or Foreign
	217-46-3565	1 💢 M 2 🗆 F	44	YRS.		DAYS		MIN.	(Month, Day, Year) 3-11-47		Count	yland
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, T	OWN C	OR LOCATION	OF DEAT		9c. COU	NTY OF D	
E E	NORTH ARUNDEL HO	SDTTAT A	CCOCT ATT	TON								
DIRECTOR	RESIDENCE OF DECEDENT		SSUCTAT				BURNI	E			A.A.	COUNTY
12	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR	LOCAT	ION					10d. INSIDE CITY LIMITS?
		Arundel		Je	ssup							1 TES 2XXNO
Z Z	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?
当	2019 Orchard Aven	ue					20794			U.S	SA	
FUNERAL	11. MARITAL STATUS 1 Nover Married 2 AMerried	12. WAS DECEDEN FORCES? 1			13. W	S DEC	ENDENT OF	HISPANIC	ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian,
BY	3 Wildowed 4 Divorced	IF YES, GIVE V		(100	10	YES	2 A WO	Specify:	Puarto Rican, alc.)		Speci	k, White, atc.
ED E												White
1 11	15. DECEDENT'S EDU (Specify only highest grade	completed)	(0	ECEDENT'S Give kind of a	USUAL OCC work done dur se retired.)	UPATIO	ON st of working		16b. KIND OF BUS	INESS/IND	USTRY	
1 2	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Owner					3	D	_	
COMPLET	17. FATHER'S NAME (First, Middle, Last)	0		Owner		_			Auto		5	
	Philip L. Turnba	augh Sr							(First, Middle, Melden :	Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)	augii, or .			1000000						100	
2	Doris Turnbaugh		2	0. MAILING	rchar Irchar	street a	nd Number or Avenur		essup, Na			20794
	3					_	_	Je				
	20s METHOD OF DISPOSITION 1 // Aurial 2 Cremellon 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery cre	and date of	OF DISPOSITI	ON (Na	med ial Pa			CATION -		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEF	_ Trieado	Wriag	ge men	ior	Tal Pa	irk	9-11 Ba	Itimo	ore,	Maryland
	1000	1	//		7.C.C	ME AN	D ADDRESS	OF FACILI	Fleck F	unera	a I Ho	
_	/ Colalle	ullas	Lly		1				ing Rd. La			20707
	23. PART i. Enter the diseases, or ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	e. Les only one can	(OR AS A CONST	Dil	une	e mod	de of dying	, auch a	a cerdiac or respi	ratory arr	eat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	(OR AS A CONSE									
اب	PART ii. Other significant condition	s contributing to	deeth but not i	resulting i	n the unde	riying	cause give	en in Par	rt i. 24s. WAS AN	MITOPSY	24b	WERE AUTOPSY FINDINGS
EDICA									PERFORI	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
9									_ 1 _ YES 2	□ NO		OF DEATH?
Σ							-		-			1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					00 04	105.05.05.1					
200	EXAMINER?	HOSPITAL:			OTHER:		ACE OF DEAT					
¥	27. MANNER OF DEATH	28e. DATE OF	ER/Outpetient 3	1		_			Other (Specify)			
a	1 Natural 5 Pending	(Month, De	ay, Yoar)	28b. TIMI INJ	URY	c. INJU	RK?		d. DESCRIBE HOW IN	JURY OCC	URED	
ВУ	2 Accident Investigation	200 BLACE OF	C (A) (I) (D) A	1			ES 2 N	_				
COMPLETED	3 Suicide S Could not be determined	building,	F INJURY Al ho atc. (Specify)	me, tarm, s	traet, lactory	, offica		28	ft. LOCATION (Street ar City or Town, State)	nd Number	or Rural R	oute Number,
<u> </u>	29e. CERTIFIER											
MP	(Check only LETTIFYING PHYSIC	CIAN: To the beat of	my knowledga, de	ath occurre	d at the time	, date a	and place, an	d due to t	the cause(a) and mani	ner as state	ed.	
8	2 MEDICAL EXAMINE		remination and/or	Investigation	n, in my opin	ion, de	eth occured	st the time	e, data and place, and	due to the	cause(a)	end menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1-					29c, LICENS	E NUMBE	R			(Month, Day, Year)
TO E	90h 4	and a					036	900	9	19	-9-	91
	XRISHAN K. SINGAL	M.D./16	OO CRAI	M 27) (Type, N HIC	Print) SHWAY	SW	#201/	GLEN	BURNIE.N	1ARYI	AND	21061
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	A'S SIGNATURE									The state of the s

DHMH-16 Rev 1/89

REG. NO

D	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours
	24
	=
	亳
Š	3
D	73
-	ě
O	3
D	ě
	as
5	2
~	9
•	Sa
	复
)	9
	O
ь.	듄
ñ	dea
ś	홛
7	-
INICIAL OF ALL AL DECORDS, P.O. BOA 66/60,	tha
`	SS
	-
ч	5
	9
9	*
7	-
4	1
	3
	3
_	20
•	2
-	4
2	(23
-	Z
-	0
5	E
-	E
	X
-	OC.

attending physician.

pe

215-0020

FOR STATE REGISTRAR

1 -

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 2 IEN lihe Baby Boy 11:38H 30 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State, or Foreign Month, Day, Year) 1 W M 2 | F DAYS MM Mid N/A 1 the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Holy CESS md. 816,20 74140 DIRECTOR Mout. RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY IOC. CITY, TOWN OR LOCATION 10d. INSIDE CITY Washire 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 156 20001 11. MARITAL STATUS
1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 10 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-II yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 13/2cK IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced use as COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only h Elementary/Secondary (0-12) College (1-4 or 5+) N/A None None OHCC. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Matelen Ħ Ronald Clayter Mobilea Kearney enline BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or 0 Monica Valentine Same as 10e. pe 20e. METHOD OF DISPOSITION

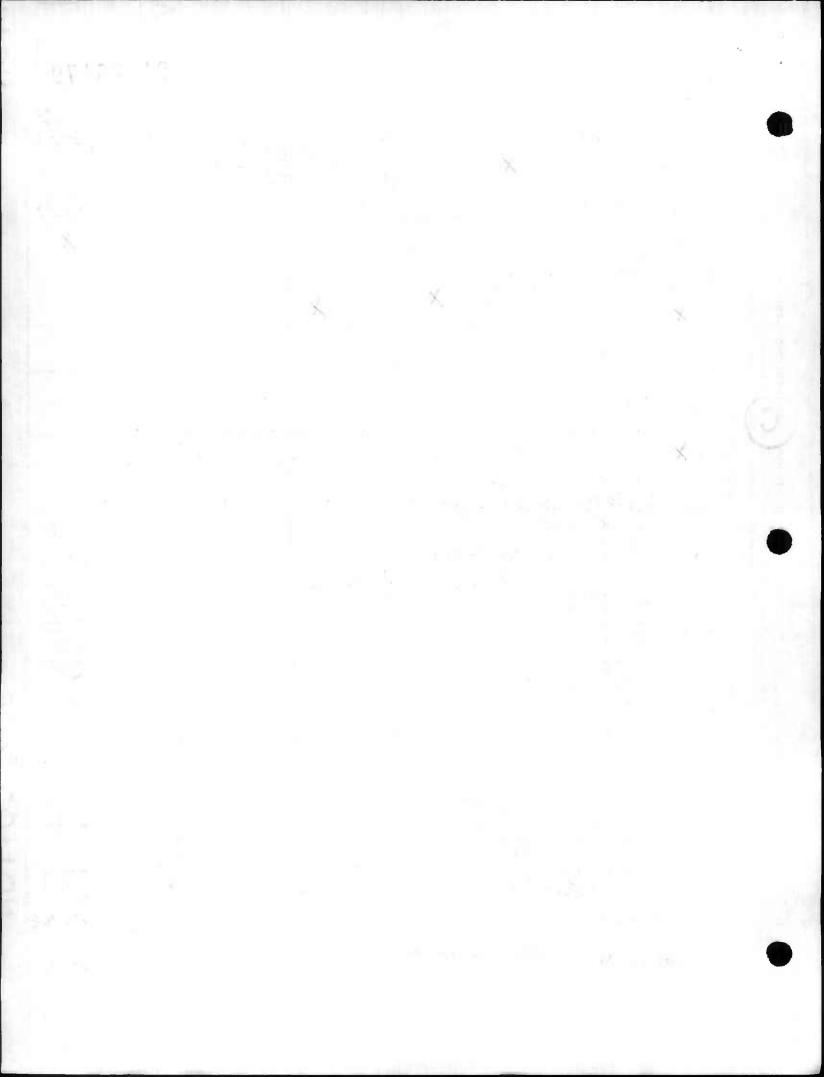
1 V Jurial 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State must the funeral director, Harmony Mem. Park Landover, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Frazier's Funeral Home 389 Rhode Island Avenue, N.W. medical 3 23. PART | Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate shock, or heart failure. List only one cause on each line. intervai Between IMMEDIATE CAUSE (Final Onset and Death the cremation disesse or condition The 23 weeky Ces totrow in and completely to burial, crematic resulting in death) event, DUE TO (OR AS A CONSEQUE traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate the attending physician Mental Hygiene prior tr cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 0 injury, PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS and any WAILABLE PRIOR TO Signed Health a COMPLETION OF CAUSE 1 YES 2 NO shows a 1 YES 2 NO been of PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL Hem 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL . OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, TIME OF this c 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO After 2 Accident Investigation L DIRECTOR: Aff 2 hours after de-1 item 28 is n 26e. PLACE OF INJURY — Al home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide COMPLETED 6 Could not be 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide determined 29e. CERTIFIER
(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(e) and menner as stated. TO THE FUNERAL D be filed within 72 ho IMPORTANT: If IN 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERT HE HE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) X 2054 9 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1500 perso Then RO SILVE Stry 1450 HOCV Crass 31. DATE SEP 32 AEGISTRAYS SIGNATULA PANDERS 9 0 91

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAND	the hosp	detache	once.	
MARY	of change by	S should	notified at	
BALTIMORE MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 mm the remained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and a seminant detached within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
BAI	4 nours after dea	filled in by the fur in, or removal.	e medical exa	
68760,	executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	natic event, th	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	th certificate be	ending physician i Hyglene prior to	or other traur	
CORDS,	es that the deal	igned by the att	s any injury,	
ITAL RE	I: The law requir	cate has been s State Dept. of H	item 23 show	
ON OF V	DING PHYSICIAN	death with the	s marked, or	
DIVISI	PITAL OR ATTEN	RAL DIRECTOR: 72 hours after	F. If Item 28 I	
	TO THE HOSF	TO THE FUNE be filed within	IMPORTANT	

MARY	7.	WE	AVE	R				2. DATE	OF DEATH	ž –9	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 199-14-1611	5. SEX 1 M 2 F	6. AGE (In yrs. 67	lasi birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mort 01 -	о г віятн 1, <i>Day, Year)</i> 18–192		Country)	sylvania
Baltimore County		Hospita	1			alls		ATH		9c. COUNT Ba	ry of Dea	
10e. STATE 10b. COUN	n ltimore		10c. CIT	TY, TOWN		on erst	own					10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 3 Sugarbury Cour	t. apt. 1/	A			101	ZIP COD	136			10g. CITIZ		IAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S.		13.	If yes, sp		m, Mexica	n, Puerto	N? (Specify Yes Rican, etc.)	or No—	14. RACE - Black, Specify	American Indian, White, etc.
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 6th grade		+)	DECEDENT'S (Give kind of life. Do NOT L Camst	work done use retired.)	during mo		ng	161	a, KIND OF BU	SINESS/INDU	JSTRY	
17. FATHER'S NAME (First, Middle, Last) Leo A. Long						Ru	th M	. Sm				
190. INFORMANT'S NAME (Type/Print) Ruth A. Robertson								Wes	tminst	er, M	d. 2	
26. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rei 4 Donetion 5 Dither (Specify)		20b. PLA	green	Y of other	oria	1 Ga			17 Fi		rg,	Maryland
A Lang	Disk.	L	0	9	34 S	. Ma	in S	tree		pstea	d, M	ome d. 21074
23. PART I. Enter the diseases, Di ehock, or heert fellure	complications the											1 4
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Design Colors	use on each il	ine.				Ing, suc	h aa cer	diec or reep	iretory arre	est,	
iMMEDIATE CAUSE (Finel disease or condition	a. HE OUE TO	(OR AS A CONS	SEQUENCE (CO.			ing, suc	h aa cer	diec or reep	iretory arre	est,	Interval Between
iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO c. DUE TO d	OR AS A CONSTITUTE OF THE PROPERTY OF THE PROP	SEQUENCE (CO-, OF); OF):	np	215			24a. WAS AN PERFO	AUTOPSY RMED?	24b.	Interval Betwee Onset and De
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions of the condition	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	USE ON EACH III	SEQUENCE (CO-, OF); OF):	the s	215	given in	Part I.	24a. WAS AN PERFO 1 YES :	AUTOPSY RMED?	24b.	Interval Betwee Onset and De-
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions of the condition	DUE TO DOE TO DOE TO DOE TO A. The hear	OR AS A CONSTITUTE OF THE PROPERTY OF THE PROP	SEQUENCE (SEQUENCE (SEQUENCE (Of resulting	OF): OF): OTHER A DAME OTHER OTH	HO S inderlyin 26. Pi Fr: irising Hon 28c. IN.	g ceuse	given in	Part I.	24a. WAS AN PERFO 1 YES :	I AUTOPSY RMED? 2 \(\text{NO}\)	245.	Interval Betwee Onset and De-
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions of the condition	DUE TO DUE TO	OR AS A CONSTITUTE OF THE PROPERTY OF THE PROP	SEQUENCE C	OF): OF): OF): OF): OF): OF): OF): OF):	HO S HO S Inderly in 28. Pi R: rising Hon 28c. IN. 1	g ceuse	given in	Part I.	24a. WAS AN PERFO	I AUTOPSY RMED? 2 NO	24b.	Interval Betwee Onset and De.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST PART II. Other eignificent conditions or injury that initiated events reculting in death) LAST PART II. Other eignificent conditions or injury that initiated events reculting in death) LAST PART II. Other eignificent conditions or injury that initiated events reculting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation of the injury stigation of	DUE TO DUE TO	OF AS A CONSTITUTE OF INJURY — At a circ. (Specify)	SEQUENCE (SEQUENCE (SEQUENCE (SEQUENCE (3 DOA 28b. Ti Ib	OF): OF): OF): OTHE 4 Nu NJURY M of, street, fee	HO S inderlyin 26. Pi FR: ursing Hon 28c. IN. 1 ctory, office	g ceuse LACE OF C BURY AT PRICE See and place	given in DEATH (Ch esidence NO	Part I. Beck only of the Call	24a. WAS AN PERFO 1 YES : or (Specify) SCRIBE HOW CATION (Street y or Your, State	I AUTOPSY RMED? 2 NO INJURY OCC and Number of	24b. URED or Rural Ro	Interval Betwee Onset and Detail Conset
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST PART II. Other eignificent conditions of the conditions of th	DUE TO DUE TO	OF AS A CONSTITUTE OF INJURY — At a circ. (Specify)	SEQUENCE (SEQUENCE (SEQUENCE (SEQUENCE (3 DOA 28b. Ti Ib	OF): OF): OF): OTHE 4 Nu NJURY M of, street, fee	28. Piers Honor, office, date opinion, o	g ceuse LACE OF C THE S REPORT AT PRK? YES 2 [See a end place of the continue of the cont	given in DEATH (Cr. esidence NO s, and due ired at the	Part I. 6 Oth 28d. De 28f. LO. Chy	24e. WAS AN PERFO 1 YES: er (Specify) es (Specify) es (Specify) CATION (Street of Town, State suse(e) end ma se end place, e	I AUTOPSY RMED? 2 NO INJURY OCC and Number of	24b. URED or Rural Ro od. s cause(e)	Interval Betwee Onset and Decided and Deci

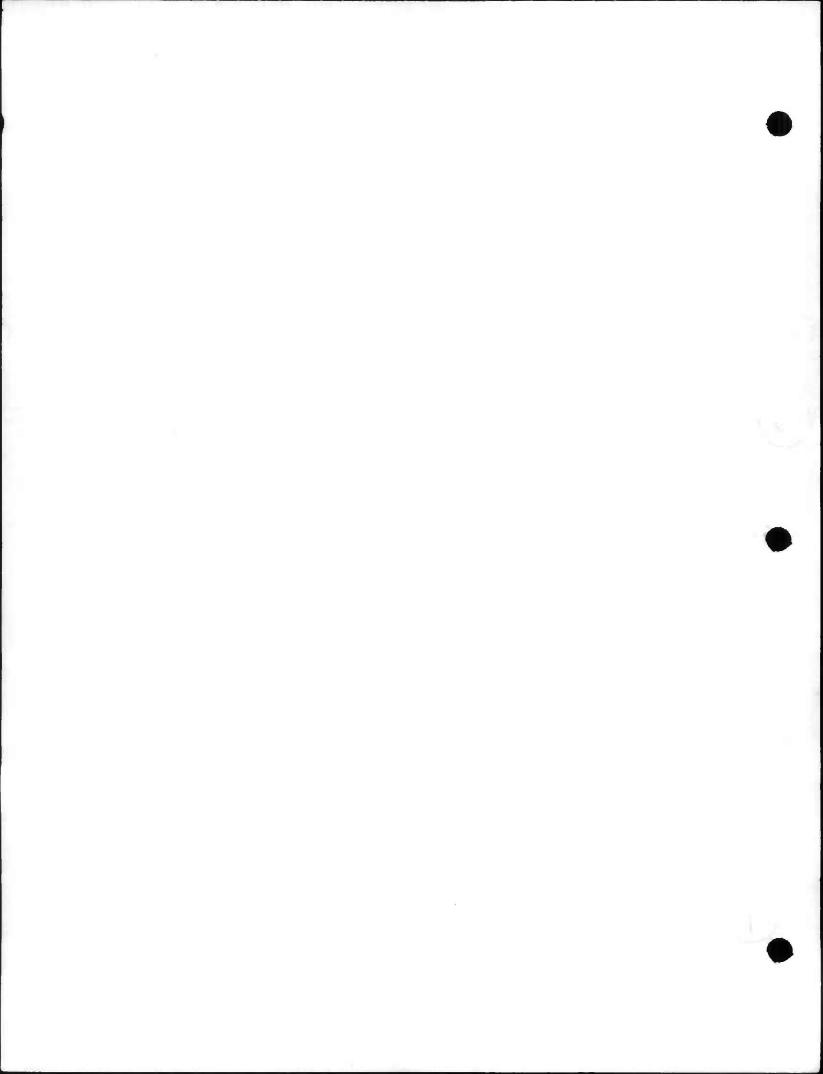


DIVISION OF VITAL RECORDS, P.O. BOX 13146,

The second secon	
TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e funeral director, page 3 mount be detached.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page a mount be detached by the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 meters retirement by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Las after death. Page 6 man removed by the hosp

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M CERTIFICATE OF DEATH	ENTAL HYGIENE REG. NO.
Last)		2. DATE OF DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARY		IENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	:	
٦	1. DECEDENT'S NAME (First, Middle, Last				2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
	WATTS, B.	ABY BOY 1	Spencer	Lathan III	8 20	91	1:17Am
	4. SOCIAL SECURITY NUMBER		MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	S. BIRT	HPLACE (State or Foreign stry)
	n/a	1 M 2 F	YRS.	40	08-20-91		vy Chase MD
.	9a. FACILITY NAME (If not institution, give			. CITY, TOWN OR LOCATION OF DI	EATH	9c. COUNTY OF	DEATH
	Holy Cross Hosp:	ital	S	ilver Spring		Montgor	nery
	10a. STATE 10b. COUN		10c. CITY, To	OWN OR LOCATION			10d. INSIDE CITY LIMITS?
5	MD Mon	tgomery	Chevy	Chase			1. YES 2 NO
	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
	2831 Terrace Dr:			20815		USA	
)	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	B 2- NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica	en, Puerto Rican, etc.)	Bia	CE — American Indian, ck, White, atc.
5	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 YES 2 NO Specif	y:	Bla	clly:
3	15. DECEDENT'S EC	DUCATION	16a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUS		i Cit
	(Specify only highest gra	College (1-4 or 5+)	life. Do NOT use re	done during most of working tired.)			
CIMIL	0		never wor	ked	n/a	3	
3	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Maiden S	Surname)	
	Spencer Lathan	4 8		Dranett			
	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or Aural			0
	Dranetta Watts			rrace Drive C		MD 208	
	20s. METHOD OF DISPOSITION 1 1 1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		other place)		9		
	21. BIGHATURE OF FULERAL SERVICE		larmony Mem	OTIAL PATK. 22. NAME AND ADDRESS OF FA		over, MI	1
	11/1/12/	.116	/,	ROBERT G. MAS			
	23. PART Enter the diseases, o		and the devils Do and	1661 Good Hop			
		e. List Dnly one ceuse on		enter the mode of dying, suc	on an cardiac or respir	atory arrest,	Approximeta intarval Between
	IMMEDIATE CAUSE (Final disease or condition	EVTOE	UE 114	MATURITY			Onset end Death
	recuiting in death)	*	A CONSEQUENCE OF:	MAIDIGITY			40 min
		552 10 (511 11	,				İ
	Sequentially list conditions,	■					
2	Sequentially list conditions, If any, leeding to immadileta						
	If sny, leeding to immadieta ceuse. Enter UNDERLYING	b DUE TO (OR AS	A CONSEQUENCE OF):				
ILICATIO	If sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	A CONSEQUENCE OF): A CONSEQUENCE OF):				
Entiricallo	If sny, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	c	a same inter-				
	If sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c DUE TO (OR AS	B A CONSEQUENCE OF):	tha undariying cauea given in			4b. WERE AUTOPSY FINDINGS
7	If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	c DUE TO (OR AS	B A CONSEQUENCE OF):	tha undariying cauea given in	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
7	If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	c DUE TO (OR AS	B A CONSEQUENCE OF):	tha undariying cauea given in		MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
WEDICAL CERTIFICATION	If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	c DUE TO (OR AS	B A CONSEQUENCE OF):	tha undarlying cauea given in	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
J.	If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions to the condition of the condi	c DUE TO (OR AS d	B A CONSEQUENCE OF):	26. PLACE OF DEATH (C	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
7	If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditions to the condition of the condi	c DUE TO (OR AS	B A CONSEQUENCE OF):		PERFOR 1 YES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
J.	If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions to the condition of the condi	dlone contributing to deeth	but not resulting in utpetient 3 DOA 4	26. PLACE OF DEATH (COTTHER): Nursing Home 8 Residence DF 28c. INJURY AT	PERFOR 1 YES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHISICIAIN: MEDICAL	If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions are significent conditions. The significent conditions are significent conditions. The significent conditions are significent conditions. The significent conditions are significent conditions. The significent conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant condi	DUE TO (OR AS d. HOSPITAL: 1 Inputtant 2 ER/O 28a. DATE OF INJUR (Month, Day, Year	but not resulting in utpetient 3 DOA 4	26. PLACE OF DEATH (COTTHER): Nursing Home 8 Residence DF 28c. INJURY AT	PERFOR 1 YES 2 heck only one) 8 Other (Specify)	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
BT PRISICIAN: MEDICAL	If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditions to the condition of the condi	DUE TO (OR AS d. DUE TO (OR AS DU	but not resulting in the state of the state	28. PLACE OF DEATH (CONTINUED): Nursing Home 8 Residence 28c. INJURY AT WORK? M 1 YES 2 NO	PERFOR 1 YES 2 heck only one) 8 Other (Specify)	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 HOO
BT PRISICIAN: MEDICAL	If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions are significent conditions. The significent conditions are significent conditions. The significent conditions are significent conditions. The significent conditions are significant conditions. The significent conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant condi	DUE TO (OR AS d. DUE TO (OR AS DU	but not resulting in the state of the state	28. PLACE OF DEATH (CONTINUED): Nursing Home 8 Residence 28c. INJURY AT WORK? M 1 YES 2 NO	PERFOR 1 YES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE HOW III	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 HOO
BT PRISICIAN: MEDICAL	If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events recuiting in deeth) LAST PART II. Other significent conditions are significent conditions. The significent conditions are significent conditions. The significent conditions are significent conditions. The significent conditions are significant conditions. The significent conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant co	DUE TO (OR AS d. HOSPITAL: Impation 2 ER/O ER/O Month, Day, Year Dec Dec Dec Dec Dec Dec	but not reculting in the strength of the stren	28. PLACE OF DEATH (CONTINUED): Nursing Home 8 Residence 28c. INJURY AT WORK? M 1 YES 2 NO	PERFOR 1 YES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE HOW III 28f. LOCATION (Street a City or Town, State)	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 HOO
BI PRISICIAIN. MEDICAL	If siny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions and investigations are selected as a condition of the conditio	DUE TO (OR AS d. HOSPITAL: 1 Inputant 2 FR/O 28a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJUR be be be be be be be be be be be be be b	but not resulting in the state of the state	26. PLACE OF DEATH (CONTHER): Nursing Home 8 Residence OF WORK? M 1 YES 2 NO net, factory, office	PERFOR 1 YES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE HOW if City or Town, State)	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
COMPLETED BY PRISICIAIN: MEDICAL	If siny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions and investigations are selected as a condition of the conditio	DUE TO (OR AS d. HOSPITAL: 1 Inpatiant 2 ER/O 28a. DATE OF INJUR (Month, Day, Year be Due to the best of my kindler.) TYSICIAN: To the best of axamina	but not resulting in the state of the state	28. PLACE OF DEATH (CONTHER): Nursing Home 8 Residence DF 28c. INJURY AT WORK? M 1 YES 2 NO net, factory, office at the time, date and place, and du	PERFOR 1 YES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Kown, State) a to the cause(a) and men e time, data and placa, an	NJURY OCCURED and Number or Run oner as stated. d due to the cause	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
BE COMPLETED BY PHISICIAIN: MEDICAL	If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions are significent conditions. The significent conditions are significent conditions. The significent conditions are significent conditions. The significent conditions are significent conditions. The significent conditions are significant conditions. The significent conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant	DUE TO (OR AS d	but not resulting in the state of the state	26. PLACE OF DEATH (C) THER: Nursing Home 8 Residence OF YORK? M 1 YES 2 NO et, factory, office at the time, date and place, and du in my opinion, death occured at the	PERFOR 1 YES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Kown, State) a to the cause(a) and men e time, data and placa, an	NJURY OCCURED and Number or Run oner as stated. d due to the cause	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 HO All Route Number, (e) and manner as stated,
PHISICIAN: MEDICAL	If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions are conditionally less than 1 and	DUE TO (OR AS d	but not resulting in the state of the state	26. PLACE OF DEATH (C) THER: Nursing Home 8 Residence OF YORK? M 1 YES 2 NO et, factory, office at the time, date and place, and du in my opinion, death occured at the	PERFOR 1 YES 2 heck only one) 8 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Kown, State) a to the cause(a) and men e time, data and placa, an	NJURY OCCURED Ind Number or Run Iner as stated. d dus to the caus 29d. DATE SIGN	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 HO All Route Number, (e) and manner as stated,



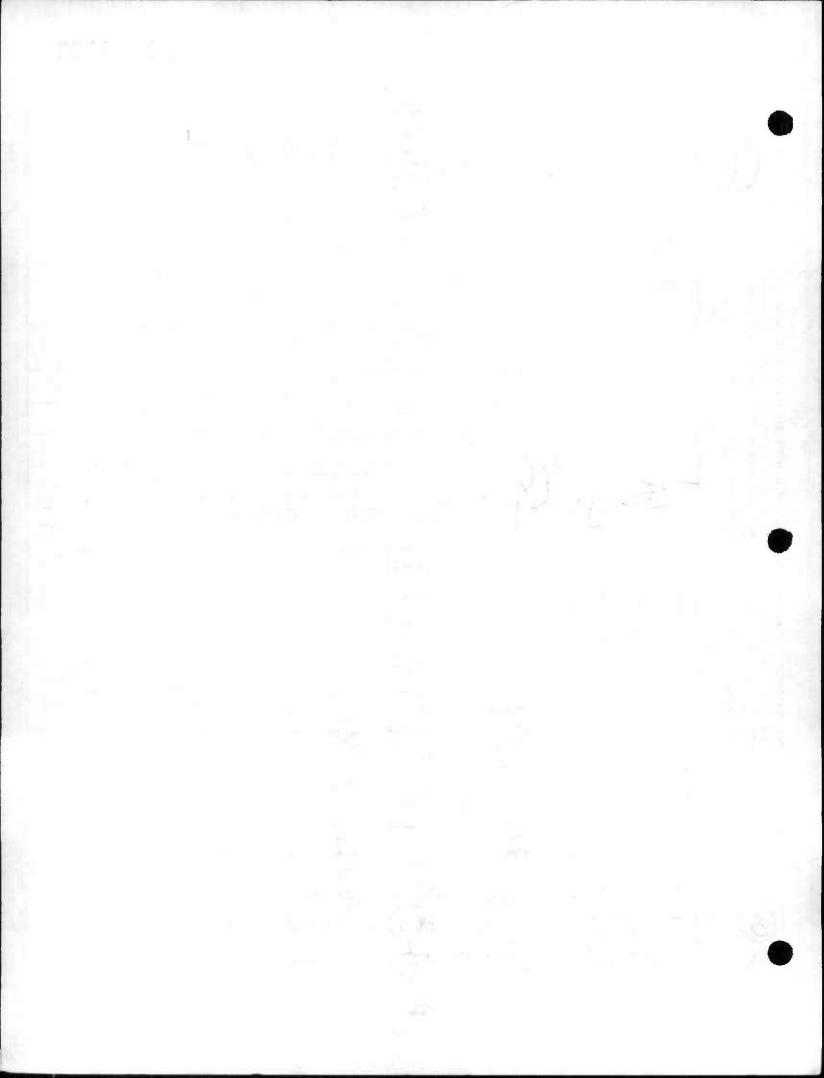
1	FOR STATE REGISTE
1	1. DECEDENT'S
	215-38
	NAN RESIDENC 10a. STATE
	10e. STREET A
	11. MARITAL ST

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

REGISTRAR		CENTIFICA	TE OF DEATH	REG. NO).			
1. DECEDENT'S NAME (First, Middle, Lost) P.	1.101K	EP		2. DATE OF DEATH	DAY YE	3. TIME OF DEATH		
4. SOCIAL SECURITY MY MBER 215-38-6716	8. SEX 6. AGE (In	yrs. last birthday) IF UI YRS. MONT	IDER 1 YEAR IF UNDER 24 HRS	(Month, Day, Year)		BIRTHPLACE (State or Fgreign Country)		
9a. FACILITY NAME (If not institution, give at			CITY, TOWN OR LOCATION OF	06-23- DEATH	9c. COUNTY	OF DEATH		
MANOR CAR	LE LARG		LARGO,	MD		e George's		
MD Prin	ce George's		ellville			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
130/0 W00	N 10 00 P 1	- P-1	10f. ZIP CODE 20721			of what country?		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U	2 NO	13. WAS DECENDENT OF HISI If yes, specify Cuban, Max 1 YES 2 NO Spe	icen, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify:		
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	life. Do NOT use retir	one during most of working	Own Ho	DSINESS/INDUST	TRY		
17. FATHER'S NAME (First, Middle, Last) Aubrey C. Roane		TIOVSE		NAME (First, Middle, Maide	n Surneme)	,		
19a. INFORMANT'S NAME (Type/Print) Nancy Walker Bovi	er	19b. MAILING ADDI 14710 Ca	mess (Street and Number or Rum mbridge Dr.	al Route Number, City of To Upper Marit	wn, State, Zip Co	Ď' 20772		
20a. METHOD OF DISPOSITION	20b. 20b. of ce	PLACE AND DATE OF Commetary, crematory or oti	DISPOSITION (Name Der place) ed Methodist	9/5/9 Mi	OCATION — City			
4 Donellon 5 Other (Specify)		Uak Unit	ed Methodist 22. NAME AND ADDRESS OF	_	rcueir	Allie, MD		
* Robert E	· Euns	Pres	Beall-Evans 16000 Annapo	Funeral Hor lis Rd. Boy	ne, P.A	20715		
IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	BUE TO (OR AS A C	CONSEQUENCE OF):	In Rues	dent	n Dn	Onset and Dea		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
PART II. Other significant condition	s contributing to death bu	t not resulting in th	underfying cause given	in Part I. 24a WAS 4	N AUTOPSY	24b. WERE AUTOPSY FINDING		
				PERF(DRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLACE OF DEATH	(Check only one)				
1 TYES 2 NO	1 Inpatient 2 I ER/Outpat	ilent 3 DOA 4	Nursing Home 5 - Residen					
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	28d. DEŞCRIBE HOW INJURY OCCURED			
3 Suicide 6 Could not ba 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	factory, office	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
cool only	CIAN: To the best of my knowle							
296. SIDNATURE AND TITLE OF CENTIFIE	A . N		29c. LICENSE	NUMBER	29d. DATE S	IGNED (Month, Day, Year)		
Wash to	ma h.		Das	735	19/	3/91		
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)	100	/			
SEP 1 91	32. REGISTRAR'S SIGNA	TURE Prode DO						

Tight tell in

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTA	L HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	ofore We	strum.	Sr.		2. DATE MONT	OF DEATH	(a) "	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 578-58-3449	5. SEX 6. AGE	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	June	of BIRTH h, Day, Year) 8,194	4 Ma	BIRTHPLACE (State or Foreign Country)
HO.	9a. FACILITY NAME (If not institution, give s Physicians Memoria			LaPlat	or location of di	EATH		Sc. COUNTY Charl	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		1000	TOWN OR LOCAT					10d. INSIDE CITY LIMITS?
3AL D	Maryland Char	les	Brya	n's Roa	. ZIP CODE			UME -	1 ☐ YES 2 ₹ NO
FUNERAL	RR #1 Box 93 11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVER I FORCES? 1 X YES			20616 ENGENT OF HISPA Healty Cuban, Mexico			U.S.	A . RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	Vietnam		1 TYES	2 🕅 NO Specifi	fy:			Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Cation completed) College (1-4 or 5+)	16a. DECEOENT'S L (Give Idind of we life. Do NOT use mechanic	ork done during mo retired.)	ON ost of working			SINESS/INDUST	
M			mechanic		1				Conditioning
8	17. FATHER'S NAME (First, Middle, Last) Theodore Wolfru				18. MOTHER'S NA			Surname)	
BE		Ш			Irene C				
6	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural				de)
	Barbara Wolfrum				Bryan's				
	20a, METHOD OF DISPOSITION 1 □ Burial 2 X N Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	oval from State of	cemetary, crematory of etropolit	or other place)		9/4/		xandri	a, VA.
	21. SIGNATURE OF FUNERAL SERVICE LI	DEPOSE OF THE PERSONS			ND ADDRESS OF FA			4308 S	uitland Rd.
	Duya!	Specka	u				,Inc.	Suitla	nd, MD. 20746
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Carda	A CONSEQUENCE OF	10	oae or aying, suc	en as car	uiac or reap	iratory arrest	Approximate interval Between Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inkitated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other algnificent condition	PART II. Other aignificent conditions contributing to death but not resulting in						AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Σ									1 1 125 2 1 110
A.	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (C	heck only o	ine)		
2	EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:		V = V-			
}	22 MANNER OF DEATH	26a. OATE OF INJURY	26b. TIME		ne 5 🗆 Residence	,		INJURY OCCUP	een .
ā	1 Natural 5 Pending	(Month, Day, Year)	INJ	JRY W	ORK? YES 2 NO				
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJUR	Y — At home, farm, w			281.10	CATION (Street	and Number or	Rural Route Number,
TED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spe	scify)				or Town, State		
COMPLETED	COMBON OTHY	ER: On the basis of examination							ause(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CENTIFIE	-Chas (o.)	Penha N	B	29c. LICENSE NU	JMBER AG		29d. DATE S	IGNED (Month, Day, Year)
ТО	30 NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF P	EATH (ITEM 27) (Type,	Print) CAP R	to M	-71	3646	1	
	31. OATE FILED (Month, Day, Year)	32 MEGISTRAR'S SIG			0	-	- J V		
	SEP 10'91	Sulia David	son-Randelle						



BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician filled in by the funeral director, page 5 should be detached for use as the burial-tra	on, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled by the funeral director, page 5 should be detached for use as the burial-trape filled within 72 hours after death with the Care hours of the death and Martal Hustian price is hurial-trapectory.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	REGISTRAR		CERTI	FICATE O	F DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Robert Al.	len Walker	Sr.		MINULO	SEDT.	YAY	YEAR 112
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. last birthda	y) IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		7/ //35 *
1	216-14-5424	1 M 2 F		MONTHS DAVE	MOTIBE NAME	(Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)
1	neu 17 3 13T		73 YAS				7,191	7 Washington, D.
4	9a. FACILITY NAME (If not institution, give			9b. CITY, TOW	OR LOCATION OF DEA	ATH	9c. COUNT	TY OF DEATH
DIRECTOR	Peninsula General	l Hospital		Sali	sbury, MD			Wicomico
5	RESIDENCE OF DECEDENT							WICOMILCO
2	10 000111			CITY, TOWN OR LO	ATION		_	10d. INSIDE CITY
D	Maryland Wicon	nico	Sa	lisbury				1 YES 2 NO
A	10e. STREET AND NUMBER				IOI. ZIP CODE		10a CITIZ	EN OF WHAT COUNTRY?
FUNERAL	RR #6 Box	42			21801			5.A.
Z	11. MARITAL STATUS	12. WAS DECEDENT EV	(ED IN II C ADMICO					J.A.
	1 Never Married 2 Married		YES 2 NO	13. WAS D	ECENDENT OF HISPANI specify Cuban, Maxican	C ORIGIN? (Specify Ya	a or No-	14. RACE — American Indian, Black, White, etc.
ВУ	3 X Widowed 4 Divorced	1943 -	OA 6		S 2 XNO Specify:			Specify: white
								wiite
TE	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT	'S USUAL OCCUPA	TION nost of working	16b. KIND OF BU	SINESS/INDU	STRY
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)		of work done during in use retired.)				
d P	12		Truck	Driver		Truc	king	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maiden	Sumama	
	John Lamber	rt Walker				Mary Henr	,	
BE	19a. INFORMANT'S NAME (Type/Print)	t warker						
2		7 11 7			and Number or Rural Ro			(ode)
	Robert A. N	walker Jr.	KK #6	Box 42	Salisbury	, MD. 218	01	
	20a. METHOD OF DISPOSITION t X Burlai 2 ☐ Cremation 3 ☐ Ram	oval from State	20b. PLACE AND DAT cemetery, crematory of	E OF DISPOSITION	Vame of	DATE 20c. LO	CATION - CI	Ity or Town, State
	4 Donation 5 Other (Specify)	1	<u>Cedar Hi</u>	11 Cemet	erv 9/	10/91 Su	itland	i. MD.
V	21 SIGNATURE OF FUNERAL SERVICE LIE	covinces			AND ADDRESS OF FACI	LITY		
		X 1 0		Pohor	+ F U:15	olm Too	4308 8	Suitland Rd.
_	- Suya	4 Heck	ach	Koper	C E. WIIII	erm, inc.	Suitla	and, MD.20746
	23. PART I. Enter the diseases, or shock, et heart feliure.	complications that co	used the deeth. Do	not enter the n	ode of dying, such	es cerdiec or resp	iratory erre	st, Approximate
	IMMEDIATE CAUSE (Firm	ciat only offic coase	on eech ine.					interval Between Onset and Death
	diseese or condition	Chull	o pulle	101 4	anes	1-		Culter wild Deafti
1	resulting in death)	PUE TO (OR	AS A CONSEQUENCE	00:	9000			
_		NIIT	onto bi	00	46			
CERTIFICATION	Sequentially list conditions,	b. DUE TO COR	AS A CONSEQUENCE	can	ar			
A	if any, leading to immediate cause. Enter UNDERLYING	1111	AS A CONSEQUENCE	OF):				
5	CAUSE (Disease or injury	e Will	R					
Ē	that initiated eventa resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE	OF):	0.,		1	
E	to sering in coaling EAST	d. Xelve	a peu	Mucay	- vara	Wear	do	200
	PART II. Other significent condition	s contributing to dee	th but not constate	- t- ab a				
EDICAL		_ continuenting to dee	ar bot not resulting	In the underly	ng cause given in Pa	art i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ŏ						1 _ YES 2	I NO.	COMPLETION OF CAUSE OF DEATH?
								1 TES 2 NO
÷ I						_		
₹	25. WAS CASE REFERRED TO MEDICAL			28 1	PLACE OF DEATH (Check	f anti-anti-		
PHYSICIAN: M	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:				
¥∥	27. MANNER OF DEATH	1 Inpetient 2 ER			me 5 Residence 8			
	1 Natural 5 Pending	(Month, Day, Ye	JRY 28b. Ti		JURY AT 2 ORK?	28d. DESCRIBE HOW II	NJURY OCCU	RED
B	2 Accident Investigation				YES 2 NO			
	3 Sulcide 6 Could not be	28e. PLACE OF IN, building, etc.	IURY — At home, term	, etreet, factory, off	ce 2	281. LOCATION (Street a	and Number or	Rural Route Number,
	4 Homicide determined		,-,,,			City or Town, State)		
ון ב	29a. CERTIFIER	CIAN: To the best of I						
\$	(Check only one)	CIAN: To the best of my i	nowledge, deeth occur	rred at the time, dat	and place, and due to	the cause(a) and man	iner as stated.	
COMPLETED			amon and/or investigat	ion, in my opinion,	death occured at the tin	ma, date and place, en	d due to the o	cause(a) end manner ea stated,
ш 1	29b. SIGNATURE AND TITLE OF CERTIFIEF	1			29c. LICENSE NUMB	ER	29d, DATE S	SIGNED (Mopth, Day, Year)
	- Milles				1 21cc	7	D 91	76.
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print)	03188		-/-	116
	WALTER P. Lisch	· 1 510	Pin - 1 A	10. 0	206 Salis	1		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAP'S	MINATURE	e. NA. Q	xU6 20/13	sbury Me	1.21	1801
	SED ON 'O1	L. S. Kan	dron-Rando &	2				
		7 WILL WALL	- 1 . I					

6785 " KT

in a

•	1	금
	pet	EOM
	xecu	and
	9	an
	Ite (ysic
	iffe	P
	Cer	ding
	ath	tten
	de	8 3
	#	7
	tha	Da 4
	lires	Sign
	leg.	Ben ben
	SW.	as b
	1	9
	ż	fical
	SICI	Cert
	PHY	this
	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wit	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple
	S	8
	F	8
	OR	DIRE
	M	31
	SP	NE.
	웊	5
	LLI	W "

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		IENTAL HYGIEN	_				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH MONTH DA		YEAR 3.	TIME OF DEATH		
	mary	Willia	W.5			WOUND IN	3 9		0:30 A H		
	4. SOCIAL SECURITY NUMBER 5.		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	ACE (State or Foreign				
	Unknown 1	□ M 2 55.F	YRS.	ONTHS DAYS	HOURS MIN.	01 14	23 1	vary1	and		
	9n. FACILITY NAME (If not institution, give street	and number)	R LOCATION OF DE	DEATH 9c. COUNTY OF DEATH							
DIRECTOR	Greater Laurel Com	unity Hospi		Prince George's							
E C	10e. STATE 10b. COUNTY			10	d. INSIDE CITY						
#	Maryland Prince	George's	Lau	rel				D	LIMITS?		
	10e. STREET AND NUMBER	<u> </u>		101.	ZIP CODE		10g. CITIZE	10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	9001 Cherry Lane				20708		JSA				
5	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPANI	C ORIGIN? (Specify Yes		A. RACE -	American Indian, /hita, atc.		
BY F	1 Naver Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT		1 TYES	2X NO Specify:	, Puarto Hican, etc.)		Specify:	Black		
		- T				Tuesday and			22001		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con	npleted)	18a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during mo:		18b. KINO OF BU	SINESS/INDUS	STRY	-		
빌		College (1-4 or 5+)				P	VT.				
N N	12th 17. FATHER'S NAME (First, Middle, Lest)		Domest	IC	18 MOTHER'S NAS	NE (First, Middle, Maiden					
	Garfield Thomas					lie Pinkne			1		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a		oute Number, City or Tow	_	ode)			
2	Pearline Robinson					al Hts.,			20743		
	20a METHOD OF DISPOSITION	20b.	PLACE OF DISPOSIT	TION (Name of cen	netary, crematory or	20c, LO	CATION CI	ty or Town.	State		
	201 METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State Ha	rmony Me	morial :	Park				ryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENS			22. NAME AN	ID ADDRESS OF FAC	ALITY T ID 7	ionking	- Francis	eral Home		
	- Humberly C	Brische		7474	Landover	Rd. Lando	war y	o run Marazi	and 20705		
	23. PART I. Enter the diseases, or com								Approximete		
	ahock, or heart failure. Lie			t enter the mo	ae or aying, ouci	i es cardiac or reop	matory one.	ra.	Interval Between Onset and Death		
	I IMMEDIATE CAUSE (FING)										
	disease or condition resulting in death) a. Cerebrage day accident oue TO (or as a consequence of):										
-	1 ty nertension										
Ö	Sequentially list conditions, if sny, leading to immediate	DUE TO POP AS A	CONSEQUENCE OF								
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	Sick	51905	Syndi	ome						
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF)	:/							
CERTIFICATION	resulting in death) LAST										
	PART II. Other significent conditions of	ontributing to deeth bu	t not resulting in	the Underlying	csuse given in	Part i. 24s. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS		
CAL	Preumonia					PERFO	RMED?	AV	MILABLE PRIOR TO OMPLETION OF CAUSE		
MEDIC	Circanic Brak	n sate	no 0			1 _ YES	2 (V NO	DI	F DEATH?		
	Class in Cita	hereberg	911	Λ	0			'	YES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL	Nother	mana	X A	ACE OF DEATH (Che	nck only one)					
PHYSICIAN:	EXAMINER? H	OSPITAL:	dlant 3 DOA	HER:							
H	27. MANNER OF PEATH	28a. DATE OF INJURY	28b. TIME	OF 28c, INJ	ury AT	28d. OE\$CRIBE HOW	INJURY OCCU	IREO			
	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY WC	YES 2 NO				1		
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	At home, farm, st	reet, factory, offic	•	28f. LOCATION (Street		r Rural Rou	te Number,		
윤	4 Homicide determined	building, atc. (Spech	(y)			City or Town, State)				
4	298. CERTIFIER	N: To the beat of my knowle	des desth secure	at the time, date	and place and due	to the enuncial and me	anas an eletas				
COMPLETE	(Orack only	On the basis of exemination							nd manner as stated.		
	296. SIGNATURE AND TITLE OF CERTIFIER		^	A							
BE	11 March	5 M	/)		290 LICENSE NUM	(3/)	29d. DATE	1/4	19		
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF THE	TH (ITEM 27) /Small	Print)	N 1 1			1	/ /		
	GOLN MARGO		1337	rurel	Bours	Pl # 3	200	16	120788		
	31. DATE FILE DIOME, PRIN 1994		TURED -	70,00	الماسان	19 07/	_/_	270	10/10		
	071 11 31	32. REGISTRAPS SIGNA	n-Handell								

BY FUNERAL DIRECTOR
TO BE COMPLETED
AL CERTIFICATION

JOHN Whit

Whitby

9556

32. REGISTRAR'S SIGNATURE
Likia Davidson-Randell

CRAIN Hwy

	REGISTRAR		C				EALTH A		REC	3. NO.					
1	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE								DATE OF DEATH DAY			EAR 3.	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 219-20- 0448	5. SEX 1 2 M 2 □ F	6. AGE (In yrs. I	ast birthday) YRS.	IF UNDER	ER 1 YEAR IF UNDER 24 HRS. 7. I			Month, Day,	th, Day, Year) Counti			ACE (State or Foreign		
TOR	9a. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Clinton RESIDENCE OF DECEDENT														
DIRECTOR	Maryland Prin		George's Clinton								10d. INSIDE C LIMITS? 1 YES 2				
FUNERAL	100. STREET AND NUMBER 9414 Juliette Dr. 20735									10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
BY FUN	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC 14. Never Married 2 X Married 3 Widowed 4 Divorced 12. WAS DECEDENT OF HISPANIC 13. WAS DECEDENT OF HISPANIC 14. Yes 2 No Specify: Aug. 14, 1943—Apr. 26, 1946						Mexican, Pu	RIGIN? (Spec arto Rican, e	olfy Yea	or No-	Black, W	American Indian, Inita, etc.			
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	DECEDENT'S (Give kind of fe. Do NOT u	USUAL OG work done o se ratired.)	CCUPATIO	N	man			struc						
BE COM	17. FATHER'S NAME (First, Middle, Last) Joseph M. Yeager Construction Foreman Construction 18. Mother's NAME (First, Middle, Maiden Surneme) Anna Ruth Ellis														
TOB	19a. NFORMANT'S NAME (Type/Print) Jean Yeager 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Same as 10 a-f														
-	20a. METHOD OF DISPOSITION 1 Grant Burdal 2 Grammation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or of Clinton, Mary														
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Rd. Clinton MD 20735														
	23. PART I. Enter tha diseases, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or reapiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	Sequentially list conditions, if any, laeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c Ca	O (OR AS A CONS	2 "	Lun	j j	Care	eino	MA						
PHYSICIAN: MEDICAL C									,	24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 DATO			ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VYES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)														
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending Accident Investigation	TH 28e. DATE OF INJURY 28b. TIME OF WORK? 28d. D WORK? 28d. D WORK?								DESCRIBE HOW INJURY OCCURED					
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE buildin	OF INJURY At I g, atc. (Specify)	home, farm,	street, fact	tory, offic		281	LOCATION City or Town		and Number of	Rural Rout	te Number,		
COMPLETE	anel .	SICIAN: To the best NER: On the basis of											nd manner se stated		
0	74	-		A CONTRACTOR		effect .				,					

207

man/bore

BALTIMORE, MARYLAND 21203-3146	THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the hospital or attending physician.	in fied within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal. MEPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
146,	uted within 2	rial, crematic
OX 13	te be exect sician and	prior to bu
.O. B	h certifical anding phy	Hygiene or other
DS, P	t the death	nd Mental injury,
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	equires that	of Health a
AL R	The law note that here	em 23 s
F VII	SICIAN:	d, or it
ONC	After this	death wit
VISIC	RECTOR:	m 28 is
ō	PITAL OF	in 72 hou T: If Ite
	THE HOS	filed withi
	早早	18.2

Pages 1

											1	20100		
	FOR	CTATE OF B	JADVI ANT) / DEDAR	TRAFAIT	OF U	FAITH	AND B	APAITAL LIVÕIPA	15				
	1 - STATE REGISTRAR	SIAIE UP N		CERTIF					MENTAL HYGIEN REG. NO	_				
	1. OECEDENT'S NAME (First, Middle, Last)								2. DATE OF OEATH			3. TIME OF DEATH		
	ANNE COX YOUNG								MONTH DAY YEAR SEPT 01 1991 5:15 A					
	4. SOCIAL SECURITY NUMBER	6. AGE (In yra	. last birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	HPLACE (State or Foreign					
1	578-62-0910	5 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) August 15	,1906 Alabama						
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN 0	R LOCATIO							
E	Malcolm Grow USAF	Cente	r	Andre	WS	AFB.	MD		Prince George's					
67	RESIDENCE OF DECEDENT									12 2 2 2	100			
H												10d. INSIDE CITY LIMITS?		
□	Maryland Prince Georges Mitchellville 1□ YES 2 □XNO													
₹ I	106. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTRY? 10450 Lottsford Road 20721 U.S.A.													
FUNERAL DIRECTOR											J.S.A	•		
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDEN FORCES? 1							IC ORIGIN? (Specify Yes, Puerto Rican, atc.)	a or No—	14. RAC Blac	E — American Indian, ik, White, atc.		
B≺	3 🖾 Widowed 4 🗌 Divorced	IF YES, GIVE V	MAR OR DATES		11	☐ YES	2 🔀 NO	Specify:	and the state of t					
	15. DECEDENT'S EDUC	PATION	16a	. DECEDENT'S	USUAL OC	CHPATIC	Ň		16b. KIND OF BU	ISINESS/IN	IOUSTRY	WILLEC		
	(Specify only highest grade			(Give kind of life. Do NOT u	work done du se retired.)	ring mo	st of working	ġ						
P	Elementary/Secondary (0-12)	College (1-4 or 5-	*)	Геасhе	r				Schoo1	Syst	em			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	-					16. MOTH	IER'S NAM	ME (First, Middle, Maide					
	James B. Cox						Sa.	Lly V	Ware		Survey .			
BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a		_	loute Number, City or To	wn, State, 2	(ip Code)			
5	Heather Kraus			841	Cotto	nwo	od Dr	. Se	everna Par	rk, M	ID.	21146		
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State													
	XX Burial 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify) Hillcrest Memorial Garden 9/5/91 Annapolis, MD.										MD.			
	SHIPMATURE OF FUNERAL SERVICE LICENSIS 22. NAME AND ADDRESS OF FA													
	E	9 4100	a 1		Ro	ber	t E.	Will	helm.Inc.	4300	308 Suitland Rd. Suitland, MD. 20746			
	23. PART I. Enter the diseases, or o	omplications the	at caused the	death, Do								Approximate		
	shock, or heart fellure.							,				Interval Between Onsat end Dasth		
	IMMEDIATE CAUSE (Final disease or condition	D.,										Onaut one bustin		
	resulting in death) Pneumonia DUE TO (OR AS A CONSEQUENCE OF):													
_		Popal E	ndluro		,									
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
SAT	If any, leading to immediate cause. Enter UNDERLYING Dehydration													
F	CAUSE (Disease or Injury that initiated events		OR AS A CO	NSEQUENCE C	OF):									
HT	resulting in death) LAST	d												
I	PART II Other elanificant condition	s contributing to	death but a	of regulting	In the une	derivin	O COURA (alven in	Part I 24a WAS A	N ALITTADE	v 24	b. WERE AUTOPSY FINDINGS		
SAL	PERFORMED? AVAILABL									AVAILABLE PRIOR TO COMPLETION OF CAUSE				
ğ									1 _ YES	2 ₩ NO		OF DEATH?		
M				_					_			1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL					20 0	ACE OF D	EATH /Ch	eck only one)					
PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO	HOSPITAL:	□ ED/O-tI		OTHER	:								
1	27. MANNER OF DEATH	1 K Inpatient 2	F INJURY	28b. Til		28c. IN.		sidenca	6 Other (Specify) 28d. DESCRIBE HOW	INJURY O	CCURED			
	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?													
ВУ	2 Accident Investigation 28s PLACE OF INJURY — At home farm street factory office								26f. LOCATION (Street		ber or Rura	Route Number,		
9	3 Suicide 6 Could not be 4 Homicide determined	building	, etc. (Specify)						City or Town, Stat	19)				
LETI	29a. CERTIFIER	CIAN: To the heat	of my knowled-	a doub accord	mad at the st	ma das	and stac-	and do-	to the courses and m	anner en	betes			
COMP	one)								to the cause(a) and m time, data and place,			(a) and menner as stated.		
8		_			.,, 0							SPARSENCE INCOME.		
BE	296. SIGNATURE AND TITLE OF CERTIFIE	11.0	1	NA			ZVC. LIC	ENSE NUN	WOCH	≥9d. Di	epter	nber 1, 1991		

MC

29d. DATE SIGNED (Month, Day, Year)
September 1, 1991

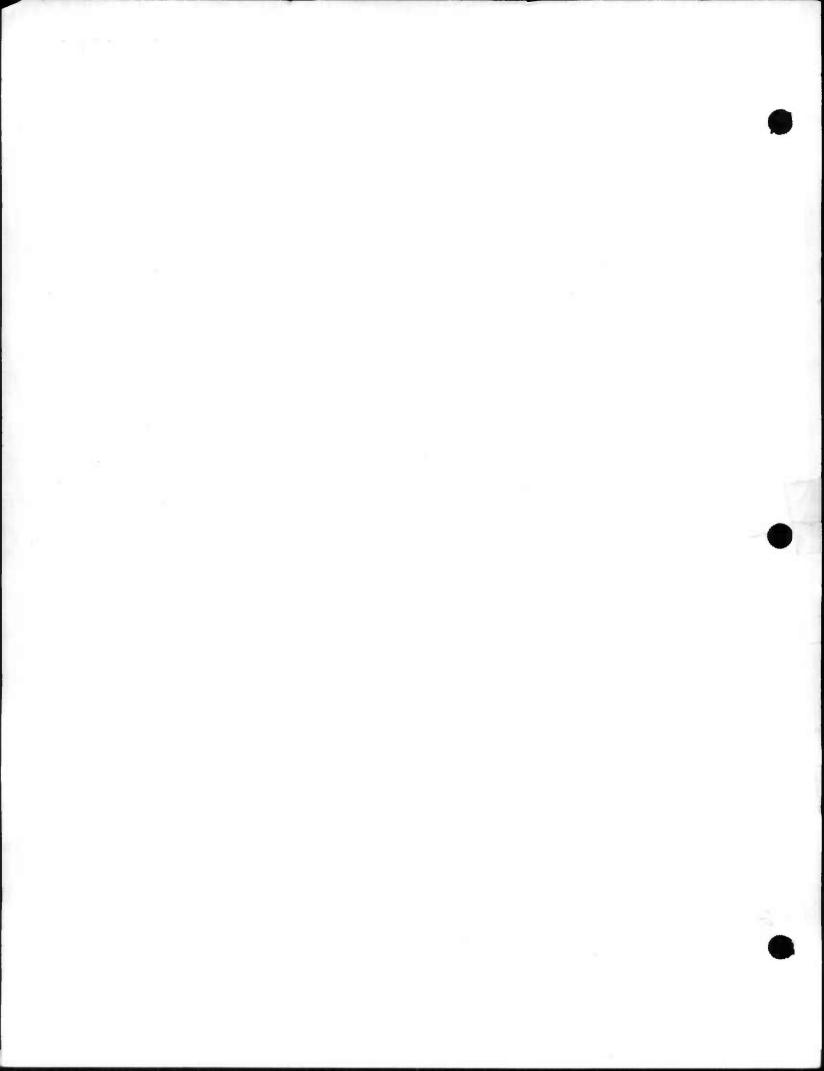
CPT, USAF,

MALCOLM GROW USAF MEDICAL CENTER MD 20331-5300 Andrews AFB.

32. REGISTRAR'S SIGNATURE 35EP 10 91 Per, Hear)

RICHARD C. WOLONICK,

2



		1. DECEDENT'S NAME (First, Middle, La TITUS	Austin		STON					2. DATE OF	DEATH DA	10	YEAR 991	3. TIME OF DEATN 13:40
		4. SOCIAL SECURITY NUMBER 218-76-7440	1 💢 M 2 🗆 F	6. AGE (In yrs. 31	last birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	4 HRS.	7. DATE OF			S. BIRTNE	PLACE (State or Forei
TOR		BETHEL AND O	LIVER STR	REETS		96. CITY,	Y, TOWN OR LOCATION OF DEATH BALTIMORE CITY 90. COUNTY OF DEATH							
DIRECTOR		Maryland 10b. cou		10c. CITY, TOWN OR LOCATION Baltimore							10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL		1110 Brentwoo					10f. ZIP CODE 21202					SA	HAT COUNTRY?	
BY	1	II. MARITAL STATUS X Never Merried 2 Merried	12. WAS OECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	ARMED NO	l li	yes, sp	ENDENT OF ocity Cuban 2 (A) NO	Mexican,	ORIGIN? (: Puerto Rici	Specify Yea in, etc.)	or No—	14. RACE Black, Specify	- American Indian White, etc.
TO BE COMPLETED		15. DECEDENT'S E (Specify only highest gr Elementary/Secondery (0-12)	OUCATION ade completed) College (1-4 or 5+)		DECEDENT'S (Give kind of life. Do NOT us	work done di	CUPATIO	ON st of working		16b. Ki	ND OF BUS	INESS/INOL	USTRY	
	L	17. FATHER'S NAME (First, Middle, Last) Leroy Hudson 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print)						De	lore	es Au	Meiden S USTI	n		
5	L	Delores Aust		20b. PLAC	EANDOATE	Bre	ent	wood	Ave	oate	alto	, State, Zip (Md	. 2	
	-	Buriel 2 Cremation 3 Pi		zt.	steri	22 N	ero.	y O	DY E	tt 8	& SOr	n Fui	nera	Marylal Home
		23. PART I. Entar the discusses, o shock, or haert faller	or complication that	coused the										
	1	MMEDIATE CAUSE (Final disease or condition resulting in death)	a. GUNSHOT W	e on each ili	ne. = HEAL		tha mod	da of dyin	g, such	es cardiac	or respir	etory arre	est,	Approximata interval Baty
CERTIFICATION	1	MMEDIATE CAUSE (Final disease or condition	a. GUNSHOT W DUE TO (C	DUND OF	F HEAL) F):	tha mod	da of dyln	g, such	es cardiac	or respir	etory arre	st,	Approximata interval Baty
IN: MEDICAL CERTIFICATION	1 000	MMEDIATE CAUSE (Final disease or condition resulting in dawth) Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events	a. GUNSTOT W DUE TO (C C. DUE TO (C	DUND OF AS A CONS	EQUENCE OF) F): F):				es cardiac	a. WAS AN A PERFORM	NITOPSY MEO?	24b.)	Approximate interval Bate Onset and D
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events resulting in deeth) LAST	a. GUNSTOT W DUE TO (C C. DUE TO (C	OR AS A CONS	F HEAS	OTHER:	deriying 26, PL) cause give	ven in Pa	only one)	III. WAS AN A PERFORA X YES 2 [NITOPSY MEO?	24b.)	Approximate interval Baty Onset and D Onse
BY PHYSICIAN: MEDICAL CERTIFICATION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, farry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events esuiting in death) LAST PART II. Other significent conditions of the condition of th	a. GUNSTOT W DUE TO (C b. DUE TO (C c. DUE TO (C d. Ons contributing to d HOSPITAL: 1 Inpettant: 2 12 28a. DATE OF IN (Month, Day, 9 - 2 2	DOWN OF AS A CONS OR AS A CONS OR AS A CONS OR AS A CONS DRAS A CONS	THEAST TEAST TO THE TEAST TO TH	OTHER:	26. PL:: ing Nome 28c. INJL: WO' 1 YOU	ACE OF OEA ACE OF OEA BY AT RK? ES 2 [X]	ATN (Check dence 6 (2)	only one) Other (Sed. OESCRI	II. WAS AN A PERFORM (X) YES 2 (DOC(1/y) BE NOW IN. BJ E C'.	JURY OCCU	JREO OT	Approximate interval Baty Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset and D Onset A D Onse
BY PHYSICIAN: MEDICAL	- F	MMEDIATE CAUSE (Final disease or condition resulting in dauth) Sequentially list conditions, farry, leading to Immediate susse. Enter UNDERLYING CAUSE (Disease or Injury hat initiated events resulting in deeth) LAST PART II. Other significent conditions of the condition of th	a. GUNSHOT W DUE TO (C b. DUE TO (C c. DUE TO (C d. Ons contributing to d HOSPITAL: 1 Inpatient 2 E 28a. DATE OF IN (Monh, Day, 9) 28a. PLACE OF building, et	DR AS A CONS DR	THEAST SECUENCE OF	OTHER: 4 Nursi	26. PL : ng Nome 28c. INJU WOI 1 Y ry, offica	ACE OF OEA 5 G Resi	ven in Pa	only one) Other (Sp. Bd. OESCRI SUI	B. WAS AN AN PERFORM PERFORM VES 2 (DESCRIPTION (Street annual page 5, State) TELL	JURY OCCU T SH	JREO OT OT OT OUT OUT OUT OUT OUT OUT OUT O	Approximate interval Bate Onset and D WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATIN! 1 YES 2 NO TO HEAD
PHYSICIAN: MEDICAL	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	MMEDIATE CAUSE (Final disease or condition resulting in danth) Sequentially list conditions, f any, leading to immediate susse. Enter UNDERLYING CAUSE (Disease or injury hat initiated events resulting in deeth) LAST PART II. Other significent conditions or condition	a. GUNSTOT W DUE TO (C b. DUE TO (C c. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C 28a, DATE OF IN (Month, Day, 9 - 2 2 28a, PLACE OF building, et	DR AS A CONS DR	THEAST SECUENCE OF	OTHER: OTHER:	26. PL:: :ng Nome 28c. INJL WOI 1 Y ry, offica	ACE OF OEA 5 G Resi	ven in Pa	only one) Other (Sp. Bd. OESCRI SUI) Bt. LOCATICE BETT	B. WAS AN APPERFORM PERFORM VES 2 (DECHY) BE NOW IN. BJ E C DN (Street an appearance) The L B) and mannal.	JURY OCCU T SH	JREO OT OT OUT OUT OUT OUT OUT OUT OUT OUT	Approximate interval Betwoen and D one of and D one of and D one of an of a cause of D one of Cause of D one of Cause of D one of Cause of D one of D one of Cause of D one of
BY PHYSICIAN: MEDICAL	25 25 25 25 25 25 25 25 25 25 25 25 25 2	MMEDIATE CAUSE (Final disease or condition resulting in danth) Sequentially list conditions, fany, leeding to Immediate lause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events resulting in deeth) LAST PART II. Other significent conditions or conditions	a. GUNSHOT W DUE TO (C b. DUE TO (C c. DUE TO (C d. DUE T	DOWN OF AS A CONS OR AS A CONS OR AS A CONS DR AS A CON	THEAST SECUENCE OF	OTHER: ATHER: ATHER: BOFURY OF A CONTROL OF	26. PL:: :ng Nome 28c. INJL WOI 1 Y ry, offica	ACE OF OEA 5 G Resi	ATN (Check dence 6 2) NO 2: nd due to 1 at the tim	only one) Other (Seed. OESCHIE CONTROL BELLOCATIC BELLOCATIC CONTROL The cause(rea, data and	BE NOW IN. BE NOW IN. BU (Street and TELL) and manner of the process of the pr	JURY OCCU T SHe ad Number of AND due to the	JREO OT OT Cause(s) a Signeo (A	Approximate interval Betwoen and D one and D one and D one and D one and D one and D one and D one and D one and D one and D of D one and D of D one and D of D one and D one an
BE COMPLETED BY PHYSICIAN: MEDICAL	- F F - 21 - 21 - 21 - 21 - 21 - 21 - 21	MMEDIATE CAUSE (Final disease or condition resulting in danth) Sequentially list conditions, f any, leading to immediate susse. Enter UNDERLYING CAUSE (Disease or injury hat initiated events resulting in deeth) LAST PART II. Other significent conditions or condition	B. LIST ONLY ON A CAUSE B. GUNSHOT W DUE TO (C C. DUE TO (C d. DUE TO (C d. DUE TO (C 28a. DATE OF IN (Month, Day, 9 28a. PLACE OF In NER: On the best of m NER: On the best of axas HER WHO COMPLETED CAUSE	POR AS A CONS OR THEAST SECUENCE OF	OTHER: OTHER:	26. PL/: : g Nome Nome Notice	ACE OF OEA 5 G Resi TRY AT TRY? ES 2 X	Ven In Pa	only one) Other (Sed. oescription of the cause(sed. a., data and ser. M. E.	BE NOW IN. BJ C. Specify) BE NOW IN. BJ E C. DN (Street and p. Spec) The L. a) and mann place, and	JURY OCCU T SH and Number of AND there as stated due to the 29d. OATE S.	JREO OT A Cause(s) a SIGNEO (A	Approximatintarval Bat Onset and I onset a	

CI SELECT

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HI	EALTH AND I	MENTAL HYGIEN REG. NO.	E 91	26188
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	W WEA	3. TIME OF DEATH
	TENNYSON	CARLYLE	E	BALDERS	ON	9 22	199	16:16 pm
	4. SOCIAL SECURITY NUMBER 579-22-6408		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BH	RTHPLACE (State or Foreign untry)
			68 YRS.			05/01/23		rginia
00	9a. FACILITY NAME (If not institution, give :			9b. CITY, TOWN OF	LOCATION OF DE	HTA	9c. COUNTY O	F DEATH
DIRECTOR	ROUTE #113 &MA	ARYLAND rou	ite#365				WORCI	ESTER
S	106. STATE 106. COUNT	Y	10c. CITY	TOWN OR LOCATION	ON			10d, INSIDE CITY
1 2	5. Da.		Dea	adwood				LIMITS?
AL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	P. O. Box 422				57732		US	SA
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 X YES	U.S. ARMED	13. WAS DECE	NDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No- 14. R.	ACE — Americen Indien, lack, White, etc.
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES		NO Specify	n, Puerto Rican, etc.)		pecify:
	15. DECEDENT'S EDU	WWII	Ma DECEDENTIA	JSUAL OCCUPATION			1	white
COMPLETED	(Specify only highest grade	completed)	(Give kind of we	ork done during most	of working	16b. KIND OF BUS	INESS/INDUSTR	Y I
P	12	College (1-4 or 5 +)	Reti	red		TT C	Momin	
S S	17. FATHER'S NAME (First, Middle, Last)		ILE U	LIEU	ts. MOTHER'S NA	ME (First, Middle, Maiden ;	Marine	25
BEC	Wilmore E. Bald	erson				n D. Minor		
	19e. INFORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS (Street en		Route Number, City or Town		
2	Karen L. Balderso	n				od, S. D.	57732	1
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetlog 3 Rem	20b.	PLACE AND DATE OF	F DISPOSITION /Nom	e of	DATE 200 LOV	CATION — City or	Town, State
	4 Donetion 5 Other (Specify)	B1	etery, crematory or oth	s Nation	al Cem.	Stu	rgis, S	. D.
	21. SIGNATURE OF RUNERAL SERVICE LIC	DENSER!		22. NAME AND	ADDRESS OF FAC	CILITY		
	1 Lary	2. Louf	men			an Funeral		21227
	23. PART I. Entar the diseases, or	complications that caused	tha daath. Do no	ot antar tha mod	a of dying, such	as cardiac or raspin	ratory arrast.	Approximata
	shock, or heart fallara. IMMEDIATE CAUSE (Final disease or condition	List only one cause on ea	TIPCE			•		intarval Batwaan Onset and Daath
	reaulting in death)	a. DUF TO (OR AS A	CONSEQUENCE OF	MUJURI	ES			
7	_		CONSCOURNCE OF	•				
흔	Sequentially list conditions, if any, laading to immediate	DUE TO (OR AS A	CONSEQUENCE OF)	:				<u> </u>
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury	c						
늗	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	*				
H	Toodking in Gaatri, EAST	d						
AL	PART II. Other algnificant condition	s contributing to death be	ut not resulting in	the underlying	cause given in I	Part i. 24a. WAS AN /	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
						PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC								OF DEATH?
ž								,
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				CE OF DEATH (Che	ock only one)		
Sic	1 X YES 2 □ NO	HOSPITAL: 1 Inpatient 2 ER/Output	etient 3 DOA	OTHER: 4 - Nursing Home	5 🗆 Residence 🕽	Other (Specify) S	CENE	
H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Yeer)	28b, TIME	OF 28c. INJUI	TA YE	28d. DESCRIBE HOW IN	JURY OCCURED	
B	1 Natural 5 Pending 2 Accident Investigation	9-22-91	16:1	210 1 TYE		SUBJECT	DRIVE	R IN AUTO
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Speci	rty)			28t. LOCATION (Street or City or Town, State)	nd Number or Run	al Route Number,
La la			SCENE			ROUTE	113	
COMPLETED	29e. CERTIFIER (Check only one)	CIAN: To the best of my knowle	edge, death occurred	at the time, date e	nd place, end due	to the ceuse(s) end meni	ner es steted.	
ő	2 MEDICAL EXAMINE	R: On the basis of examination	end/or investigation.	, in my opinion, des	th occured at the t	time, date end piece, end	due to the ceus	e(s) end manner es stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIEF	11			29c. LICENSE NUM	BER		ED (Month, Day, Year)
TO B	Menally of My	W NIV			o c n	n e	▶9-23-	-1991
-	30. NAME AND ADDRESS OF PERSON WH						7	
	DONALD 6. WRIG		111 N.	PENN	STREET	BALTIMOR	E, MAR	YLAND 21201
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA Fulia Davidson-Ro	TURE					
	SEP 26 1991 9	who will ason - No						

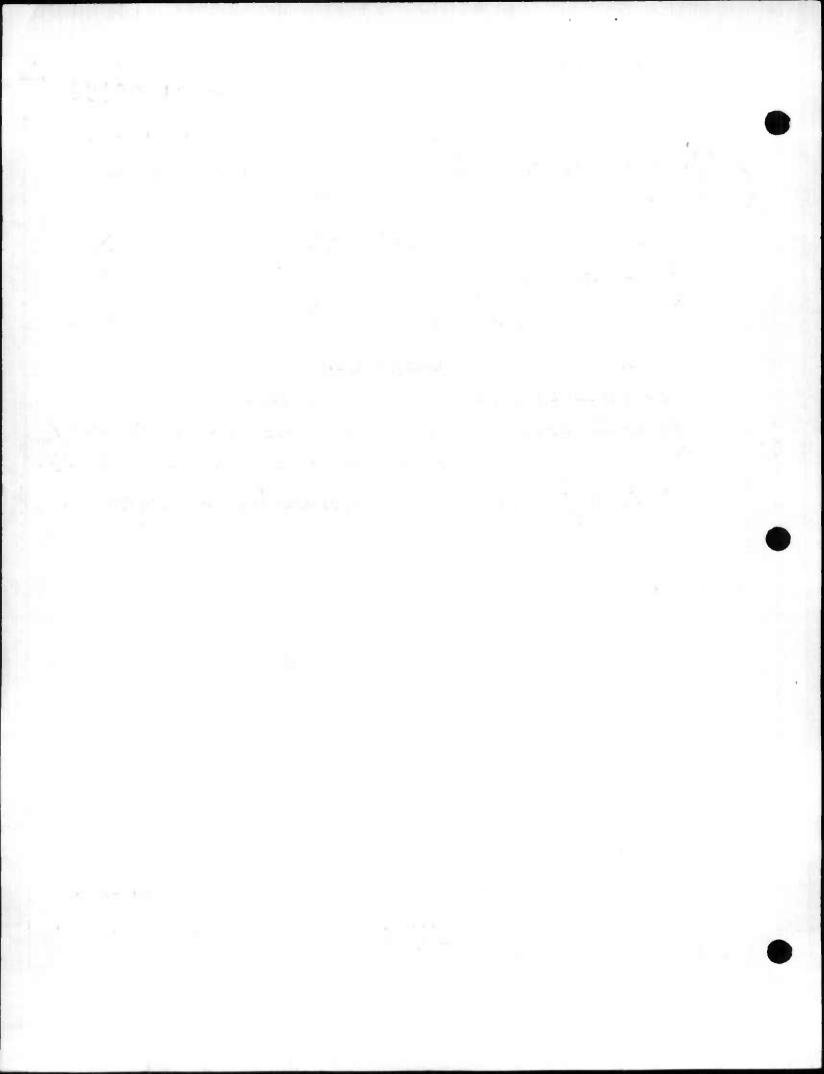
The second secon

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attenue	THE FUNEXA DISECTOR. Met his certificate has been signed by the attending physical and completely filled in by the funeral director, page 5 should be detached for use as the but a fine and the state of the state o	
tend	as t	
or at	H USE	
spitai	ed fo	
e ho	etach	900
by th	be	3 10
ained	hould	fled
e ret	5 5	not
may t	c pag	st be
9 e	recto	Ë
Pag.	ral di	iner
death	fune	ехап
after	by the	icai
DOURS	d in t	med
24	y fille	the the
within	pletel	ent,
urted	Com	C 60
оже	n and	E E
te be	Sicla	ta i
rtifica	nd bi	ther
th ce	tendir	0.0
e des	the at	lury.
hat th	AG P	my in
ires t	Signer	W 23
requ	peen	sho
e law	has	123
T-N	ficate	Iten
SICIA	certi	1, O.
PHY	r this	arke
DING	Afte	E .
TTEN	STOR STORY	28
DR A	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funity of filled unity to the funity of the fun	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PITAL	RAL	1 1
HOS	FUN	TAN
出	五	POR
2	21	3 🛎

Il-transit permit, Pages 1, 2, 3 should

	1 - STATE REGISTRAR		MARYLAND / DEP CERT	ARTMENT (OF DEATH	ND MEI	NTAL HYGIEN REG. NO.	[26189
	JAMES	Ε.	BROWN	J	R.		DATE OF DEATH DATE OF	"21 §	3. TIME OF GEATH
	4. SOCIAL SECURITY NUMBER 243 – 22 – 5113	5. SEX 1 🕅 M 2 🗌 F	6, AGE (In yrs. lest birthd	MONTHS 0			Month, Day, Year) 4 - 11 - 26	8.	BIRTHPLACE (State or Foreign Country) N . C .
DIRECTOR	99. FACILITY NAME (If not institution, give 3323 FIELDVIE)	N ROAD			ALTIMOI			9c. COUNTY	OF OEATH
EC	RESIDENCE OF DECEDENT 108. STATE 10b. COUNT	Y	10c.	CITY, TOWN OR I	OCATION				to a many com-
	MD 100. STREET AND NUMBER			ALTIMO					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	3323 FIELDVIEW			21207					U.S.A.
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED V YES 2 NO AR OR DATES	If ye	DECENDENT OF H is, specify Cubsn, I YES 2 NO	Mexican, Pu	RIGIN? (Specify Yes srio Ricen, etc.)	or No.— 14.	RACE — American Indian, Black, Whita, stc. Specify: BLACK
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12) 12 T H	CATION completed) College (1-4 or 5 d	(Give kind life. Do NO	T's USUAL OCCU of work done during T use retired.)	ng most of working		16b. KIND OF BUS	INESS/INDUST	
BE COI	17. FATHER'S NAME (First, Middle, Lest) JAMES E. BROW	IN, SR.				IS NAME (F	irst, Middle, Maiden	Surname)	
TO 1	196, INFORMANT'S NAME (Type/Print) DOROTHY BROWN		19b. MAIL 332	ING ADORESS (SI	DVIEW R	Rural Route	Number, City or Town	E, MD	21207
	20s. METHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval trom Stats	20b. PLACE AND OA COMPLETE COM	TEOF DISPOSITION OF THE PROPERTY OF THE PROPER	N/Name of EST VA	CEM.	OATE 20c. LOG		or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	2.		. C . MARC			1 E.	NORTH AVE.
	23. PART I. Enter the diseases, or cabook or heart fallows	complications that	raused the death. D						
	shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cau	ee on each line.			,	out of the spirit	atory arrest,	Interval Between Onset and Death
7	resulting in death)	DUE TO	OR AS A CONSEQUENCE	OF):		ر صفرا			20 DAYS
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEQUENCE	OF):		VASC	DUNIZ M	CODE	
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEQUENCE	OF):	NON				25 YEARS
	PART II. Other significent condition	s contributing to	faeth but not maultin	a la the conde					
EDICAL	RENAL FAI LOSS PROM	LURE	ANEMIA	2. 10			1 TYES 2	NEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ž		2-0/11	14-12-02						1 TES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetient 3 🗆 DOA	OTHER:	8. PLACE OF DEAT				
у РНУ	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, Da	NJURY 28b. T	TIME OF 280	Home 5 Reside INJURY AT WORK? YES 2 No	28d.	OESCRIBE HOW IN	JURY OCCURE	ED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF building, a	INJURY — At home, farm tc. (Specify)			28t.	LOCATION (Street ar City or Town, State)	d Number or R	tural Route Number,
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINE	CIAN: To the best of sx	ny knowledge, death occu imination snd/or investiga	irred at the time,	dats and place, and	d dus to the	cause(s) and many	er se stated, dus to the ca	use(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE			29d. DATE SIG	ONEO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUS	OF DEATH (ITEM 27) (TV	pe, Print) 120 S.R					TOWSON MB
	31. DATE FILED (Mornth, Day, Year) SEP 26 1991	32. REGISTRAL	s signature avidson-Randal	22				,03	,000,000

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last,		CERTIFIC	CATE OF DEATH	REG.	1	3. TIME OF OEA
١,	ANTHONY Social security number		DALL SE (In yrs. last birthday)	IF UNDER 1 YEAR	MONTH IRS. 7. DATE OF BIRTH	10 15	9 6:58 BIRTHPLACE (State or F
7	214-80-6996 . FACILITY NAME (If not institution, give	1 M 2 □ F	3/ YRS.	ONTHS DAYS HOURS M	IN. (Month, Day, Year	-/959 9c, COUNTY	MD.
T E	N. ROSE STR	EET		BALTIMORE		J	- O OLAIN
DIRE	10h. STATE 10h. COUNT	TY	10c. CITY,	TOWN OR LOCATION TIMORE			10d. INSIDE CIT LIMITS? 1 YES 2
ERAL	3225 FAIT	AVE.		101. ZIP CODE 2/2.	24	10g. CITIZEN	OF WHAT COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EYE FORCES? 1 P YE IF YES, GIVE WAR OF	S 2 NO		ISPANIC ORIGIN? (Specify axican, Puerto Rican, atc.) specify:	Yea or No- 14	. RACE — American Ind Black, White, atc.
OMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 5+)	16a. OECEDENT'S US (Give kind of working. Do NOT use)	k done during most of working	16b, KIND OF	BUSINESS/INOUS	TRY
111 m	17. FATHER'S NAME (First, Middle, Lest) AALPH I 19a. INFORMANT'S NAME (Type/Print)	BALL JR.	/	MA	S NAME (First, Middle, Mail GAET	CUMM	11NS
be notified TO Bi	RALDHI B	ALL JR.	3225	DORESS (Street and Number or F	VE. BA	170. M	10.2122
ar must	1 Surial 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	noval from State	Rob. PLACE AND DATE OF remetery, cremetory or othe		4 9-14 W	BALTO	or Town, Stata
examiner	21. SIGNATURE OF FUNERAL SERVICE LI	LESSEE	L. S.	22. NAME AND ADDRESS O	- What ha	2710/	Lusson Si
natic event, the medical	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions,	b	S A CONSEQUENCE OF):	INTOXICATION	Ν		Onset an
ry, or other traumatic	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	S A CONSEQUENCE OF):				
amy inju	PART II. Other significant condition	ns contributing to death	but not resulting in	the underlying cause give	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF OF DEATH?
n 23 shows	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH	I (Check only one)		1 🗌 YES 2 🗍
ed, or item 23 PHYSICIAN	EXAMINER? 1 XYES 2 NO 27. MANNER OF OEATH	HOSPITAL: 1 Inpatient 2 ER/O	utpetiant 3 DOA 4	THER: Nursing Home XIXReside			
28 is marked TED BY PH	1 Netural 5 Pending 2 Accident Investigation	FOUND: 9-1	0-91 UNKNO	WORK?	UNKNOWN		
Item 28 is PLETED	3 Suicide 8 Could not be 4 Homicide determined	FOUND IN	RY — At home, farm, atre becity) HOUSE	el, factory, office	261. LOCATION (Street of Town Street	et and Number or F	Bural Route Number,
ANT: If ite	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ICIAN: To the best of my known.	owledge, death occurred a	it the time, date end place, and in my opinion, death occured at	due to the cause(s) end r the time, data and place,	menner ea stated. and dua to the ca	use(s) and manner as s
21 X II			15		MIMBED		
IMPORTANT: If Item 28 is marked, or Item 23 shows : TO BE COMPLETED BY PHYSICIAN: MED	30. NAME AND AGORESS OF PERSON WITH	Solle	At Ma	O C M			10-1991



8. BIRTHPLACE (State or Foreig Country)

24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?

1 | YES 2 | NO

Interval Betwe Onset and Death

10.50 A M

2. OATE OF OEATH

7. DATE OF BIRTH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

8. SEX

4. SOCIAL SECURITY NUMBER

1 -

		14	1 M 2 DA	92	YRS.			ľ	une 6	, 10))		PA
L	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
Ď.	3377 York					Manch	ester				Carro	011
DIRECTO	PA	10b. COUN	ork		10c. CITY, TO Shr	ewsbu						10d. INSIDE CITY LIMITS? 1 🖄 YES 2 🗍 N
	31 Lisburn						101. ZIP CODE 10g. CITIZ			g. CITIZEN (OF WHAT COUNTRY? USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 1		12. WAS DECEDENT EVEN FORCES? 1 YES, GIVE WAR O	ES 2	MEO	If yes, specify Cuben, Mexican, Puerto Rican, etc.)					RACE — American Indian Black, White, etc. Specify: White	
1	15. OECEOENT'S EOUCATION (Specify only highest grade completed)			(G	CEDENT'S USU	done during	ATION most of working	ng	16b. KIN	O OF BUSINES	SS/INOUSTF	
	Elementary/Secondary (0-12) College (1-4 or 5+)			life	Homem					0wn	Home	2
TO BE COMPLETED	17. FATHER'S NAME (First, Middle, Last) Frank Wolf							HER'S NAM Sarah		, Malden Sum earer	rame)	
	190. INFORMANT'S NAME (Type/Print) Betty J. Bollinger				3377 Y				ester		2110	
	20e. METHOD OF OISPO 1 XBurlel 2 Crem 4 Donation 8 0	OSITION nation 3 - Re	emoval from State	of cemetary	and date of crematory or o	ther place)		arv 9	DATE /18/9			or Town, Blate
ICAL CERTIFICATION	23. PART I. Enter th ahock, o	e disesses, o	r complications that cou						Gle			
	IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list conif any, leading to imcause. Enter UNDEF CAUSE (Disease or that initiated events resulting in death) I	(Fine) nditions, mediate RLYING Injury AST	e. List only one ceuse o	AS A CONSE	OUENCE OF):	Her tec C	and	A vo V	as cardiec all as cur	or reapirato	Desegration of the second of t	Approximatinterval Be Onset and Onse
SIGIAL MEDIONE	disease or condition resulting in death) Sequentielly list confi any, leading to imcause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) I	(Fine) nditions, mediate attying injury AST Fileant conditions	a. DUE TO (OR OUE TO)))))))))))	AS A CONSE	OUENCE OF): OUENCE OF): OUENCE OF): resulting in ti	Her Control of the underly the	wing cause	Ing, such	art I. 24a	Lang Lang Lang Lang Lang Lang Lang Lang	Desegration of the second of t	Interval Be Onset and Series S
FRI SICIAN: MEDICAL	Sequentielly list corif any, leading to imcause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) to the cause of the initiated events resulting in death) to the cause of the initiated events resulting in death) to the cause of the initiated events resulting in death) to the cause of the initiated events resulting in death) to the cause of the	(Fine) nditions, mediate attying injury AST Fileant conditions	e. List only one ceuse of a	AS A CONSE	OUENCE OF): OUENCE OF): OUENCE OF): Teaulting in the control of	tee C the underly 28 THER: Nursing H 28c. M 1	ying cause of tome 5 PA	given in F	Part I. 24a Cart I. 24a Cart I. 24a Cart I. 25a Cart II. 25a Cart I	. WAS AN AUTO PERFORMED YES 2 PM	POPSY DO TOPSY NO DO TOPSY NO DO TOPSY NO DO TOPSY NO DO TOPSY DO TOTSY DO TOPSY DO	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO OF CEATH? 1 YES 2 P
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list corif any, leading to imcause. Enter UNDEF CAUSE (Disease or that initiated events resulting in death) I. PART II. Other signi	(Fine) nditions, mediate attying injury LAST The product of the	B. DUE TO (OR B. DUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR In perior 1 2 ER/ 28e. PLACE OF INJ Boat 28e. PLACE OF INJ Debugger 1 28e. PLACE OF INJ Boat 28e. PLACE OF INJ Boat 28e. PLACE OF INJ Boat 28e. PLACE OF INJ Boat 28e. PLACE OF INJ Boat 28e. PLACE OF INJ Boat 28e. PLACE OF INJ Boat 28e. PLACE OF INJ	AS A CONSE	OUENCE OF): OUENCE OF): OUENCE OF): Teaulting in the control of	tee C the underly 28 THER: Nursing H 28c. M 1	ying cause of tome 5 PA	given in F	Part I. 24a 1 [. WAS AN AUTO PERFORMED YES 2 PM	POPSY DO TOPSY NO DO TOPSY NO DO TOPSY NO DO TOPSY NO DO TOPSY DO TOTSY DO TOPSY DO	24b. WERE AUTOPSY F AWAILABLE PRIOR COMPLETION OF OF OEATH? 1 YES 2

Andell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BrAUN

ge 6 may be retained by the hospi	page 5 should be detached	t be notified at once.
ours after death. Page 6 m	of in by the funeral director,	medical examiner mus
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospir	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
r requires that the death cer	been signed by the attending t. of Health and Mental Hydi	shows any Injury, or o
ENDING PHYSICIAN: The law	R: After this certificate has er death with the State Dep	is marked, or item 23
TO THE HOSPITAL DR ATTE	TO THE FUNERAL DIRECTO be filed within 72 hours after	IMPORTANT: If item 28

-	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPA CERTII	RTMENT OF I	HEALTH AND MI	ENTAL HYGIEN		26192		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
		Elizabeth	W. Br	ennan	S		199	6:05 A M		
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday,			7. DATE OF BIRTH	8.	BIRTNPLACE (State or Foreign		
	217-38-4041	1 M 2 K F	93 YRS.	MONTHS DAYS	HOURS MIN.	01/28/	98	Maryland		
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN 9c. COUNTY OF DEATN									
NO.	Pikesville Convalescent Center Pikesville Baltimore									
5	RESIDENCE OF DECEDENT									
E			TY, TOWN OR LOCA							
	Maryland	Baltimore			Pik	cesville		1 TES 2 X NO		
RA	The second secon			10	f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL DIRECTOR	7 Sudbrook Lar		2	21208		USA				
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	2 X NO	13, WAS DEC	ENDENT OF HISPANIC Hecify Cuben, Mexican,	ORIGIN? (Specify Yes	t or No- 14.	RACE — American Indian, Black, White, etc.		
BY	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		2 X NO Specify:	Service Services		Specific:		
	15. DECEDENT'S EDI	CATION	16. DECEDENTS	S USUAL OCCUPATION	241	(produce assessment		White		
E	(Specify only highest grad	e completed)	(Give kind of	work done during mo	ost of working	16b. KIND OF BU	SINESS/INDUST	TRY		
PL	12th	College (1-4 or 5+)			20		77			
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		П	omemake		(First, Middle, Meiden	Home			
	William War	an aman								
BE	19e. INFORMANT'S NAME (Type/Print)	IISIIIaII	10h MAII IN	G ADDRESS /Street	I Uat and Number or Rural Rou	herine	Bouc	nett		
2	May E. Orr							G		
		201		OF DISPOSITION (Na		n Syk	esvil	le. MD 21784		
	20e. METHOD OF DISPOSITION 1 Buriel 2 K Cremetion 3 Ren 4 Donetion 5 Other (Specify)	noval from State	etery, crematory or	other place)	y. Inc.	DATE 20c. LO	CATION — City	or Town, State		
	21. SIGNATURE OF TUNERAL SERVICE L	ODNSEE 1/ 20	etro C.	remator	V INC .	9/24 Ba	Ttimo:	re, MD		
	, Deors	- The My	4	Crem	ation So	ciety o	f Md.	. Inc.		
	George E.			299	Frederic	k Road	Balt	O. MD 21228		
	23. PART I. Enter the diseasea, or ahock, or heart fellure.	complications that caused List only one cause on a	the death, Do	not enter the mo	de of dying, such a	na cardiac or respi	ratory arrest,	Approximate		
	iMMEDIATE CAUSE (Finel disease or condition	A		- 1/ 0 -				interval Between Onset and Daath		
	reauiting in death)	a	MC ST	-						
		DUE TO (OR AS A	CONSEQUENCE C	OF):			·			
NO	Sequentially list conditions,	b								
AT	if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE C)F):						
5	CAUSE (Disease or injury	C	CONSEQUENCE O							
Ē	thet initiated events reautiting in death) LAST	DUE TO (OR AS A	CONSCOUENCE	r-):						
CERTIFICATION		d								
AL	PART ii. Other aignificent condition	na contributing to death b	ut not resulting	in the underlying	g ceuse given in Pa	rt i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS		
5	Cery 2877	INR Heave	MU	16		PERFOR		AVAILABLE PRIOR TO COMPLETION DF CAUSE		
Ä						_ ' ' ' ' ' ' '	W NO	DF OEATH?		
ż						-		1 YES 2 NO		
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. Pt.	ACE OF DEATN (Check	only one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	etient 3 DOA	OTHER:	e 5 Residence 8 D					
Ě	27. MANNER OF DEATN	26e. DATE OF INJURY	28b. Tik	IE OF 28c. INJ	URY AT 28	Bd. DESCRIBE NOW II	NJURY OCCURE	D		
7	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN		RK? /ES 2 NO					
	3 Suicide 6 Could not be	28e. PLACE OF INJURY	— At home, farm,	atreet, factory, office	28	Bf. LOCATION (Street a	nd Number or R	ural Route Number.		
COMPLETED	4 Nomicide determined	building, atc. (Spec	ny)			City or Town, State)				
7	29e. CERTIFIER 1 X CERTIFYING PNYS	ICIAN: To the best of my knowl	adea death assure							
Ž	(Check only one) 2 MEDICAL EXAMINE	ER: On the basis of examination	and/or investigation	on in my online, date	and place, and due to	the cause(s) end man	ner ee stated.			
	29b/ SIGNATURE AND TITLE OF CERTIFIE			,, opinioit, 0						
H	7770	U AT	TWO 4 B	2/95	29c. LICENSE NUMBE		29d. DATE SIG	INED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED STATES) '	11	D1 696	5	09	9/23/91		
	Barbara A. Co	chran, M.D. 32, REGISTRAR'S SIGNI	6506	Park H	eights A	ve., Ba	lto.,	MD 21215		
	SEP 26 1991	32 REGISTRAR'S SIGNA	Brand DO							
	<u> </u>	June Limitason	Northwood							

DHMH-16 Rev 1/89

-	5	
0	>	
3	22	
'à	8	
õ	5	- 6
do	20	2
5	6	-
2	2	7
0	=	-
8	3	ĕ
듦	2	=
5	60	7
60	C)	=
ā	8	-
1	2	-
E	=	Til
9	8	=
	ě	-
10	6	- 6
0_	त्व	5
5	ē	E
100	ž	- 3
0	9 =	6
ē	\$ 5	-
ta .	ZE	G
60	- 5	ᇴ
Ž		2
×	80	
8.	₩ 5	9
	20	=
差	SE	-
둫	8 8	5
-	E .	2
Š	용률	-
3	6 9	=
8	2 3	- 60
80	E 23	-
2	6 9	100
3	20	=
3	€ .	6
5	2 5	-6
	E 6	0
-	EI	-
台	유명	_
e	E E	2
	2 2	3
5	7 0	5
to	5 8	>
5	26	- 5
60	트롬	- 77
2	등	- 5
공	C +	-
2	90	et
3	0 5	. 677
-00	8 8	2
2	4 0	E
-	ate	-
Z	50	=
4	근 9	- 2
8	9 2	
2	s €	2
포	5 3	-
(5)	* 5	3
Z	Page Bea	E
9	40	- 61
iii	R P	-
E	E de	2
×	E S	8
R	E S	
-	0 %	=
B	4 R	2
a.	H	1
OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-riours after death. Page 6 may be retained by the hospital or	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us thin 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	I ism 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

)				2. DATE OF DEATH		3. TIME OF DEATH	
Margaret R.	(Tucker) Braxton			Sept. 14	,1991	7:00 P.	
4. SOCIAL SECURITY NUMBER 577-22-9274	5. SEX 6	AGE (In yrs. lest birthday)	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/19/04	C	IRTHPLACE (State or Foreign ouritry)	
9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY C	ash.,D.C.	
4112 19th Av				le Hill:			ce George'	
RESIDENCE OF DECEDENT								
			emple i				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
4112 19th Av	e.		1	01. ZIP CODE 20748		1.11	of what country?	
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS DE	ECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No 14. F	RACE — American Indian, Black, White, etc.	
1 Never Married 2 Married 3 Never Married 4 Divorced	FORCES? 1 FYES, GIVE WAR	YES 2 NO OR DATES		specify Cuban, Mexicos S 2 X NO Speci	an, Puerto Rican, etc.) lly:		Specify: Black	
15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S	B USUAL OCCUPAT work done during n	TION nost of working	16b. KIND OF BUS	INESS/INDUSTF	TY Y	
Elementary/Secondary (0-12)	College (1-4 or 5+)			- VAC - C- N				
17. FATHER'S NAME (First, Middle, Last)	2 Yrs.	PROPR	<u> LETOR</u>	18 MOTHER'S M	DRY C.		RS	
J. Arthur F	rav			Section of the second	erine Car			
19a. INFORMANT'S NAME (Type/Print)	Lay	19b. MAILIN	G ADDRESS (Street		Route Number, City or Town		»)	
Margaret A. T	ucker			# 10 abo				
20a. METHOD OF DISPOSITION 1 ☆ Burlal 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	20b. PLACE OF DISPO				ATION — City of		
21. SIGNATURE OF FUNERAL SERVICE I	JCENSEE /	Trucoru	22. NAME	AND ADDRESS OF F	19/91 Sui	tland	, Ma	
Larry	N. P.	eatt	H.:	S.Washin 25 Burro	ngton & So oughs Ave	ons,I	nc.	
23. PART I. Enter the diseases, Dahock, or heert fellure			not enter the m	node of dying, suc	ch ae cardiac or reapir	atory arrest,	Approximate Interval Between	
	. List Only One Cause	on each mie.					HILLOLAGI DOLM	
IMMEDIATE CAUSE (Final					4			
	· Caro	Lesulmon	Veva	Arr	est			
IMMEDIATE CAUSE (Final disease or condition		R AS A CONSEQUENCE	VAVY	Arr	est	D		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	DUE TO CO	1 1	VELVUM VELVUM	Arr	est Right ,	Breas		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		1 1		Arr	est Right	Breas		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	Metastu Due TO (D	1 1	YCHUM OF):	Arr.	est Right	Breas		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Metastu Due TO (D	R AS A CONSEQUENCE	YCHUM OF):	Arr.	Right .	Breas		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (C)	R AS A CONSEQUENCE OF	y L / N UM DF):				<i>t</i>	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C)	R AS A CONSEQUENCE OF	y L / N UM DF):		Part I, 24a. WAS AN / PERFORI	AUTOPSY MED?	24b. WERE AUTOPSY FINDII MAILABLE FRIOR TO COMPLETION OF CAUS	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Me 19.5 72 DUE TO (O	R AS A CONSEQUENCE OF	y L / N UM DF):		Part I, 24s. WAS AN	AUTOPSY MED?	24b. WERE AUTOPSY FINDII ANALABLE FRIOR TO COMPLETION OF CAUS OF DEATH?	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C)	R AS A CONSEQUENCE OF	y L / N UM DF):		Part I, 24a. WAS AN / PERFORI	AUTOPSY MED?	24b. WERE AUTOPSY FINDII MAILABLE FRIOR TO COMPLETION OF CAUS	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions in death in the condition of the con	DUE TO (C) d. Dona contributing to d Melly	R AS A CONSEQUENCE OF	or): In the underlying the second se		Part I. 24a. WAS AN PERFORM 1 YES 2	AUTOPSY MED?	24b. WERE AUTOPSY FINDER ANALABLE FRIOR TO COMPLETION OF CAUS OF DEATH?	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of the conditions of th	DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O	R AS A CONSEQUENCE OF	OF): In the underlying the second se	ing cause given in	Part I. 24a. WAS AN PERFORM 1 YES 2	AUTOPSY MED?	24b. WERE AUTOPSY FINDER ANALABLE FRIOR TO COMPLETION OF CAUS OF DEATH?	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other aignificant conditions of the condition of	DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O	R AS A CONSEQUENCE OF AS A	OF): In the underly! 26. OTHER: 4 Nursing Ik	ing cause given in	Part I, 24a. WAS AN PERFORI 1 TYES 2	AUTOPSY MED?	24b. WERE AUTOPSY FINDER MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other aignificant conditions of the condition	DUE TO (O d. D. DUE TO (O d. D. D. D. D. D. D. D. D. D. D. D. D. D.	R AS A CONSEQUENCE OF AS A	OF): In the underlying the underlyi	ing cause given in PLACE OF DEATH (C) print 5 Residence NJURY AT ### WORK? YES 2 □ NO	Pert I. 24a. WAS AN / PERFORM 1 YES 2 theck only one) 6 Other (Specify) 28d. DESCRIBE HOW IN	AUTOPSY MEO? NO	24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions in the condition of	DUE TO (O d. DU	R AS A CONSEQUENCE OF A CONSEQUENCE OF AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUE	OF): In the underlying the underlyi	ing cause given in PLACE OF DEATH (C) print 5 Residence NJURY AT ### WORK? YES 2 □ NO	Part I, 24a. WAS AN PERFORE 1	AUTOPSY MEO? NO	24b. WERE AUTOPSY FINDER ANALABLE FRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are suiting in death) LAST PART III. Other aignificant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	DUE TO (D c. DUE TO (O d. DUE TO (O d. DONA CONTRIBUTING TO d HOSPITAL: 1 Inpatient 2 1 28a. DATE OF IP (Month, Day) 28e. PLACE OF building, et	R AS A CONSEQUENCE OF A CONSEQUENCE OF AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUE	OF): 28. OTHER: 4 Nursing He ME OF LUURY M 1	PLACE OF DEATH (C) DIE 5 Residence NJURY AT WORK? YES 2 NO	theck only one) 24a. WAS AN I PERFORM 1 YES 2 theck only one) 6 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street e City or Town, Strete)	AUTOPSY MEO? NO NO NO NURY OCCURE	24b. WERE AUTOPSY FINDII ANALABLE FRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other aignificant condition of the condition of	DUE TO (0 c. DUE TO (0 d. DU	R AS A CONSEQUENCE OF A CONSEQUENCE OF AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUE	OF): 26. OTHER: 4 Nursing He ME OF LUURY M 1	PLACE OF DEATH (C) PLACE OF DEAT	theck only one) 24a. WAS AN I PERFORM 1 YES 2 theck only one) 5 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street e City or Town, State)	AUTOPSY MEO? NO NO NO NURY OCCURE The Number of Records of Re	24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other aignificant condition of the condition of	DUE TO (O c. DUE TO (O d. DU	R AS A CONSEQUENCE OF A CONSEQUENCE OF AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUE	OF): 26. OTHER: 4 Nursing He ME OF LUURY M 1	PLACE OF DEATH (C) PLACE OF DEAT	heck only one) 6 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street e City or Town, State) the to the cause(e) end man the time, date and place, end	MUTOPSY MED? NO NUMBER OF REPORT O	24b. WERE AUTOPSY FINDER ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	

Jula Dandson-Randall

SEP 26 1991

ï	0	3	
ı	E	9	
1	Spi	ped	
	9	tac	83
	the	9	5
	3	2	at
	8	B	2
	tain	sho	=
	9	50	5
	0	age	pe
	maj	G.	150
1	9	cto	Ē
	age	dire	-
	9	Ta .	=
	eath	fune	TIE
	91.0	a pe	8
	affe	No.	ca
	E S	E .	De.
	2	pel d	E
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us be filled within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial cremarian or nemonal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
	Pi.	eteh	1,
	×	nple Cre	Ver
	rted	ia Co	9
	Cect	pring	ati
	8	29	E
	8	rior	5
	Cat	e by	6
	J.	ien i	등
	20	H	-
	eath	atte	*
	b a	Me	1
	t th	7 2	트
	tha	1 pg	£
	res	ign	22
	in de	E H	5
	₩ re	bee	9
	3	Dep	23
	E	te ite	티
	S	Str	=
	CIA	the	0
	H-SS	it di	ed
	4	55	ark
	ING	Affe	E
	ENC	- N	40
	E	E ta	28
	2	IRE	E
	0 7	0 %	=
	TIA	图以	-
	SS	E IN	Z
	王	N X	H
	呂	THE	2
	2	23	Ξ

1. DECEDENT'S NAME (First, Middle, La	98)		FICATE OF		REG. NO.		3. TIME OF DEATH
LULA	V. BESS				09 24		YEAR
4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH	1	BIRTHPLACE (State or Foreign
578-50-2471	1 M 2 X F	56 YRS.	MONTHS DAYS	HOURS MIN.	5/23/35		Bethel, N.C.
9e. FACILITY NAME (If not institution, given	e street and number)		96. CITY, TOWN	OR LOCATION OF DEA	тн	9c. COUNT	Y OF DEATH
PRINCE GEORGE'S	HOSPITAL CEN	TER	CHEVE	RLY		PRIN	CE GEORGE'S
10e. STATE 10b. COU	NTY	10c. Cf	TY, TOWN OR LOCA	TION			10d. INSIDE CITY
Md.	P.G.	C	apitol	Hqts.			LIMITS?
10e. STREET AND NUMBER				1. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
505 Suffolk	Ave. # 20	3		20743		τ	J.S.A.
t1. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. ARMED			C ORIGIN? (Specify Yes	or No- 1	4. RACE — American Indian, Black, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF			ecify Cuben, Mexicen, 2 NO Specify:	, Puerto Ricen, etc.)		Specify: Black
15. DECEDENT'S E	DUCATION		1				
(Specify only highest gn Elementary/Secondary (0-12)	ide completed)	(Give kind of	S USUAL OCCUPATI work done during m use retired.)	ON ost of working	16b. KIND OF BUS	INESS/INDU	STRY
8th	College (1-4 or 5 +)	100000000000000000000000000000000000000	maker		Own	Home	3
17. FATHER'S NAME (First, Middle, Lest)				18, MOTHER'S NAM	E (First, Middle, Maiden	Sumamai	
Grandville	Best				Mae Eve		
19e. INFORMANT'S NAME (Type/Print)	2	19b. MAILIN	AOORESS (Street	and Number or Rural Ro	ute Number, City or Town	, State, Zip C	file, Md.
Bobbie Pollar	a	643	3 H111-	Mar Dr.	#402,For	estv:	ille,Md.
20e. METHOD OF DISPOSITION 1 Burlel 2 □ Cremetion 3 □ Re	moval from State	206. PLACE AND DATE	adhan alam al				ly or Town, State
4 Donation 5 Other (Specify)		Harmony Harmony	Mem. P	ark 9/2	8/91 Lan	dovei	Md.
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME A	Machine	LITY	na Tr	20
Jany	W. PA	iat	4925	Burroug	ton & Soghs Ave.	, N.E.	
23. PART I. Enter the diseases, or heart failur	r complications that cause. List only one cause or	sed the deeth. Do					et, Approximate
IMMEDIATE CAUSE (Final	e. List only one ceuse or	eech line.					interval Betwee
disease or condition resulting in death)	DUE TO (OR A	10 146	RONV	May /	RRES	7	1
	DUE TO (OR A	S A CONSEQUENCE C	PF):	1		/	
Sequentielly list conditions,	a PU	Chon	ARY	MAS	ren		
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE O	F):	77 0			
CAUSE (Disease or injury that initieted events	C. DUE TO (OR A	UEUM A CONSEQUENCE O	DIN I	113			
reaulting in death) LAST							į
BADT II Other significant and Miles				-			
FART II. Other alignificant conditi	one contributing to death	but not resulting	in the underlyin	g ceuse given in P	art i. 24s. WAS AN / PERFOR		24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO
					t 🗆 YES 2	NO NO	COMPLETION OF CAUSE DF DEATH?
					_		1 TES 2 NO
				ACE OF DEATH (Checi	k only one)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:				
25. WAS CASE REFERRED TO MEDICAL	1 inpatient 2 ER/O		OTHER: 4 - Nursing Horn	e 5 🗀 Residence 8		HIRV COOK	250
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	1 inpatient 2 ER/O	Y 28b. TIA	OTHER: 4 Nursing Horn IE OF 28c. INJ	e 5 Residence 8 URY AT RK?	Other (Specify)	JURY OCCU	RED
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJUR (Month, Day, Yeel 28e. PLACE OF INJU	Y 28b. TIN	OTHER: 4 Nursing Hom IE OF 28c. INJ URY WC 1	e 5 Residence 8 URY AT RK? (ES 2 NO	28d. DESCRIBE HOW IN		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 25 NO 27. MANNER OF OEATH 1 Netural 5 Pending investigation investigation	1 inpatient 2 ER/O	Y 28b. TIN	OTHER: 4 Nursing Hom IE OF 28c. INJ URY WC 1	e 5 Residence 8 URY AT RK? (ES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	28e. DATE OF INJUR (Month, Day, Yeel 28e. PLACE OF INJU	Y 28b. Tilk IN.	OTHER: 4 Nursing Horn IE OF	e 5 Residence 8 URY AT RK? /ES 2 NO	284. LOCATION (Street as City or Town, Stete)	nd Number or	Rural Route Number,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Ophnell Cumberbatch, M.D. 601 60th Pl., Fairmount Hgts., Md. 20743

31. OATE FILEO (Month, Day, Year)
SEP 26 1991

Julia Javidson—Randade

Listing have Comment of the

a

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attends
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as it
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYGI		5	0130
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF DEATH
	MITZIE U llysses					MONTH	71 91	YEAR	9:00 a M
	4. SOCIAL SECURITY NUMBER	- D 3D -	(In yrs, last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year	,		ACE (State or Foreign
	578-16-8968	·	3 YRS.			4/22/1			h Carolin
œ	90. FACILITY NAME (If not institution, give			ы. сіту, томы Lanha	OR LOCATION OF E	DEATH		TY OF DEAT	
5	Doctor's Hosp:		Prin	ce G	eorge's				
DIRECTOR	10a. STATE 10b. COUNT		10c. CIT			10-	d. INSIDE CITY		
	Md.	P.G.	Lar	:go			1 (X YES 2 NO	
FUNERAL	100. STREET AND NUMBER			10	f. ZIP CODE		10g, CITIZI	EN OF WHA	T COUNTRY?
INE	1109 Castle	WOOD Dr.			20772			. S.	
	11. MARITAL STATUS Sep. 1 Never Married 2 Married	FORCES? 1 YES	2X XNO	If yes, sp	ecify Cuben, Mexic	NIC ORIGIN? (Specify en, Puerto Ricen, etc.)	Yes or No—	Black, W	
В	3 Widowed 4 Divorced	IF TES, GIVE WAR ON DA	ATES	1 TYES	2 NO Speci	ify:		Specify:	Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DECEDENT'S	USUAL OCCUPATION OF THE PORT O	ON set of working	16b. KIND OF	BUSINESS/INDU	STRY	
J.E.	Elementary/Secondary (0-12)	College (1-4 or 5+) 4 Yrs.	Nurse	vork done during mo e retired.)	of or working				
OME	17. FATHER'S NAME (First, Middle, Last)	7 115.	Nurse				rsing		
		cles Evans				AME (First, Middle, Maid			
BE (19a. INFORMANT'S NAME (Type/Print)	165 avails	19b. MAILING	ADDRESS (Street)		Aoute Number, City or		\adala	
10	Delores Kiser					Dr.,Larg			7.2
	20a. METHOD OF DISPOSITION	206	PLACE AND DATE O	F DISPOSITION (NO	ame of	DATE 20c.	LOCATION - CI	ty or Town,	State
1X Burief 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) Harmony Mem. Park 9/25/91 Landover, Md									d .
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME A	ND ADDRESS OF FA	ACILITY			
	Jany	W. Dra	u	4925	Burroi	gton & S ughs Ave	.,N.E.	nc.	
CERTIFICATION	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, and such, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due To (or as a consequence or): Due To (or as a consequence or): Due To (or as a consequence or): Due To (or as a consequence or): Due To (or as a consequence or): Due To (or as a consequence or): Due To (or as a consequence or): Due To (or as a consequence or):								
		d							
PHYSICIAN: MEDICAL	PART II. Other significant condition	e contributing to death be		n the underlying	g ceuse given in	PERF	AN AUTOPSY ORMED?	AVA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:			ACE OF DEATH (Ch	neck only one)			
IYSI	1 TYES 2 NO	1 npetient 2 ER/Outpu	ntient 3 🗆 DOA	OTHER: 4 Nursing Hom	e 5 🗀 Residence	8 Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	26b. TIME INJU	JRY WO	RK?	26d. DESCRIBE HOY	V INJURY OCCU	RED	
BY	2 Accident Investigation 3 Suicide 8 Could get be	28s. PLACE OF INJURY	- At home form of		ES 2 NO				
日日	4 Homicide 8 Could not be determined	building, etc. (Speci	(y)	reer, rectory, office		26f. LOCATION (Stree City or Town, Sta	et and Number or (e)	Rural Route	Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my knowle R: On the beels of examination	edge, death occurred	d at the time, date	end place, end due	to the cause(e) end n	nanner se stated	Ceuse(s) end	i manner ee stated.
BE	296 SIGNATURE AND TITLE OF CERTIFIER	t .			29c. LICENSE NUI		29d. DATE S	SIGNED (Mor	nth, Day, Year)
2	plany full.	0.0010			D 372	-43	1 9	12110	1/
	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	26770				
	SEP 2 6 1991	932 REGISTRAR'S SIGN	indell.						

Cul** 11

TO THE HOSPITAL IN CONTROLL THE Law requires that the death certificate be executed within 2x nouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL UNEFAILS At this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 noun manner with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If I man 24 is manned, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once. PHYSICIAN: The law requires that the death certificate be executed within 2- nours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21203-3146

N OF VITAL RECORDS, P.O. BOX 13146,

REGISTRAR		CERTIFIC	AIE OF	DEATH	REG. NO					
1. DECEDENT'S NAME (First, Middle, Lee SARAH	BA	RBER	9		Sept. 24,		3. TIME OF DEATH 7:00 P.M			
3.14 -0223	7 1 D M 2 XF 7	YAS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	Count	CMAJESA			
9a. FACILITY NAME (If not institution, give PRESIDENTIAL RESIDENCE OF DECEDENT	wood NURS		ADEL	PHI		Prince	George's			
Maryland Pri	nce George's		own on Loca yatts			10d. INSIDE CITY LIMITS? 1 XYES 2 NO				
10- STREET AND NUMBER 3414 55th Ave	enue		10	20784	1.	10g. CITIZEN OF	WHAT COUNTRY?			
3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 X NO	If yes, sp		ANIC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	Spec	E — American Indian, k, White, etc. ity:			
15. DECEDENT'S E (Specify only highest on Elemantary/Secondary (0-12) 7th Grade 17. FATNER'S NAME (First, Middle, Last)	DUCATION side completed) Cellege (1-4 or 5+)	16a, DECEDENT'S US (Give kind of work Me. Do NOT use re HOUSEW	done during metired.)	ON ost of working		siness/industry				
17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S N	IAME (First, Middle, Maiden	Sumame)				
Norse L.	Weens				y E. Joh					
D 198. INFORMANT S NAME (Typerrint)	liama	111			i Route Number, City or Tox					
Patricia Wil		3414			Hyattsvil	LE, MD.	Chale			
1 Burial 2 Cremation 3 R. 4 Donation Control Other (Specify)	emovel from State	other place) armony M				ndover,				
21. SIGNATURE OF FILEERAL SERVICE		dimony in	22. NAME A	ND ADDRESS OF	FACILITY		110.			
▶ Vohm	1	+			ineral Ho	-				
23. PART & Enter the disesses, t	or complications that cause	d the dath 20 and			ng Rd., N					
hock, or heert failur immediate CAUSE (Final disease or sondition	e. Liet only one cause on e	ech line.				matory arrest,	Approximate Interval Between Onset end Death			
resulting to death)	resulting to death)									
MASSIVE LEPT CEREBRAL INFART										
Sequentielly list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
CAUSE (Disease or Injury	العلاء	CAROTI	m o	BUTTU	CTION;					
that initiated events	DY DUE TO (OFFAS	A CONSEQUENCE OF)	0: 4	10. 6	NA -Cal	1-1				
To so king in down of the	an appear	2 1000	COL	ET) []	vo-col	IE)				
25. WAS CASE REFERENCE DIMEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	PART II. Other significant conditions contributing to easth buying resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROFINED? 1 YES 2 NO 24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?									
25. WAS CASE REFERRED TO MEDICAL	19 901000	a rvi	26. P	LACE OF OEATH (Check only one)					
1 YES 2 YNO	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 DOA	THER: X Nursing Nor	ne 5 🗆 Residenc	a 8 Other (Specify)					
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. IN	JURY AT ORK?	28d. OESCRIBE NOW	INJURY OCCURED				
2 Accident 5 Pending investigation				YES 2 NO						
3 Suicide 6 Could not	building, etc. (Spe	Y — At home, ferm, stre	et, factory, offi	ce	281. LOCATION (Street		Route Number,			
e la contact de	YSICIAN: To the best of my know						a) and manner as stated.			
		1		29c, LICENSE N			D (Month, Day, Year)			
5 Tano	delian of	OD.		D-34	525	19-5	19-25			
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF OR	EATH LITEM 27 (Type A	PKWA	4; # 8	3; GREE	NBELT	-MD:			
3 SEP 2 (Month 1999)	Lune Daydon-Ra	nature ndale					20110			

2012 1 and the strength and Charles State of the Control of the een virtual grant and trapp 111

TO THE HISPIT TO THE FINER. DIR FINE WITH

301 So 31. DATE FILED (MONTH DOWN 1999)

	1. DECEDENT'S NAME (First, Middle, Last)			FICATE OF		2. DATE OF DEATH	3. TIME OF DEAT				
		ANTONI	A BAKER-M	ILLER		MONTH DA	3 9 11:1				
	4. SOCIAL SECURITY NUMBER		AGE (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Fo				
	212-05-9533A	1 🗆 M 2 💢 F	82 . YRS.	MONTHS DAYS	HOURS MIN.	2-8-1909	MARYLAND				
~	9e, FACILITY NAME (If not Institution, give	street end number)			OR LOCATION OF D		9c. COUNTY OF DEATN				
5	MERCY HOSPITAL RESIDENCE OF DECEDENT										
DIRECTOR	10e. STATE 10b. COUNT	ry	10c. Cf	TY, TOWN OR LOCA		10d. INSIDE CITY					
10	MARYLAND	BALTIMORE			DUNDAL	K	1 - YES 2				
IAL	100. STREET AND NUMBER			10		10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	3102 DUNGLOW ROA				21.22		u.s.A.				
F	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (YES 1 NO	If yes, s	pecify Cuben, Mexic	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.)	or No— 14. RACE — American Indi Black, White, etc.				
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES"	1 🗌 YE	S 2 NO Speci	lfy:	Specify: WHI				
G	15. DECEDENT'S ED (Specify only highest grad	UCATION		S USUAL OCCUPAT		16b. KIND OF BUS	INESS/INDUSTRY				
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	We. Do NOT		lost or working						
COMPL	8TH GRADE	N/A	НОМ	E MAKER			HOME				
00	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden	Sumeme)				
BE	EMIL KOEPF					RTHA					
2	19e. INFORMANT'S NAME (Type/Print)	OVV				BALTIMORE.					
	BETTY JANE BUKOV	1100	20b. PLACE AND DA	DUNG LOW			CATION — City or Town, State				
	1 Oburial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	noval from State	MORELAND		L 9-27-		LTIMORE. MARYLAN				
	21. SIGNATURE OF TURERAL SERVICE L	ICENSEE /	MORCEAND	22 NAME	NO ADDRESS OF E	ACIL ITY	The second second				
	23. PART i. Enter the dissess, or			7922	WISE AV	ENUE DUNI					
	shock, or heart failure. List only one cause on each lin IMMEDIATE CAUSE (Finel						interval E Onset an				
	disease or condition resulting in deeth)						100				
		DUE TO (OR									
ON	Sequentielly list conditions,	b. DUE TO (OR	AS A CONSEQUENCE	0E): AL	ma						
RTIFICATION	if any, leading to immediats cause. Enter UNDERLYING	OV	10001	absta	The tive	e pulm	disense				
IFIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEQUENCE	0F):	action	parisi	913365				
ERT	resulting in death) LAST	d									
O	PART ii. Other significant condition	ons contributing to des	ath hut not requiting	in the underlyi	na ceuse alven li	n Part I. 24s. WAS AN	AUTOPSY 24b. WERE AUTOPSY I				
CAL		ension	and the resulting	, in the diderry	ing cause given in	PERFOR	MED? AVAILABLE PRIOF				
MEDI	Til ber	C4 12 1641				1 _ YES 2	OF DEATH?				
Σ				765-0-40			1 🗆 YES 2 🔯				
IAN	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	Check only one)					
SICIAN	EXAMINER?	HOSPITAL:	VOutpetient 3 DOA	OTHER:	AND THE PART OF TH	A Section					
¥	27. MANNER OF DEATH 286. DATE OF INJURY 286. TIME OF 28C. INJURY AT 28d. DESCRIBE HOW INJURY										
ВУ Р	1°N Natural 5 Pending 2 Accident Investigation	LXICA	N		YES 2 NO						
0	3 Suicide 6 Could not be	28e. PLACE OF IN building, etc.	JURY — A1 home, fern	, street, factory, off	Ice	281. LOCATION (Street a City or Town, State)	and Number or Rural Route Number,				
ETE	4 Nomicide determined		MIN								
-	(Shook Shiry	SICIAN: To the best of my	knowledge, death occu	rred at the 11me, da	te end place, end du	ue to the cause(a) end me	nner as stated.				
0	and I										
OMPI	one) 2 MEDICAL EXAMI	VER: On the basis of exami	ination and/or investiga	tion, in my opinion,	death occured at th	ne 11me, date and place, er	nd due to the ceuse(e) end menner ee				
BE COMPLET	2 MEDICAL EXAMI		ination and/or investiga	tion, in my opinion,	death occured at the		29d. DATE SIGNED (Month, Day, Year				

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State hent of Health and Mernal Hodiene prior in burial cremation or removal.	ne medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE/HOS THE ON THENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUN WAS DEFINED. After this certificate has been signed by the attending physician and completely filled in by the fire find with the State Dent of Health and Mental Hydiene prior in burial, cremation, or removal.	IMPORTANT IL em 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.

for STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT OF		HYGIENE REGENO.) 20.0				
1. DECEDENT'S NAME (First, Middle, L	JOHN TURNER BAS		2.1	DATE OF DEATH	GEAR 12 PM. M				
4. SOGIAL GECHRITY NUMBER 219-18-218)	5. SEX 6. AGE (In yrs.)	YRS. MONTHS DAYS	HOURS MIN.	DATE OF BIRTH	8. BIRTHPLACE (Signs of Foreign Blunty) MARY LAND				
9a. FACILITY NAME (If not institution, g	re		or location of DEATH		Baltimore				
9633 Alda Driv		10c. CITY, TOWN OR LOC	ATION Baltimo	re 2/23	10d. INSIDE CITY LIMITS? 1 YES 2 XXXX				
10e. STREET AND NUMBER 9	633 Alda Drive		2 /2	234	10g. CITIZEN OF WHAT COUNTRY? USA USA				
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? WAYES 2 IF YES, GIVE WAR OR DATES	NO WWII I I yes,	ECENDENT OF HISPANIC Of specify Cuban, Mexican, Pubes 2 X Decity:		r No- 14. RACE — American Indian, Black, White, etc. Specify:				
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Las	grade completed)	DECEDENT'S USUAL OCCUPA (Give kind of work done during life. Do NOT use retired.) IN	VESTIGATOR	166. KIND OF BUSIN	surance				
Willan	17. FATHER'S NAME (First, Middle, Lest) BASS William Bass Ruth Nagenga Ruth Nagenga								
74then no	CLONE GENWLAN		k Road Balt	imore, Ma	ryland 21212				
20e METHOD OF DISPOSITION AD Surial 2 Cremation 3 C 4 Donation 5 Other (Specify)	Removal from State 20b. PLAC	CÉ ANO DATE OF DISPOSIÓN NO DE LA F			TION - City or Town, State TMO re Maryland				
21. SIGNATURE OF FUNERAL SERVIC	NG KEITZ	22. NAME	AND HODDESS OF FACILITY OF THE PARTY OF THE	Leclofe /	6. MH 212R				
23. PART I Enter tha diseases shock, or heart fall immediate CAUSE (Finel disease or condition resulting in daath)	or complications that caused that use. List Drily one cause on each if	ARREST SEQUENCE OF):		,	Interval Between Onset and Death				
Sequantielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (OR AS A CONS C. DIE TO (OR AS A CONS OUE TO (OR AS A CONS A DERINDER A	SEOUENCE OF):	lar Pis		YRS 11				
PART II. Other significant cond	ditions contributing to death but no				MAILABLE PRIOR TO				
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH					1 U YES 2 NO				
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 XYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient	OTHER:	PLACE OF DEATH (Check of						
	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c.		d. DESCRIBE HOW INJ	JURY OCCURED				
3 Suicide	2 Accident investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
Corneck Orley	PHYSICIAN: To the best of my knowledge,				er as stated. due to the cause(a) and manner as stated.				
29b. SIGNATURE AND TITLE OF CER	TTIFIER AD		29c. LICENSE NUMBER	R	29d. DATE SIGNED (Month, Day, Year)				
Jacob Color	ON WHO COMPLETED CAUSE OF DEATH (I	ITEM 27) (Type, Print)	R))/)	15 358-007)				
31. DATE FILED (Month, Day, Year)	132. REGISTRAR'S SIGNATURI Sukia Davidson-Ran	dell	own 1	412	10 000				

DIVISION OF VITAL RECORDS, P.O. BOX 68760, OBO

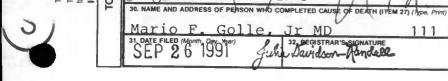
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, place 5 should be detached for use as the hurrial-transft narmit penas 1 2 3 sexual
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: I item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

91 26199 91-5531-510 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Carla 09 Bundick 1991 AM Rose 24 3:50 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 219-78-4163 2-15-1958 33 1 🗌 M 2 💢 F Maryland 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Shock Trauma Center Baltimore RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Mary Land Baltimore 21206 1 TYES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 314 Dale Avenue 21206 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 2 XNO BY Specify: White 1X YES 2 NO Specify 3 📑 "dowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compo Elementary/Secondary (0-12) 12th College (1-4 or 5+) attended Word Processer Loyola College 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Jose Louis Valasquez Edith BE R. Sanders 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10 Paul R. Bundick 314 Dale Avenue Balto. Md. 21206 20a. METHOD OF DISPOSITION
1 ☐ Burlai 2 X Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 4 Donation S Ther (Specify) Loudon Park Cemetery9-26-91 Baltimore, Md. 21. SIGNATURE OF #10 MAL SERVICE LICES 22. NAME AND ADDRESS OF FACILITY 0 Joseph N. Zannino Jr. Funeral Homee Kork oxner 263 S. Conkling Street Balto 23. PART I. Enter the diseases. or complications that ceused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, Approximsta shock, or heart feiture. one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition MULTIPLE (NJURIES resulting in death DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If eny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) thet initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? ES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | XER/Outpetient 3 | DOA OTHER: 1 X YES 2 NO me 5 - Residence S - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 24 1991 M 1 YES 2 NO BY 09 :40A Driver in auto impact

261. LOCATION (Street and Number or Rural Route Number,
City or Town, State) 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcida 8 Could not be COMPLETED 4 Homicide Qn street I - 8329a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of example nation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 790. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 0.9

.C.M.E

111 Penn Street, Baltimore Maryland



MD

2

21201

1991

1 - 10

מיים בי הייו מיים אורים בי הפורו Pi OLT

-06-6

2127

5000

- E - E - I - I C

andie	as t	
r afte	nse	
talo	Ď	
osbi	ched	
the h	deta	-
4	2	
ined	ponid	flad
reta	50	100
y be	oage	9
6 ma	tor.	faring
age (direc	-
4	100	nin
deat	fun i	BV2
after	th th	63
Suno	in t	pou
24 h	filled on. o	ad a
hin	mati	*
d wil	mple cre	97.0
cute	d co	die
900	to t	- mi
te bi	Sicia	=
tifica	o ph	ther
h cer	ndin	0 10
deat	afte	2
the	y the	-
that	ed b	AUN
uires	sign	37
req	been .	che
e lav	has	1 23
E	State	ilen
ICIA	the	70
SH.S	with	fred
NG	fter	E
ENDI	IR: A	3
ATT	ECTC aft	7 28
** THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as to the within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or remonal.	MPORTANT If item 28 is marked or item 23 shows any injury or other traumatic assent the medical assentiate must be assisted at any
PITAL	PA Z	F 16
HOS	FUNE	TAN
물	THE Del	POR
0	0 9	3

	1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND / CE	DEPAR ERTIF	ICATI	OF H	EALTH A	AND MI	ENTAL HYGIEN REG. NO.		-	26200
	t. DECEDENT'S NAME (First, Middle, Last)	_			IT 3 D	TDGI	,		2. DATE OF DEATH DO	W 1.0	yeary	3. TIME OF DEATH
	HARRY 4. SOCIAL SECURITY NUMBER	F. SEX	AGE (In yrs. les		LAR		IF UNDER 2	4.000	7. DATE OF BIRTH		- 1	12:25 pm
	213-18-3817	MONTHS DAYS HOURS MIN. (Month, Day, Year								Ι'	Country	
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN C	R LOCATION	N OF DEAT	11/13/19	Maryland 9c. COUNTY OF DEATH		
DIRECTOR	1123 WASHINGT	ON BOULEY	JARD		BALTIMORE							MORE
RE	10e. STATE 10b. COUNT	4			Y, TOWN		ION		10d. INSIDE CITY LIMITS?			
	Md.			Bal	timo							1 XES 2 NO
FUNERAL	1123 Washington	Rlvd		101. ZIP CODE 21230						10g. CITIZI		HAT COUNTRY?
ONE	11. MARITAL STATUS	12. WAS DECEDENT EV	/ER IN U.S. ARI	MED	13.	WAS DEC			ORIGIN? (Specify Yea	ar No. I s	USA	- American Indian,
BY	t Never Married 2 Married 3 W Widowed 4 Divorced	YES 2 NO DATES	Ю		If yes, spe	cify Cuban,	Maxican, Specify:	Puerto Rican, etc.)		Black, Specif	, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	N at of undring		16b. KIND OF BUS	SINESS/INDU	STRY	11322.00
Ē	Elementary/Secondary (0-t2)	College (1-4 or 5+)	life.				at of working					
MP	12			Ret	ired				C & S		S	
	17. FATHER'S NAME (First, Middle, Last) William Claridge								(First, Middle, Maiden	Sumame)		
96	19a. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRES	2 (Stenet a			l. May te Number, City or Town	0		
٥	Henry F. York		1	125	Wash	ingt	on Bl	Lvd.	Balto.,	Md.	212	30
	20a, METHOD OF DISPOSITION		20b. PLACE A	ND DATE (OF DISPOS	ITION (Na	ne of			CATION — CI		
	4 Donation 5 D Other (Specify)		cemetery, crer	svil	le V	eter	ans 0	em.	9/26 Cr	cownsv	ill	e. Md.
	21. SIGNATURE OF FILMENAL SERVICE LIC	ENSEE L	1				D ADORESS			77		
	· Nary	d. La	ufme	ans					n Funeral Elkridge			1227
CERTIFICATION	23. PART i. Enter the diseases or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on such line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):										Interval Between	
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not				resulting in ths underlying cause given in P				rt I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
ă I	25. WAS CASE REFERRED TO MEDICAL					26, PL	CE OF DEA	TH (Check	only one)			
Sic	EXAMINER? 1 X YES 2 NO	HOSPITAL: 1 Inputlent 2 ER/	Outpatient 3	□ DOA	OTHER	1.	37		Other (Specify)			
ᇎ	27. MANNER OF DEATH	28e. DATE OF INJU		28b. TIM	-	28c. INJU	RY AT		d. DESCRIBE HOW IN	JURY OCCU	RED	
≽ B	1 Natural 5 Pending 2 Accident Investigation				М	1 🗌 Y	ES 2 🗌 I	NO				
	3 Suicide 6 Could not be detarmined	28a. PLACE OF INJ building, etc.	JURY — A1 hon (Specify)	ne, 1erm, a	treel, fact	ory, office		20	Office of Town, State)	nd Number or	Aural Ro	outs Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC PHYSIC CHECK ON PHYSIC PHY	CIAN: To the best of my k										and menner as stated.
Ö	290 SIGNATURE AND TITLE OF CERTIFIER		0				29c. LICENS					(Month, Day, Year)
	Mound &	- the MMI OCME							2/1991			
ř	TARON (QX	COMPLETED CAUSE OF		27) (Type, ENN		EET	BA	LTIM	MORE, MA		, ,	21201
	31. DATE FILED (Month, Dey. Year) SEP 2.6. 1991	32. REGISTRAR'S S	Gandele Mandele									

lot

the state of the s

28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORT

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAF ERTIF	RTMEN	T OF H	HEALTH DEA	AND TH	MENTA	IL HYGIEI REG. NO	_	91	26201
	1. DECEDENT'S NAME (First, Middle, Last)	LINE G. C	HANEV						MON		DAY	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In:	nd belodhoden d		R 1 YEAR			_	ot. 21	, 199		
		1 M 2 F	84	YRS.	MONTHS	DAYS	HOURS	R 24 HRS.	7. DATE (Mon	th, Day, Year)		Country	
	212-30-6340 9n. FACILITY NAME (If not institution, give	/ /	04	11101	ab orr	V 200001	OR LOCATI		Oct	29.	1906		yland
FUNERAL DIRECTOR	10132 Bell Inn L						tt C		EATH			inty of be oward	
3EC	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
2	Maryland Balt	Otimate 0						LIMITS?					
AL	10a. STREET AND NUMBER						f. ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY?
E	1907 Jefferson Re	oad					212	722					tates
5	11. MARITAL STATUS	12. WAS DECEDEN	EVER IN U.S. AF	MED	13.	WAS DEC	ENDENT C	OF HISPA	NIC ORIGI	N? (Specify Ye		14. BACE	- American Indian
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 XI	NO		If yes, sp	ecity Cube 2 X NO	in, Maxlei	n, Puarto	Rican, etc.)		Black, Specif	White, atc.
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. OE	CEDENT'S	USUAL C	CCUPATIO	ON		161	. KIND OF BU	ISINESS/INI	DUSTRY	wille
9	Elementary/Secondary (0-12)	College (1-4 or 5 +		. Do NOT us	e retired.)	during mo	ist or worki	ng					
COMPLETED	6 years	n/a		Homen	nake	7				own ho	me		
8	17. FATHER'S NAME (First, Middle, Last)			- 170			18, MOT	HER'S NA	ME (First,	Middle, Maider	Surname)		
BE	John Grieb						Bes	sie	Jone	es			
2	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AOORES	S (Street e	and Number	or Aural	Route Num	ber, City or Tov	vn, State, Zip	p Code)	
	Ida May Altman		9:	710 G	wyny	1 Pa	rk Dr	cive.	El	licott	Cita	1. MD	21042
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State	20h PLACE	ANDDATE	DE DISPOS	SITION /No	ama of		0.47	99 B	MOITION	014	- 0.0
	21. SIGNATURE OF FUNERAL SERVICE Brian T. Chisholn	1	SIL	l	D(ida-i	Ruck	Fun.	eral		of De	undal	k, Inc.
CERTIFICATION	23. PART I. Enter the diseases shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	Carello Carello Reval Recurr	Coused the date on each line Responsible of the Country of the Cou	DUENCE OF	not entai	Amt	de of dy	Ing, suc	h es csn	diec or resp	iretory and	rest,	Approximate interval Batwee Onset and Deat
PHISICIAN: MEDICAL	PART ii. Other significent condition	e contributing to	death but not r	esulting i	n tha ur	nderlying) cause (jivan in	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					28 DI	ACE OF D	FATH (Ch	ack onto	101			
2	EXAMINER?	HOSPITAL:	FR/Outpetlant 3	□ DC4	OTHE	A:	-						
	27. MANNER OF DEATN	28a. DATE OF		28b. TIM		26c. INJU	S SME	sidence		(Specify)	N II IBV OO	CURED	
	1 Netural 5 Pending	(Month, De	y, Year)	INJ	URY	WO	PK?	I NO	200. DC	CHIBE HOW I	NJUNT OCC	COHED	
	2 Accident Investigation 3 Suicide & Could not be	26e. PLACE OF	INJURY — Af hor	me, ferm, s	treet, fect		_	, 110	286 1.00	ATION (Clean)	and Number		
	4 Nomicide 6 Could not be	building, a	nc. (Specify)	-,,	,				City	ATION (Street or Town, State)	and NUMDer	or murai Ho	ute Number,
COMPLEIED	29a. CERTIFIER (Check only one) 1 DECERTIFYING PNYSI MEDICAL EXAMINE	R: On the basis of ax	my knowledge, del emination and/or i	ath occurre	d at the t	lme, date	and place,	end due	to the car	use(a) and me	nner es stat	led. ne cause(a)	and menner ea stated.
	296. SEMATURE AND TITLE OF CERTIFIER	11.10	12				29c. LICE				29d. DAT	E SIGNED	Month, Day, Year)
	inxersel 12/	eccon	(h)				Di	911	0		> 0	1/26	1/91

LLOW, MD DO MEROADURY BAT

82. ARCHSTAAR'S SIGNATURE

6 P991

-transit permit. Pages 1, 2, 3 should

Day, Year) 1991

SEP 26

								31 20202		
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN	_			
1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN	·	3. TIME OF DEATN		
	Edwin J. I	DeVaughn, Sr				9-23-15	91	7:30 PM		
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Mgnth, Day, Year)		BIRTNPLACE (State or Foreign Country)		
	217-12-8909	1)XM2 F 7	O. YRS.			1-15-19	_	aryland		
	9a. FACILITY NAME (If not institution, give Fallston Gene				allston		9c. COUNTY	of DEATH Harford		
8	PATISCON GENE	erar Hospic	allscon			narioru				
FUNERAL DIRECTOR	Md Ba	altimore	10c. CITY,	JO	on ppa		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🗗 NO			
ERAL	100. STREET AND NUMBER 1004 Old Jops	1004 Old Joppa Rd.				V	10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED			HC ORIGIN? (Specify Ye	s or No— 14.	. RACE — American Indian,		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DA WWII	2 TINO	1 TYES		n, Puerto Rican, etc.) y:		Specify: White		
сомриетер	15. DECEDENT'S ED (Specify only highest grad	de completed)	16a. DECEDENT'S US (Give kind of wor	SUAL OCCUPATION done during more retired.)	ON at of working	16b. KIND OF BU	ISINESS/INDUS	TRY		
PLE	Elementary/Secondary (0-12) 10th	College (1-4 or 5+)	Pipe H			Riggi	ng Co			
ON O	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maider				
BE C	William DeVa	aughn			Mary	Baldwin	1			
5	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox				
	Mrs. Margaret					. Joppa,				
	y Burial 2 Cremation 3 □ Re 4 □ Donation 5 □ Other (Specify)	moval from Stata of	cemetary, crematory or a rkwood	other place)		I .	alto.,	or Town, State Md.		
	21. SIGNATURE OF FUNERAL SERVICE I			22, NAME AN	ID ADDRESS OF FA					
	Chay D. a	Miskimi		752	7 Harfo	11er Fur	2-1-0	Ma 21224		
	23. PART Enter the diseases, or short fellure	complications that ceused. List only one ceuse on e	the deeth. Do no	t enter the mo	de of dying, suc	h ss cardisc or resp	olratory arrest	Approximate Interval Between		
	IMMEDIATE CAUSE (Finel Onset and Death									
	disesse or condition resulting in death) s. La pratory failure Due to (or as a conseduence of):									
_	- Adenocarcino ma of L lung									
10	Sequentially list conditions, If sny, leading to immediats DUE TO (OR AS A CONSEQUENCE OF):									
CA	cause. Enter UNDERLYING CAUSE (Diseas or Injury	· CHF		v						
CERTIFICATION	that initiated events reautiing in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
S		d						-		
SAL	PART II. Other significant condition	I. I have	ut not resulting in	tha underlying	g cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
EDI	Chagaid a	los bus his	DUIMA	2 (1 10) 4	direnno	1 YES	2 🔃 NO	OF DEATH?		
PHYSICIAN: MEDICAL	Chrome poly aslase									
ZIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)				
rsic	1 WES 2 D NO	HOSPITAL: 1 Sinpatient 2 ER/Outp	ontlent 3 DOA	OTHER:	e 5 🗆 Residence	6 Cher (Specify)				
	27. MANNER OF DEATN 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJ RY WO	RK?	28d. DESCRIBE NOW	INJURY OCCUP	RED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not b 4 Nomicide detarmined	28s. PLACE OF INJURY	•	28f. LOCATION (Street City or Town, State		Rural Route Number,				
COMPLETED	one)	/SICIAN: To the best of my know NER: On the basis of examinatio								
BE	296. SIGNATURE AND TITLE OF CERTIF	Aill, M			D 36	MBER 425	29d. DATE 8	IGNED (Month, Pey, Year)		
5	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, F	Street	+ Be	I Air 1	77,7	1014		
	100001111111									

SIGNATURE Pandall

lia Davidson

Atrial Plutter pulmonary disease

ì	2	-1	
	130	2	
	de	5	
	8	76	
	2	8	
	3	2	
	5	를	
	S	=	
	9	9	
•	2	=	
	0	S	
	8	E	
0	₹	6	
	20	등	
	all le	E	
	2	8	
	5 5	70 P	
	3 6	3	
	E 8	9	
	0 0	E	
	1		
	N itie	=	
	\$ E	=	
	100	ē	
	5 -	6	
	2.5	2	
	E A	E	
	5 5	5	
	5.5	2	
	8 9	=	
	有品	9	
	2.5	81	
	현	=	
	100	-	
	S F	5	
	5 ≥	듣	
	38	=	
	P "	3	
	E #	60	
	S &	3	
	E +	2	
	å .		
	SE SE	2	
	m 5	E	
	tat	2	
	His .	-	
ŀ	香の	-	
ŀ	m f	8	
į	45.5	老	
Ĺ	31.5	121	
Ī	×.	-	
ì	in the	-	
	OTHE FINERAL CHRECTOR Are the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the first of the state of the site and	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
f	8	3	
Ē	36	3	
þ	1	=	
í	1	44	
٤	量之	2	
É	E 7	15	
ŧ	# 7	8	
f	中非	a.	
s	475.7	- 36	

FOR STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH AND	MENTAL HYGIENI REG. NO.	91	26203
1. DECEDENT'S NAME (First, Middle, Last) LEONA K, I 4. SOCIAL SECURITY NUMBER	1			2. DATE OF DEATH DA	1 91	7:39 P
217-18-2992 9a. FACILITY NAME (If not Institution, give str	1 🗆 M 2 💢 F	70 YRS. MONT	NDER 1 YEAR FUNDER 24 HRS. HIS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year)	9c. COUNTY O	
ST. JUSEPH FRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	IOSPITAL		QITO.		Balt	10d. INSIDE CITY
Maryland 10a. STREET AND NUMBER	1 0 -	Bal			10g. CITIZEN O	1 YES 2 NO
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	e ADMED	21218		or No 14. R	U.S.A. ACE — American Indian, lack, White, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES 1 ☐ YES 2 寂 NO			Specify: Specify: While		
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		18e. DECEDENT'S USUAL OCCUPATION (Give kind of work dones during most of working life. Do NOT use retired.) HOMEMAKER OWN				Y
17. FATHER'S NAME (First, Middle, Lest) JAMES P. KLIMA	FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)					2
19a. INFORMANT'S NAME (Type/Print)	(HUSBAND)		RESS (Street and Number or Rural HAVENWOOD ROAL			21218
20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from State ol cer	PLACE AND DATE OF THE PARKWOO	D CEMETERY	В	CATION — City 6	
21. SIGNATURE OF PONENAL SERVICE LICE	thises (SCHIMUNEK FU 3331 Brehms	JNERAL HOME		Md. 21213
23. PART I. Enter the diseases, or cannot shock, or heart fellure. In immediate CAUSE (Finel disease or condition resulting in death)	List only one cause on acc	t OSS7	RUCTION	ch as cardiac or respi	ratory srreat,	Approximate Interval Betwee Onset and Dec 2 HR 5
Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C		HE MA			4 YEARS
PART II. Other significant conditions CARCINOMA OF	a contributing to death but ・ メルルカ・B L C	not resulting in th	a underlying cause given ir	Part I. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF OEATH (C			
27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED N/A		D
3 Suicide 6 Could not be determined	At home, ferm, street	home, ferm, street, factory, office		26f. LOCATION (Street and Number or Rural Floute Number, City or Town, State)		
and and			the time, data and place, and du my opinion, death occured at th			se(e) end manner ee stated
296. SIGNATURE AND TITLE OF CERTIFIER ALLEGIAL Nolose	_ MD		29c. LICENSE NO			NED (Month, Day, Year)
50. NAME AND ADDRESS OF PERSON WHO		H (ITEM 27) (Type, Prin	21234			
31. DATE FILED (Month, Day 1991	32. REGISTRAR'S SIGNAT					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME	NTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF H	EALTH AND M	IENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) LOUTS AUGI	AUGUST de MONTPELLIER				2. DATE OF DEATH MONTH DAY YEAR		3. TIME OF DEATH	
TOR	4. SOCIAL SECURITY NUMBER 213-07-5273	5. SEX 6. AGE	(In yrs. last birthday)	UNDER 1 YEAR	HOURS IN	7. DATE OF BIRTH (Month, Day, Year))CT. 27,	8. Bif	THPLACE (State or Foreign unity) ELGIUM	
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH CHURCH HOSPITAL BALTIMORE								
DIRECTOR		10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10					10d. INSIDE CITY LIMITS?		
	IN STREET AND MINISTER					10g. CITIZEN O	1XXYES 2 ☐ NO F WHAT COUNTRY?		
FUNERAL				21205		U.S.			
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	2 X NO				Bi	CE — American Indian, ack, White, etc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)			JAL OCCUPATIO done during mo- tired.)	N it of working		16b. KIND OF BUSINESS/INOUSTRY		
OMP	NA 17. FATHER'S NAME (First, Middle, Last)	NA NA SHIPFITTER			SPARROWS PT. SHIPYARD				
BE C	Andre Paul deMo	ontpellier			18. MOTHER'S NAME (First, Middle, Meiden Surname) Martha deMontpellier				
0		AZEL F. de MONTPELLIER (WIFE) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5054 E. EAGER ST., BALTIMORE, MD. 21205						5	
	20e METHOD OF DISPOSITION XXBurial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State 20b	PLACE AND DATE OF D	ISPOSITION (Na	ne of ERY		CATION - City of		
21. SIGNATURE OF TOMERAL SERVICE LICENSEE				SCHIMUNEK FUNERAL HOMES, INC. 3331 BREHMS LANE, BALTIMORE, MD.					
RIFICATION	23. PART T. Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory arreat, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):								
N: MEDICAL CE	PART II. Other significent condition	ns contributing to deeth b	ut not resulting in t	ne underlying	ceuse given in Pa	PERFOI	RMED?	Nb. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	O		ACE OF DEATH (Check	k only one)			
BY PHYSICIAN:	1 Pes 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Astural 5 Pending 28c. INJURY AT WORK? 1 VES 2 NO								
	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION					181. LOCATION (Street City or Town, State)	and Number or Rura	Route Number,	
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of exemination and/or investigation, in my opinion, death occurred at the fime, date and place, and due to the cause(s) and manner as stated.								
O BE	296. SIGNATURE AND TITLE OF CERTIFIE	SIGNATURE AND TITLE OF CERTIFIER Whole Specialist D40356 9/24/91							
	JU. MAVAPRO	NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) O. NAVALLO 100 N. Broaderay Balfo MD 2/>3/							
31. Date FileD (Month, Day, Noor) SEP 26 1991 Julia Davidson-Randale									

BALTIMORE, MARYLAND 21215-0020

hosp	che		6	Į
the	deta		9	I
à	be		70	ı
ned	onic		fled	l
reta	5 S		100	l
De l	age		9	l
maj	or. D		IS	I
9 e	rect		Ē	ı
Ž,	al di		ner	ı
leath.	funer		хаш	ı
Ter	the	oval.	ai e	Į
IS a	in by	rem	edic	i
100	palled	n, or	E	l
7 UM	tely f	natio	#	۱
MILE	mple	crer	even	l
Scure	DO DO	ourial	tic (l
ě	an ar	to T	ma	Ì
are D	ysici	prior	r tra	l
200	d Di)iene	othe	l
E CE	endir	H	0	ŀ
a neg	he att	Мета	luny,	l
E CE	5	and	y in	l
S	paul	att	an	l
daile	D Sig	f He	0 W	l
IW TE	pee :	pt. o	3 sh	
Je 16	a has	e De	m 2	
-	ficate	Stat	r He	
SIC	cert	h the	d, 0	
F	this	I will	rket	
SING	After	death	ma	
EN	OR:	fer	8 - 8	
A	SECTION SECTION	ILS 3	m 2	
5	10	hou	Te.	
Z Z	ERAL	n 72	17	
3	FUN	with	IAN	
H	工	filed	POR	
3	2	9	Ξ	
	I THE MUSY LIAL OR ALL ENDING PHYSICIAN: THE LAW REQUIRES THAT THE DESIGN CHUMCARE DE EXECUTED WITHIN 24 THOURS ATTEL DESIGN. Page 5 may be retained by the hosp	I HE FLUSH IAL OF ALL ENDING PRESIDENCY: THE SAM REQUIRES THAT UP BEACH CHURCATE DE RECUTED WITHIN 24 THOURS After this CENTIFICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached.	I HE TUSTIAL DRAIL BLAND ATTICLAND. THE JAW ENGINEER IN THE WEST THE THE THE THE THE THE HEAD. THE THE THE THE THE THE THE THE THE THE	The Fuschman of a resolution of the law requires that the described within 24-mours after death. Page 6 may be retained by the hosp of The Fuschard Diffection. After this certificate has been signed by the attending physician and completely filled in by the threat director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mehrial Hyghen prior to build, ceremindin, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

91-5506-033 FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.
--	---------------------

91	26	52	0	5
----	----	----	---	---

	REGISTRAR		CERT	IFICATE	OF DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			3. TIME OF DE	ATH
	EMMETT	F.		DAVI	S	9 MONTH	22	199	YEAR	2:00	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last birtho			7. DATE (OF BIRTH	- 17		IPLACE (State or	
	579-98-2768	1 X M 2 □ F	22 YR	S. MONTHS	DAYS HOURS MIN.		Day, Year)	1060	Counti	sh., D.	
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY,	TOWN OR LOCATION OF		7 8,	9c. COUN			C.
H	PRINCE GEORGE	HOCDIMA	r								
5	RESIDENCE OF DECEDENT	HUSPITA		TCHE	VERLY			I PRI	NCE	E GEOR	GE
RE	10a. STATE 10b. COUNTY			CITY, TOWN O						10d. INSIDE CI	TY
<u> </u>	Maryland Prin	ce Georg	je's	Suitla	and					LIMITS?	□ NO
AL	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZ	EN OF Y	WHAT COUNTRY	
FUNERAL DIRECTOR	2523 Ewing Av	enue			20746					State	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13. V	AS DECENDENT OF HISP	ANIC ORIGIN	/Specify Yea				
	1 Xiever Married 2 Married	1 Never Married 2 Married POHCES? 1 YES 2 NO If yea, specify								E — American In k, White, alc.	aran,
BY	3 Wildowed 4 Divorced								BI	ack	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDEN	T'S USUAL OC	CUPATION	16b.	KIND OF BUS	SINESS/IND	USTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NO	T use retired.)	uring most of working						
Ē	12th Grade		Stu	dent			N/A				
Š	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S N	AME (First, M	Iddle, Maiden	Sumame)			
BE	Ejah Davis				N	ancy	Leon	ard			
	19s. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS	(Street and Number or Rura	I Route Numbe	er, City or Tow	n. Stete. Zio	Code)		
임	Nancy Davis		25	23 Ew:	ing Ave.,	Suit	land	, MD	•		
	20a. METHOD OF DISPOSITION		20b. PLACE AND DA	TE OF DISPOSI	TION (Name of	DATE	200 10	CATION — C	Thy or To	evo State	
	1 X Burial 2 Cremation 3 Remo	oval from State	Washing	or other place)	ional Ceme	tery	/				2
	21. SIGNAT THE OF FUNERAL SERVICE LIC	ENSEE .	1.001.11.19				1 50	itia	na,	Maryl	and
	* /ah	At-	+		AME AND AGORESS OF F						
_	23. PART I. Enter the diseases, or c	OLUM	M. III	4	001 Benni	ng Ro	oad,	N.E.	Wa	sh. D	.C.
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE	E OF):							
	PART ii. Other algnificant conditions	contributing to de	ath but not resulting	ng in the und	ariying cause given is	n Part i.	24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY	FINDINGS
EDICAL							PERFOR		- 5	AVAILABLE PRIO	A TO
						_	1 TYES 2	∐ NO		OF DEATH?	
2						-				1 YES 2	NO
₹ ∥	25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF DEATH (C	book anti-ana					
PHYSICIAN: M	EXAMINER? 1X YES 2 □ NO	HOSPITAL:	R/Outpatient 3 🗆 DO/	OTHER							
ጅ	27. MANNER OF DEATH	28a. DATE OF IN			ng Home 5 Residence						
	1 Netural 5 Pending	(Month, Day, 9 – 13 – 1	Year)	INJURY	WORK?		RIBE HOW IF			(DD T);	
à	2 Accident Investigation			09a M		_				ER IN	MVA
	3 Suicide 8 Could not be 4 Homicide datarmined	building, etc			y, office	City or	TION (Street a Town, State)			loute Number,	
<u></u>			ROAI)		OTI	FOR	T RD	•		
COMPLETED					e, deta and placa, and du						
8	one) 2 MEDICAL EXAMINER	: On the basis of axan	ination and/or investig	etion, in my op	inion, death occured at th	e time, data s	ind place, and	dua lo lha	cause(a)) end mennar as	stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	JMBER		29d, DATE	SIGNED	(Month, Day, Year	r)
BE	Donald & Wright	- MO			O C M					1991	´
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF OEATH (ITEM 27) (7	rpe, Print)	O C M	Ei .		. 5-	4.3-	1221	
	DONALD GURIGHT A				MN Cunnin	דיגים ידו	ттмо	DF M	A D T	T 7 NTP '	2120
ľ	31. PATE FIDED (Hoph, Day) Your	0 .32. REGISTRAR'S	SIGNATURE	IV. PI	ENN STREE	T DAT	TIMO	KE,M	HKY	TAND '	2120
	SEP 20 1991 9	wia Davidson	Randose								



m tanto I all

DIVISION OF VITAL RECORDS, P.O. BOX 687	TO THE HOSPITAL OR ATTEMPTED FINANCIAL IN THE IAW requires that the death certificate be executed	physician and co	e prior to burial	IMPORTANT: If Item 28 in marked in Item 23 shows any Injury, or other traumatic it
0	certif	Dulpu	Hygier	or oth
3, F	e death	the atter	Mental	ijury, o
ORC	that th	ned by	Ith and	any in
REC	requires	een sigr	of Hea	Shows
ÀLI	he law	has b	Dept.	₩ 23
VIT.	T NA	-	MeStra	e lle
9	PHYSI	É	2	Med,
ON	8	Į	deg	Ź
VIS	ATTE	RECTOR	IL SI	₩ 28
O	IL OR	L DIR	2 hou	f iter
	40SPIT	UNERA	vithin 7.	ANT: I
	THE	THE F	filed v	PORT
	2	2	8	E

	FOR 1 STATE	STATE OF MAR	RYLAND / DEP	ARTMEN	T OF HEALTH AND	MENTAL HYG	IENE 9	1 26206		
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) JOSEPH	DICKINSON	CERT	FICATI	E OF DEATH	2. DATE OF DEAT MONTH	H DAY	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 423-70-8807	1 📈 M 2 🗆 F	AGE (In yrs. lest birthde	MONTHA	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea 10/18	20 199 7/62	D1 7:35 P M BIRTHPLACE (State or Foreign Country) Tenn.		
TOR	9e. FACILITY NAME (If not institution, give s THE JOHNS HOPE RESIDENCE OF DECEMENT		'AL		ALITMORE CIT			Y OF DEATH LTMORE		
DIRECTOR	10a. STATE 10b. COUNT	Howard	d Columbia							
FUNERAL	100. STREET AND NUMBER 8915 A Early	April Wa		020,	101. ZIP CODE 2 1 0 4	16	10g. CITIZE	1 U YES 2 NO		
BY FUN	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 X NO		WAS DECENDENT OF HISP. If yes, specify Cuben, Mexical The YES AND Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific N	can, Puarto Rican, etc.	Yes or No. 1	4. RACE — American Indian, Black, White, stc. Specify:		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Collegs (1-4 or 5+)		of work done use retired.)	during most of working		BUSINESS/INDU			
WC	17. FATHER'S NAME (First, Middle, Last)	Jileye +6	yrs Nat	. 1 26	ecurity Ac	IAME (First, Middle, Me		Detense		
BE	Gene Dickins	on			Mary	Muse				
10	Gene Dickinson 1103 Brokwood Dr., Augusta, Ga. 30909									
	1 XBurlei 2 Cremation 3 Removal from State Cemetary, crematory of other place Cemetary, crematory of other place Tri-Cities Mem. Gardens Alabama									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1901 Eastern Ave. Lilly & Zeiler Inc. 21231									
	23. PART i. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition	Complications that can List only one cause of	used the death. Do on each line.	o not antar	tha moda of dying, au	ch ss cardisc or n	eapiratory srres	Approximate interval Between Onset and Daath		
N	resulting in death) Sequentially list conditions,	DUE TO (OR	stic	Yib	vo sis			Lifelong		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e	AS A CONSEQUENCE	Salytina				28 418		
	PART II. Other significant condition	s contributing to das	th but not resultin	g in the un	dariying causa given i	n Part I. 24a. WAS	S AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
: MEDICA						1 _ YE	S 2 NO	OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER						
	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJU (Month, Day, Ye	RY 28b. T	4 Nun	28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 28d. DE\$CRIBE HO	W INJURY OCCU	RED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF INJ building, stc. (URY — At home, farm Specify)	n, street, fact		28f. LOCATION (Str City or Town, S	eet and Number or tate)	Rural Route Number,		
COMPLET					ime, dats and placs, and du pinion, death occured at th			csuse(s) and menner es stated.		
O BE C	29b. SIGNATURE AND TATLE OF CERTIFIER	erill			29c. LICENSE NO			SIGNED (Month, Day, Year)		

LETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

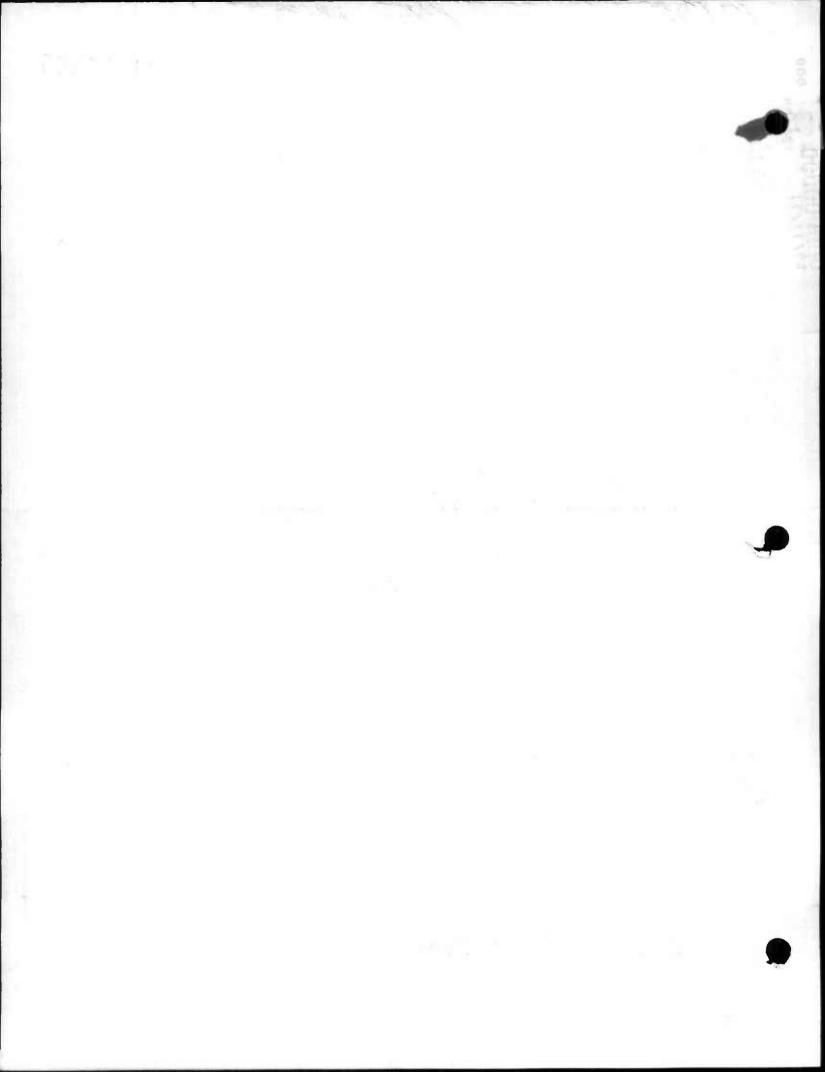
Julia Davidson-Rindall

DHMH-16 Rev 1/89

Bra

SEP 26 1991

herr



examiner must be notified at once.

BAL	death	fune.	ехап
n	after	y the	cai
	SING	in b	ped
		filled on, c	he n
•	thin .	stely math	11, 11
ģ	M P	, cre	ever
5	cute	ourla Durla	IIc
	9	an ar	nma
Š	ate b	ysici	t ta
	rtffic	of pr	the the
5	th ce	I Hy	0
,	eee	Wents	L'A
ĕ	at th	by th	y In
5	as th	afth	E an
S	quin	on Si	how
T	W L	s bed	3 8
A	The	te ha	m 2
5	3	ifficat Sta	r He
4	SICI	35	d, 0
0	PH	A W	arke
S	DING	Artie	E
2	TEN	TOR:	28
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	JR AI	IREC	em
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 yours after death	TO THE FUNERAL DIRECTOR: Affecting serflictate has been signed by the attending physician and completely filled in by the fune be filed within 72 hours after death with the State Dept. of Heath and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exan
	OSPI	JNER	H.
	五半	는 N	DRITA
	10	日本	MPC
		_ ==	_

Charles

SEP 26 1991

30. NAME AND ADDRESS OF PERSON WHO COM

Judge

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE cha Davidson-Randalle

M.D.

						DEA		2. DAT	E OF DEATH	DAY	VEAR	3. TIME OF OEATH
Georgi e	_ M	ARIE	Don	alds	on			MON		L3	YEAR	1300
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER	YEAR	-	R 24 HRS.		E OF BIRTH		6. BIRT	HPLACE (State or Foreign
236-40-8884	1 M 2 F	64	YRS.	MONTHS	DAYS	HOURS	MIN.	NOV	. 14, 19	27		KELEY CO, W
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN	OR LOCAT	ION OF D	EATH		9c. COU	NTY OF I	DEATH
Calvert Memo	rial Ho	spital		Pr	inc	ce F	red	eri	ck	C	alv	ert
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	rv		I soc CIT	Y, TOWN O	P LOCAT	TION						10d. INSIDE CITY
MARYLAND CALV			100.00			BEACE	J.					LIMITS?
10e. STREET AND NUMBER	LIKI			NOIC		. ZIP COD				10g. CIT	IZEN OF	WHAT COUNTRY?
8828 ERIE AVENUE						207	1/4				S. A	
11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S.	ARMED	13. V	WAS DEC	_ ,		NIC ORIG	ilN? (Specify Y		14. BAC	E — American Indian.
1 Never Married 2 Married 3 Divorced	1 ☐ YES 2 17 WAR OR DATES	NO			2 NO			o Rican, etc.)		7.50	ck, White, etc.	
15. DECEDENT'S ED (Specify only highest grad		16a. i	Give kind of	USUAL OC	CUPATH	ON of work	ina	11	66. KIND OF B	USINESS/INC	DUSTRY	
Elemantary/Secondary (0-12)	College (1-4 or 5	+)	me. Do NOI u	se reared.)	ang m	at or more						
5		Н	OMEMA	KER					H	OME		
17. FATHER'S NAME (First, Middle, Last)						100			, Middle, Maide			
EUTAW SMITH							SALL		ELIZAB			HMOND
19a. INFORMANT'S NAME (Type/Print)	CON								mber, City or R			7.17
JAMES FORD DONALI		POP DI 40	E OF DISPO		_			_	BEACH	OCATION —		7 1 4
20a. METHOD OF DISPOSITION Burtal 2 Cremation 3 Received the control of th	moval from State	other DIEA	place)	VIEW						RTINS		
· Charle	M	VK.		1 DI						7 T.T	ZINC	יוחיקוקו מויחים י
23. PART I. Enter the diseases, or shock, or heart failure		use on each il	ne.	P(not enter	the mo	X 82 ode of d	21, 1 ying, su	MART ch se c	INSBUR	G, WV	25 reat,	Onnet and Day
		use on each il	ne.	P(not enter	the mo	X 82 ode of d	21, 1 ying, su	MART ch se c	INSBUR	G, WV	25 reat,	Approximate Interval Between
shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Due To	O (OR AS A CONS	ne.	P(not enter	the mo	X 82 ode of d	21, 1 ying, su	MART ch se c	INSBUR	G, WV	25 reat,	Approximate Interval Between
shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if erry, leeding to immediate	a. Due To	use on each il	ne.	P(not enter	the mo	X 82 ode of d	21, 1 ying, su	MART ch se c	INSBUR	G, WV	25 reat,	Approximate Interval Between
shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. DUE TO	D (OR AS A CONS	DEAD BEQUENCE CONTRACTOR SECULENCE	PO PO PO PO PO PO PO PO PO PO PO PO PO P	the mo	X 82 ode of d	21, 1 ying, su	MART ch se c	INSBUR	G, WV	25 reat,	Approximate Interval Between
shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING	a. DUE TO	O (OR AS A CONS	DEAD BEQUENCE CONTRACTOR SECULENCE	PO PO PO PO PO PO PO PO PO PO PO PO PO P	the mo	X 82 ode of d	21, 1 ying, su	MART ch se c	INSBUR	G, WV	25 reat,	Approximate interval Betwee Onset and Dec
shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO	D (OR AS A CONS	DEAD BEQUENCE CONTRACTOR SECULENCE	PO PO PO PO PO PO PO PO PO PO PO PO PO P	the mo	X 82 ode of d	21, 1 ying, su	MART ch se c	INSBUR	G, WV	25 reat,	Approximate Interval Between
shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO DUE TO DUE TO DUE TO C. DUE TO D	D (OR AS A COME O (OR AS A COME O (OR AS A COME O (OR AS A COME O (OR AS A COME O (OR AS A COME	Dealence of End	P(not enter	D BC	DX 82 Pres	21, 1 ying, success	MART ch as co	INSBUR	G, WV piratory er	reat,	Approximate interval Betwee Onset and Dea
shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO b. DUE TO c. DUE TO d. CONTRIBUTING to	D (OR AS A COME O (OR AS A COME O (OR AS A COME O (OR AS A COME O (OR AS A COME O (OR AS A COME	Dealence of End	P(not enter	D BC the model of	OX 82 Ode of de Pres Grad	21, 1 ying, success	MART ch se cr	INSBUR Ardiac or res Curole 24a. WASA PERF	G, WV piratory er	reat,	Approximate interval Betwee Onset and Death On
shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	b. DUE TO C. DUE	D (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	DEMERCIENCE CE SEQUENCE CE SEQUENCE CE	P(not enter	D BC the model of	OX 82 Ode of de Ones	21, 1 ying, successful to the	MART ch se ca	INSBUR Ardiac or res Curole 24a. WASA PERF	G, WV piratory er	reat,	Approximate interval Betwee Onset and Death On
shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions EXAMINER?	a. DUE TO b. DUE TO c. DUE TO d. CONTRIBUTING to HOSPITAL: 1 Inpetion: 28e. DATE C. (Month,	D (OR AS A CONS) O (OR AS A CONS) O (OR AS A CONS) O (OR AS A CONS) O (OR AS A CONS) O (OR AS A CONS) O (OR AS A CONS) O (OR AS A CONS) O (OR AS A CONS)	DEAD REQUENCE CONTROL	P(not enter	D BC the model of	DX 82 pde of dy place grade grade LACE OF me 5 1 JURY AT OFRY YES 2	21, 1 ying, successful of the	MART ch se ca	INSBUR Ardiac or rea Cardy 24a. WAS / PERF- 1 □ YES	G, WV piratory er AC (A) NA AUTOPSY PORMED? X ⋈ NO	rest,	Approximate interval Betwee Onset and Death On
shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	b. DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO d. DUE TO DUE TO DUE TO A DUE TO DUE TO C. MORE CONTRIBUTING to 28a. DATE CO (Month,	D (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	DEAD REQUENCE CONTROL	P(not enter	D BC the model of	DX 82 pde of dy place grade grade LACE OF me 5 1 JURY AT OFRY YES 2	21, 1 ying, successful of the	MART ch se ca	INSBUR Cardiac or res Cardiac 24a. WAS / PERF 1 YES one) ther (Specify) DESCRIBE HOV	G, WV piratory er AN AUTOPSY ORMED? X ☑ NO V INJURY OC et and Number	2 treat,	Approximate interval Betwee Onset and Death On
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not b determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHY CERTI	b. DUE TO b. DUE TO c. DUE TO d. DUE TO HOSPITAL: 1 Inpatient 2 28a. DATE C (Month, 28c. PLACE building SICIAN: To the best of	D (OR AS A CONS O (OR	DEADEROUENCE CONTROL C	P(not enter	D BC the model of	DX 82 pde of dy problem grade gra	21, 1 ying, suc	MART ch se ca	INSBUR ardiac or rea Cardia 24a. WAS / PERF 1 YES one) ther (Specify) DESCRIBE HOV OCATION (Street, Street, St	IN AUTOPSY ON NO NO NO NO NO NO NO NO NO NO NO NO	2 treat, 2 trea	Approximate interval Betwee Onset and Declaration of Cause of Death and Approximate interval Betwee Onset and Declaration of Completion of Cause Of Death? 1 YES 2 NO
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not b determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHY CERTI	b. DUE TO c. DUE TO d. DUE TO d. DUE TO DOE TO A DUE TO C. DUE TO DOE TO C. DUE TO C. DUE TO DUE TO A DUE TO C. DUE TO DUE TO DUE TO A DUE TO DUE TO DUE TO A DUE TO DUE TO DUE TO A DUE TO DUE	D (OR AS A CONS O (OR	DEADEROUENCE CONTROL C	P(not enter	D BC the model of	DX 82 Ode of dy Poly Gard	21, 1 ying, suc	MART ch se ca ca ca ca ca ca ca ca ca ca ca ca ca	INSBUR ardiac or rea Cardia 24a. WAS / PERF 1 YES one) ther (Specify) DESCRIBE HOV OCATION (Street, Street, St	IN AUTOPSY ORMED? IN AUTOPSY ORMED? IN AUTOPSY OR NO IN AUTOPSY	24 CCURED or or Rura.	Approximate interval Betwee Onset and De Ons

PrinceFrederick, MD

20678

transit permit. Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	E OF MARYLAND / CE		TMENT				MENTAL	HYGIENI REG. NO.	Ē		
	1. DECEDENT'S NAME (First, Middle, Last)		44		The .			2. DATE O	OF DEATN	25	Y <u>E</u> AR	3. TIME OF DEATN
	IONNIE FUI							7		-2	41	515 A H
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (in yrs. las	YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE O	Day, Year)	6	8. BIRTH	
	9a. FACILITY NAME (If not institution, give street and r		ino.	9h. CITY	TOWN (R LOCATIO	ON OF DE		-10-0		NTY OF DE	S.C.
E	UNION MEMORIAL HOSPITAL BALTIMORE CITY											
5	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY											
DIRECTOR	10a. STATE 10b. COUNTY			1								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		B	ALTI		. ZIP CODI				10o. CITI	ZEN OF W	1 X YES 2 NO
HA	503 E. 43rd STRE	T	21212					U.S				
FUNERAL	11. MARITAL STATUS 12. WAS	DECEDENT EVER IN U.S. AR	MED			ENDENT C	F NISPAN		(Specify Yea	or No—		— American Indian, White, etc.
ВУ Е		CES? 1 TYES 2 1 N ES, GIVE WAR OR DATES	10			2 NO		n, Puerto R	ican, etc.)		Specif	
	15. DECEDENT'S EDUCATION	140 DE	CEDENTIS	USUAL O	CCUDATIO	N.		Tash	KIND OF BUS	IN EGG /IND	HISTOV	DLACK
E	(Specify only highest grade completed	(G Me	tve kind of a Do NOT us	work done (during mo	st of worldr	ng	100.	MIND OF BUS	INESS/IND	OSINI	
P	6TH	L(ONG	SHOP	REM	AΝ						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								liddle, Melden	Sumame)		
BE	ADAM FULTON						LIZ					
6	19a. INFORMANT'S NAME (Type/Print) RUTH FULTON								MORE.			212
	204. METHOD OF DISPOSITION	20b. PLACE					. / 01	_	20c. LO			
	1 🛱 Buriel 2 🗆 Cremetion 3 🗆 Removal from 4 🗆 Donation 5 🗆 Other (Specify)	State of Femetary					CHUR					LE, S.C.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	100		22.	NAME A	ND ADORE	SS OF FAC	CILITY				
	r (alvin L. We	ellumo		h	IM.C	.MA	RCH	F.H	./110	1 E	. NO	RTH AVE.
CERTIFICATION	23. PART i. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or reapiratory errest, abock, or heert feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other significent conditions contri	buting to death but not	resulting	in the u	nderiyin	g cause	given in	Part i.	24s. WAS AN		24b	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL								_	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME			- #	-	_			-				1 TYES 2 THO
AN	25. WAS CASE REFERRED TO MEDICAL		-	-	26. P	LACE OF C	DEATH (Ch	eck only on	e)		1	
SIC		PITAL: patient 2 ER/Outpatient 3	DOA	OTHE		ne 5 🗆 R	esidence	6 🗆 Other	r (Specify)			
F		e. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF JURY	28c. IN.	JURY AT		28d. DES	CRIBE HOW I	NJURY OC	CUREO	
ВУ	1 Natural 5 Pending 2 Accident Investigation			М		YES 2 [NO					
	3 Suicide 6 Could not be 4 Homicide determined	 PLACE OF INJURY — At he building, etc. (Specify) 	ome, ferm,	street, lac	tory, offic	ce		28f. LOC	ATION (Street a or Town, State)	and Numbe	r or Rural I	loute Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To One) 2 MEDICAL EXAMINER: On the) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		-	-	-	29c. LIC	ENSE NU	WBER		29d. DAT	TE SIONED	(Month, Day, Year)
D BE	=N2oyet	, MD								▶ 9	125	181
TO	30. NAME AND ADORESS OF PERSON WHO COMP				(4)	4 1,0,0	150	6	KWX			
	31. DATE FILED (Month Day, Year) 6 1991	HOLD HONDING	Band	سالا	V	1000						
	0 L 1 D 0 199	1										

	FOR STATE REGISTRAR	STATE OF MARYL	CERTIFI	CATE OF		MENTAL HYGIE REG. N		26209
	1. DECEDENT'S NAME (First, Middle, Last) JOHN B.	John Benedic		1		2. DATE OF DEATE		S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-14-0116	5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
OR	ST. JOSEPH	tosPITAL		96. CITY, TOWN O	R LOCATION OF DE		BAC	OF DEATH
DIRECTOR		DECEDENT 106. COUNTY 10c. CITY, TO						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				ZIP CODE	d		1 ☐ YES 2 🔀 NO N OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II	2 NO	If yes, spe	ENDENT OF HISPAN	NC ORIGIN? (Specify 1 n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	(Give kind of work done during most of working life. Do NOT use retired.)				usiness/indus e of Ma of Corr	
	17. FATHER'S NAME (First, Middle, Last) Edward Francis F	annall Sm			16. MOTHER'S NA Emma No	ME (First, Middle, Maide		
TO BE	19e. INFORMANT'S NAME (Type/Print)	arreir, or.			nd Number or Rurel I	Route Number, City or To		
	Mary K. Farrell 20e. METHOD OF DISPOSITION 12 Burlel 2 Cremetion 3 Ren	noval from State	o. PLACE OF DISPOSI	TION (Name of cen	netery, crematory or		OCATION — City	y or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI John G. Reit	CENSEE J. R. S. S.	laney va	22. NAME AN Mitcl	nell-Wie	defeld Ho	ne	le, Maryland
ATION	23. PART I. Enter the diseases, prehock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING	a. Coronaria. Oue to (or as a Due to (or as a second or a second or as a second or a second or a second or a second or as a second or a second o	ach ilne. LONSEQUENCE OF	yD's	de of dying, suc	h as cardiac or rea	piretory arrea	t, Approximate interval Between Onset and Death
CERTIFICATION	CAUSE (Disease or injury that initieted events reaulting in death) LAST	C.	CONSEQUENCE OF					
MEDICAL	PART II. Other aignificant condition	ns contributing to deeth b	eeth but not resulting in the underlying cause given in Part I.				ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
HE VAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF OEATH (Ch			
3	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 26c. INJ		8 Other (Specify) 28d. OEŞCRIBE HOV	INJURY OCCU	RED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	f — At home, ferm, st			28t. LOCATION (Stree City or Town, Sta		Rural Route Number,
COMPLETED	000)	SICIAN: To the best of my know ER: On the beste of examination						:suse(s) end manner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE		WO .		29c. LICENSE NUI	MBER	29d. DATE 9	SIGNED (Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON W	Thicum ND	EATH (ITEM 27) (Type,	Print)			<u> </u>	incre Md.
	31. DATE FILED (Month, Day, Year) CED 9 6 1991	32. REGISTRAR'S SIGN						

-5-5-1 III 22

4.8

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

BY PHYSICIAN: MEDICAL CERTIFICATION

COMPLETED

BE 2

n this certificate has n with the State De arked, or Item 2 marked,

DIRECTOR; After the hours after death w

TO THE FUNERAL D
be filed within 72 h
IMPORTANT: If It

Pages

permit

91-3944-045 26210 Item: 3, per MEO 11/14/91 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE G-REGISTRAR 681 reb 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR JAY RAYMOND GARRISON 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Morth, Day, Year) 1-4-59 8. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 220-68-7579 1 X M 2 - F 32 DAYS HOURS Peru, Indianna 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH E - 14oakridge trailer park Eden Wicomico RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Wicomico Eden 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? E-14 Oak Ridge Trailer Park 21822 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merrie If yes, specify Cuban, Mexican, Puerto Ri 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Divorced Specify: White 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12 Years 2 Years Salesman Automobile 17. FATHER'S NAME (First, Middle | eat) 1e. MOTHER'S NAME (First, Middle, Maiden Surname) Ralph Leon Garrison JoAnn Marie Loving 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ralph Leon Garrison Box 767 Crisfield, MD P.O. 21817 20e. METHOD OF DISPOSITION 7-16-91
1 □ Burlel 2 X Cremellon 3 □ Removal from State
4 □ Donallon 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Salisbury Crematory Salisbury Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bradshaw & Sons Funeral Home 306 W. Main St. - Crisfield, MD 21817 23. PART I. Enter the diseases, or complications that coused the dam. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximete ahock, or heert feliure. Liet only one ceuee on each line. intervai Between **IMMEDIATE CAUSE (Finel** Onset and Death diseese or condition ACUTE NARCOTIC INTOXICATION reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate Cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 YES 2 NO

			_ ^	1 TYES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 \(\text{ NO} \)	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA	26. PLACE OF DEATH (COTHER:	heck only one) 6 Other (Specify) Trailer-	To too illustration			
27. MANNER OF DEATH 1 Nestural 5 Pending 2 Accident Investigation	(Month, Day, Year) IN. 7/12/91 UNK	WORK?	28d. DESCRIBE HOW INJURY OCCUR UNKNOWN	-In Traller Par			
3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — At home, farm, building, atc. (Specify) HOME	street, factory, office	261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 4 0 AK RIDGE TRA				

(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurre one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation	d at the time, date end place, end due to the cause(e) in, in my opinion, death occured at the time, data and	end menner ae atsted, place, and dua to the ce	use(a) end me	enner ea stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER	29c, LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)			
Monald & Wright M.O.	OCME	▶07	13	1991	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Prine)				

111 PENN STREET BALTIMORE, MARYLAND 21201

WONALD G. WRIGHT MD DOME 31. DATE FILED A. 32. REGISTHAR'S SIGNATURE ER

ours after death. Page 6 may be retained by the hospit	I in by the funeral director, page 5 should be detached	nedical examiner must be notified at once.
TO THE HIGSPITALION AND MANYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DESCRIPE AND THIS CENTIFICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached an example of the companies o	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTICATION	TO THE FÜNERAL DESCRIPE AN	IMPORTANT: If Item 28 is n

JONAS L. E 31. DATE FILED (MONTH, Day, Year) SEP 26 1991

BERNAL

RNAL GOOD

32. REGISTRAT'S SIGNATURE
Sulia Davidson-Randell

	FOR 1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPA CERTI						HYGIEN REG. NO.	E	۷.	0211
September 1	1. DECEDENT'S NAME (First, Middle, Last) ROSE	THERESA	GRAZIA	NO a				2. DATE OF MONTH	23		YEAR F/	TIME OF DEATH
10.00	4. SOCIAL SECURITY NUMBER 212-01-8532	5. SEX 6	AGE (In yrs. lest birthde) 86 YRS.	MONTHE	DAYS	HOURS	2000	7. OATE OF (Month, D Mar.	віятн 14, 1	905	Country) Mar	ACE (State or Foreign yland
OR	90. FACILITY NAME (If not institution, give str Good Samaritan			9b. CIT		alti		City		9c. COUNT	Y OF OEA	ТН
FUNERAL DIRECTOR	Maryland		10c. C	CITY, TOWN	E	Balti		City			1	Od. INSIDE CITY LIMITS? YES 2 NO
ERAL	100. STREET AND NUMBER 3970 Edgeh:	ill Avenue			10	f. ZIP COD	E	2121	1			at country? tates
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 I	YES 2 NO	13.	If yes, sp		en, Mexice	NIC ORIGIN? (in, Puerlo Ric y:		or No—	4. RACE - Black, 1 Specify:	- American Indian, White, etc. White
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)			rs usual contract done work done wor	during me	ON ost of world	ing	16b. K	ND OF BU	SINESS/INDU	STRY	
BE CON	17. FATHER'S NAME (First, Middle, Lest) John Joseph	Gill				16. MOT		y Agn	The state of the			
0	190. INFORMANT'S NAME (Type/Print) Michael Graziano	Jr.						Route Number, Baldw				
	20e. METHOO OF DISPOSITION 1 N Buriel 2 Cremation 3 Remo 4 Donetion 5 Other (Specify)	val from State	20b. PLACE AND OA of cemetary, cremate HOLY Re				9/28	9/91		cation — c		Maryland
Contract	21. SIGNATURE OF FUNERAL SERVICE LICE	Milton J	Knight J	r.		ard J				-		21214 ord Road
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	let only and cause	MONARY AS A CONSEQUENCE	E				h ea cerdia	c or reap	iratory arre	st,	Approximate interval Between Onset and Death ~5 day
CERTIFICATION	Sequantielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DEEP DUE TO (OR	VENDUS AS A CONSEQUENCE	THI OF):	ROW	BOSI	()	(R)				~/wak
PHYSICIAN: MEDICAL CER	PART II. Other algnificent conditions	contributing to de	ath but not resultin	in tha u	nderlyir	ig ceuse	given in		4a. WAS AN PERFO	RMED?	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	NOutpatient 3 DO/	OTHE 4 D	A:			s Other (Specify)		_	
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF IN. (Month, Day,		TIME OF INJURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESC	RIBE HOW	INJURY OCC	URED	6.6
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF It building, atc	IJURY — At home, farr . (Specify)	m, street, fa	ctory, offi	ce		28f. LOCAT City or	ION (Street Town, State	end Number (or Rural Ro	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my										end manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	PGY-1				29c. LIC	CENSE NU	MBER	11	29d. DATE	SIGNEO (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM 27) (7	ype, Print)								

SAMA RITAN

HOSPITAL,

MD.

BALTIMORE

F.E.H.

use as the page 5 should be detached for notified at 90 must director, examiner funeral 24 hours after death. n by the fi medicai filled in by ó the attending physician and completely fille Mental Hygiene prior to burial, cremation, the OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, traumatic other 6 signed by t Health and shows any has been s Dept. of H State C certificate the 6 with t marked, THE FUNERAL DIRECTOR: After this ithin 72 hours after death wi HOSPITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH CHRISTIAN 22 GROTHMANN 1957 JOHN 05:00 Am 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 9 YRS. 212-29-8062 1 X M 2 - F 7-19-1982 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR GREATER BALTIMORE MEDICAL CENT BALTIMORE COUNTY TOWSON RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore County Stoneleigh 1 YES 2 X NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 616 Regester Avenue 21212 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. 2 NO 1 📉 Never Merried 2 🔲 Merried If yes, specify Cuban, Mexicen, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES BY 1 TYES 2 NO Specify: 3 Widowed 4 Divorced Specify White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementery/Secondary (0-12) College (1-4 or 5+) 4 years n/a Student Student 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surneme) Curtis Raymond Grothmann Barbara Pflaumer Grothmann 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jean Pflaumer Smith 39 Crosswind Dr. Shrewsbury, PA. 17361 20e. METHOD OF DISPOSITION
1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Removal from State
4 ☐ Donetion 5 ☐ Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Dulaney Valley Mem. Gardens 9/27/91 Lutherville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home John G. Reitz 6500 York Rd. Baltimore, Maryland 21212 23. PART I. Enter the diseases, or complications that caused the death, shock, or heart failure. List only one cause on each line. so not anter tha moda of dying, such as cardiac or raspiratory arrest, Approximata interval Batween **IMMEDIATE CAUSE (Final** Onset and Daath disease or condition_ reaulting in death) INHALATION DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Rasidence 6 □ Other (Specify) 1 X YES 2 NO 1 Inpetient 2 XER/Outpatient 3 DOA 27. MANNER OF OEATH 26a. DATE OF INJURY (Month, Day, Year) 26b, TIME OF 28c. INJURY AT WORK? 26d. OESCRIBE HOW INJURY OCCURED SUBJECT VICTIM OF FII 1 Natural 5 Pending Investigation HOUSE 9-22-91 0330 1 YES 2 X NO BY 2 Accident 26s. PLACE OF INJURY — At home, ferm, streat, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or flurel floute Number, City or Town, State) ETED 6 Could not be 4 Homicide HOME -616 REGESTER AVENUE 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(e) end manner ee stated. COMPL 2 X MEDICAL EXAMINER: On the rvestigation, ig my opinion, dasth occured at the time, date and placa, and due to the ceuse(e) end menner as stated. BE 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) ▶ SEPT.22,1991 O.C.M.E. 2 111 PENN STREET BALTIMORE, MARYLAND 2120 MANO

9 B

Section 19 and the second

No or many

5 = 1.2

3-1-1

attack of the same of the same of

Pages 1, 2, 3 should

permit.

for use as the burial-transit

detached

2 क

notified

must

examiner

medicai

the

event.

other

SALLIMORE, MARI	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained	AL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ā :	urs after	in by the
	1 24 Feet	ly filled ation, or
10140,	executed within	and complete burial, cremi
. C. BOY	n certificate be e	nding physician Hygiene prior to
י יפטחטי	ires that the deat	signed by the atte
AL NE	The law requ	ate Dept. of H
7	PHYSICIAN:	this certification with the St
DIVISION OF VITAL RECORDS, F.O. BOA 13148,	OR ATTENDING	AL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
-	4	Z R

2 2 3

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 2. DATE OF OEATH 1. DECEOENT'S NAME (First, Middle, Last 3. TIME OF DEATH 3:05P Т. 09 BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday, IF UNDER 1 YEAR IF UNDER 24 HRS. 37 282-14-6789 1 M 2 D F 5 Delaware 9e. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF OEATH 2CI DIRECTOR Westover RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY 11857 1 YES 2 NO Md. Somerset 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 21871 (Eastern Correctional Institution) USA 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Maxican, Puerio Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1XYES 2
IF YES, GIVE WAR OR DATES 1 Never Merried 2 Martist Specify 3 Wildowed 4 Divorced BY 11/7/55 - 11/6/59 COMPLETED 15. DECEDENT'S EDUCATION secify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16h KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) construction MENI 12 0 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Clarence Helm Luetta Harris 8 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Luetta Harris Showell 3 Box 98, Frankford, Delaware pe 20e. METNOD OF DISPOSITION

↑XXSuriel 2 □ Cremetion 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION -- City of Town, State Curtis Cemetery Bishop vilee, Md. 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Watson Funeral Home, Inc. Millsboro, Delaware 19966 lear 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cerdisc or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Dasth **IMMEDIATE CAUSE (Final** OUL TO (OR AS A CONSCOUENCE OFF) disesse or condition reculting in death) traumatic MEDICAL CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If sny, lasding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF)that initiated events resulting in death) LAST 20 Injury, PART II. Other eigofficant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? **AMILABLE PRIOR TO** esordo any COMPLETION OF CAUSE 1 YES 2 NO DE DEATH? 23 shows 1 _ YES 2 _ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL ENAMINER?

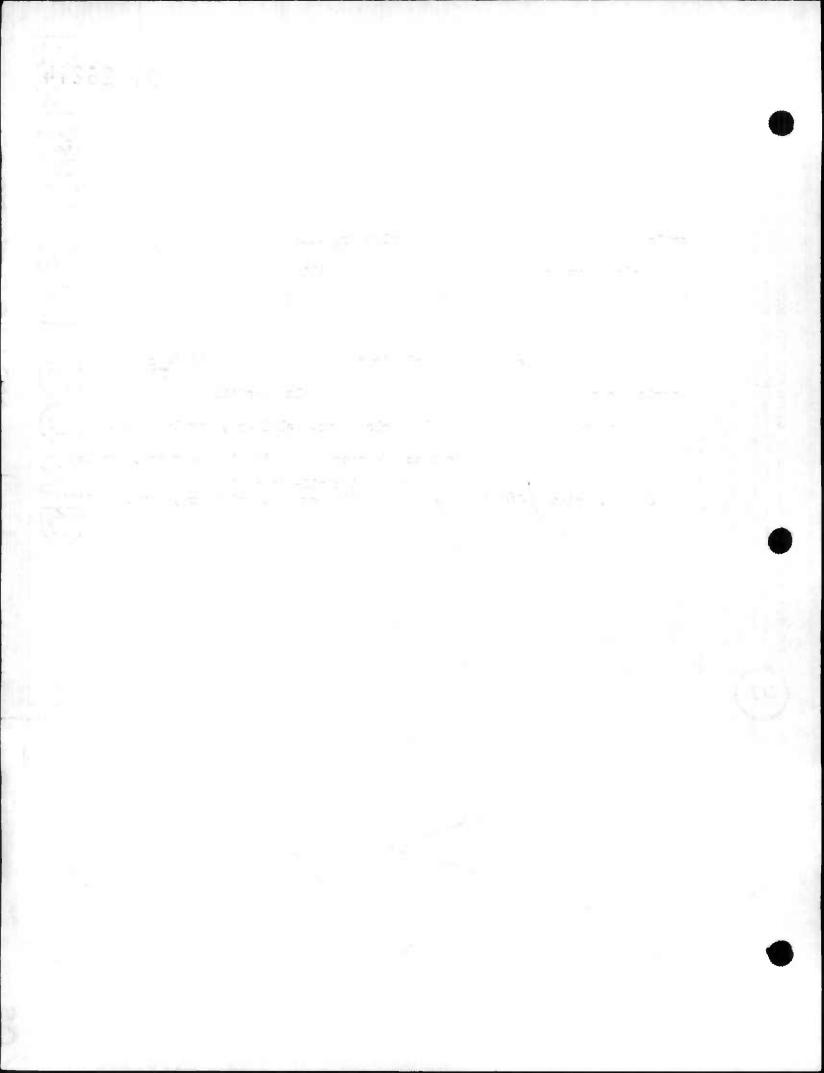
1 VES 2 NO 28. PLACE OF DEATN (Check only one) Item HOSPITAL:
1 | Inputient 2 | ER/Outputient 3 | DOA OTHER: La 4 ☐ Nursing Nome 5 ☐ Residence 8 ☐ Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED is marked, 5 Pending Investigation Natural Accident M 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Suicide 8 Could not be COMPLETED 28 4 Homicide Item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner ee stated. MPORTANT: II 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIF 29d. DATE SIGNED (Month, Day, BE 09 2 30. NAME AND ADDRESS OF PERSON PLETED CAUSE OF DEATH (ITEM 27)

31. DATE FILED (Month, Day, SEP 26 32. REGISTRAR'S SIGNATURE wha Davidson-Randell i,

1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND C	DEPAR					MENTA	REG. NO.		71	20214
1. DECEDENT'S NAME (I	First, Middle, Last) lter H	logan								of OEATH	ğ	951ª	TIU: 20 AM
4. SOCIAL SECURITY NO 092-52-6	331	5. SEX X M 2 F	6. AGE (In yrs. In 78	est birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS. MIN.	7. DATE	оғ віятн 0 24/-	12	e. BIRTI	Tadelpha
9a. FACILITY NAME (H n	Maris	street and number)			_	OWS		ION OF DE	ATH		Ba]	tim	DEATH Ore
RESIDENCE OF C 100. STATE Maryland	10b. COUNT	TY			ry, town o			П					10d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUME	BER			В	alti		Cit				10g. CIT	IZEN OF	¥XXYES 2 ☐ NO WHAT COUNTRY?
10e. STREET AND NUME 5704 Rola 11. MARITAL STATUS 1 M Never Merried	nd Aver	12. WAS DECEDE		21152	- 10		2121						S.A.
3 Widowed 4		FORCES?	NT EVER IN U.S. A I YES 2 X WAR OR DATES			II yes, sp	ecity Cub	en, Mexica	n, Puerto	N? (Specify Yes Rican, etc.)	or No-		E — American Indian, ik, White, etc.
	DECEDENT'S ED only highest grad ry (0-12)	College (1-4 or 5		Give kind of fe. Do NOT L	work done	during mo	ON at of work	ing	16	b. KIND OF BU			
17. FATHER'S NAME (Fire	t. Middle Last)	5+		Reli	giou	S	18 MO	HER'S NAI	MF (Float	Reli		S	
Patrick H									2	ello	Jumamaj		
190. INFORMANT'S NAM Hugh A. K										nber, City or Tow		,	210
20a. METHOD OF DISPO	etion 3 🗆 Rei	moval from State		E ANO OAT ry, cremator STOCK				9/	1	TE 20c. LO			
	Maryland Maryland												
23. PART I. Enter the ahock, of IMMEDIATE CAUSE disease or condition resulting in death)	r haert fellum (Final	Acut	e Myoc	ardi	not enter	the mo	de of d	ing, suci	h aa ca				Approximate interval Between Onset and Deati
	DUE TO (OR AS A CONSEQUENCE OF): ADV. A S C V D												
Sequentially list cor if any, leading to im	Sequentially list conditions, oue to (or as a consequence of):												
CAUSE (Diseese or that initiated events	Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF):												
	Manada and dist	d	- d		1				2	T			+
PART II. Other algni	meant condition	ona contributing to	o death out no	t reauting	in tha ui	nderryin	g cause	given in	Part I.	24a. WAS AN PERFO	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRIE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	ED TO MEDICAL	1	0			28 P	ACE OF	DEATH (Ch	eck only	nge)			10 10 10 10
EXAMINER?		HOSPITAL: 1 Inpetient 2	☐ SP/Outpetlerit	3 DOA	OXHE	R:				ner (Specify)			
27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation		Disc. Near)	28b. Ti	ME OF IJURY M	W	JURY AT ORK? YES 2	□ NO	28d. O	ESCRIBE HOW	NJURY O	CCUREO	
	Could not be determined	28e. PLACE building	OF INJUSY — At	home, farm,	street, 1ec	tory, offic	00		281. LC	CATION (Street by or Town, State	end Numb)	er or Rurel	Route Number,
enel -		SICIAN: To the best of	/										(e) and manner as stated.
296. SIGNATURE AND T	TITLE OF CERTIF	IER					296.14	ENSE NU	MBER	•	29d. DA	TE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS Eddie Na	khuda	2300 Du	use of DEATH (F	тем 27) (Тур Vall	e, Print)	RD.	Tov	rson	, M	aryla	nd 2	2120	4

31. DATE FILED (Month, Day, Year) SEP 26 1991

32 REGISTRAR'S SIGNATURE
Fruis Davidson-Randall



ache		çe.	
det		0	
P P		d a	
Shou		ill e	
2		2	
page		be	
tor,		unst	
direc		er n	١
eral		i i	
Ę,		exa	ı
/ the	JOVA	ig.	H
5	ren	edi	
lled	, o	E	
ily fi	atio	Ē	
plete	Crem	ent	l
COM	iai,	. 6	ı
and	ğ	ati	ľ
ian	97 25	anu	ı
hysic	Du a	or tr	
d Du	gien	÷	l
pue	Ŧ	6	ı
e at	ent	uny,	
Sy th	2	Ē	ŀ
per	th a	any	l
Sign	Heal	M	ı
Deen	6	Sho	ľ
as t	Dept	23	l
-	e	E I	l
ž	÷	r	k
8	ě	'n.	l
2	Ş.	Æ,	P
ч	ä	_	þ
邕	ij	28	ı
器	ij	E	l
D	2 10	=	1
ERA	Jin 7	===	
E	with	TAB	
본	filed	P0	
47%	-	9000	
	TO THE FUNERAL DIFFILMS are this contracts has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached) THE FUNERAL DARGINAL AND THE CONTIGUES has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache filed within 72 noun appropriate the filed within 72 noun appropriate the falls and Mental Hygiene prior to burial, cremation, or removal.	TO THE FUNERAL DIFFICURE For this can upone has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours and the face Dept. of Health and Mental Hydrene prior to burial, cremation, or removal. IMPORTANT: Il term 28 for manned or from 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	TATE OF MARYLAND	/ DEPARTM			MENTAL HYGIENE REG. NO.				
,		ıtley Hilliar	:d			Sept. 22,	1991 ^{YEAR}	3. TIME OF DEATH		
		[M2□F 66	YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 6/4/25	Was	sh. D. C.		
NG.	99. FACILITY NAME (If not institution, give street et 5407 J Roland		9b.		n LOCATION OF DE ltimore	ATH	9c. COUNTY OF	DEATH		
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY MD			wn on Locat altimo				10d. INSIDE CITY LIMITS?		
RAL D	10e. STREET AND NUMBER 5407 J Roland	Ave.			ZIP COOE 21210		10g. CITIZEN OF	1 YES 2 □ NO WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 12.	MAS DECEDENT EVER IN U.S. FORCES? 1 TYPES 2 THE THE THE THE THE THE THE THE THE THE	ARMED AO	If yes, spe	ENDENT OF HISPAN	IC ORIGIN? (Specify Yea on, Puerto Ricen, atc.)	or No — 14. RAG Blo	CE — American Indian, ck, White, etc.		
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade complete)	N 16a.	DECEDENT'S USU (Give kind of work of life. Do NOT use net	done during mos	N at of working	16b. KIND OF BUSI				
	17. FATHER'S NAME (First, Middle, Lest) Claude H. Hil	liard				ME (First, Middle, Maiden S ret Eleanor	urname)			
TO BE	190. INFORMANT'S NAME (Type/Print) Mr. Michael Hillia	ırd		ness (Street e tanmor		Baltimore		21212		
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Removal f 4 Donation 5 Offer (Specify)	rom State 20b. PLA	ce of disposition of place)	alley l	Mem. Gdn	s .	ation – chy or Fimoniur			
	21. SIGNATURE OF INERAL SERVICE LICENSPE 22. NAME AND ADDRESS OF FACILITY MITCHELL-WIEDEFELD HOME, INC. 6500 York Road Baltimore, Md. 21212									
	23. PART I. Enter the diseases, or complications that death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Batween Onset and Death 5 yrs. DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d									
BY BHYSICIAN: MEDICAL C	PART II. Other algnificent conditions co	ntributing to death but no	ot resulting in the	ne underlying	g ceuse given in	Part I. 24a. WAS AN / PERFORI 1 YES 2	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN		SPITAL:	l or	28, PI	ACE OF DEATH (Ch	eck only one)				
BHYS	1 YES 2 NO 1	Inpatient 2 ER/Outpatient 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJ WC		6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED			
	Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	t home, farm, stree			261. LOCATION (Street e City or Town, State)	nd Number or Run	il Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 I MEDICAL EXAMINER: Or	To the best of my knowledge the basis of examination end						e(e) end manner ee stated.		
BE	296 SIGNATURE AND TITLE OF CERTIFIER SIEDLE CONTROL OF	OM			D 3340	∞	►9-23	ED (Month, Day, Year) 3-91		
5	30. NAME AND ADDRESS OF PERSON WHO CO	nart III M	1TEM 27) (Type, Pri	" W	Univer	sity Pku	1 Balt	viore MOZIZIA		
	SEP 26 1991	32. REGISTRAR'S SIGNATUR	dell							

te be executed within BOX 13146,

DIVISION OF WIAL RECORDS, P.O. BOX 13146, BALTIMORE, MAHYLAND		500	S, P	o	ROX	13146		BAL	TIMOR	E, MA	RYL	AND
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The intringental is continued by the hosp	Ne lin	¢	A del	a cardi	icate be	executed w	ithin :	rs after deal	h. Раде 6 л	lay be reta	ined by	the hosp
TO THE FUNERAL DIRECTOR: After this certificate his warmand by the attending physician and completely filled in by the funeral director, page 5 should be detached and attended to the Company of seminal property of seminal prop	HH	d pod	One atta	Dulga	physician	and comp	letely filled i	n by the fun	eral director,	page 5 s	onld be	detache
De find within 12 hours after death with the case of the contract of the contract, or sentence. IMPORTANT: It liem 28 is marked, or item 23 shown in high, or other traumatic event, the medical examiner must be notified at once.	23 EB	E	injury,	or oth	er traur	matic eve	nt, the m	edical exa	niner mus	t be not	fled a	once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
П		2. DATE O	F DEATH

!	FOR STATE OF MARYLAND 1 - STATE REGISTRAR	/ DEPARTMENT CERTIFICATE		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lost) WILLIAM I. HARRIS			2. DATE OF DEATH MONTH Sept. 14,	1991 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 241 24 4185 5. SEX 1 ☐ M 2 ☐ F 73	YRS. MONTHS	DAYS HOURS MIN.		1918 Wel	don, N. C.
TOR	9a. FACILITY NAME (If not institution, give street and number) Memorial Apts. 301 McMechen St		Baltimore	EATH	9c. COUNTY OF DE	EATH
FUNERAL DIRECTOR	10s. STATE 10b. COUNTY Md.	10c. CITY, TOWN O	r LOCATION timore			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ERAL	301 Mc Mechen St.		101. ZIP CODE	1217	10g. CITIZEN OF W	
ΒX	11. MARITAL STATUS 1 National Status 1 National Status 12. Was Decedent Ever in u.s. FORCES? 1 Yes 2 If Yes, Give WAR OR DATES	NO I	NAS DECENDENT OF HISPAI I yes, specify Cuban, Mexica YES ZXNO Specify	n, Puerto Rican, etc.)	Black	— American Indian, i, White, etc. fy; 11 te
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	DECEDENT'S USUAL OC (Give kind of work done of life. Do NOT use retired.) Cleric	furing most of working	186. KIND OF BUS	rical Sup	plies
BE COM	17. FATHER'S NAME (First, Middle, Lest) Robert Harris		L	ME (First, Middle, Meiden inda Inge		
TO	Mr. Richard N. Dickinson	6204 Cand	(Street and Number or Rural le Ct. Syk	Route Number City or Town esville, Mo	n, State, Zip Code) d. 217	784
	1 Gurial 2 X Cramation 3 G Ramoval from State Other	ce of disposition (Na place) reen Mount	me of cometery, cromatory or cometery		cation — city of to altimore,	
	21. SIGNATURE OF FUNERAL SERVICE UCENSEE SIGNATURE OF FUNERAL SERVICE UCENSEE TO SHEETMAN Denny, Jr.)	22.	MAME AND ADDRESS OF FA MITCHELL-WI 6500 York R	EDEFELD HO		21212
	23. PART I. Enter the diseases, or complications that caused the shock, or heart fellure. List only one ceuse on each il IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) e	ine.		h es cerdiec or respi	ratory errest,	Approximete interval Between Onset and Death
z	DUE TO (OR AS A CON-	SEOUENCE OF):	<u> </u>			Yours
CATIO	Sequentielly liet conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury					
CERTIFICATION	thet initiated events resulting in deeth) LAST d	SEOUENCE OF):				
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to deeth but no	t resulting in the ur	derlying cause given in	Pert I. 24a. WAS AN PERFOR	RMED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO
NAK:	25. WAS CASE REFERREO TO MEDICAL		26. PLACE OF OEATH (C/	neck only one)		
HYSIC	EXAMINER? 1 ☐ YES 2 ☐ NO 1 ☐ Inpetient 2 ☐ ER/Outpetient 27. MANNER OF DEATH 28a. DATE OF INJURY	28b, TIME OF	sing Home 5 Rasidence 28c. INJURY AT	8 Other (Specify) 28d. OESCRIBE HOW I	INJURY OCCURED	
B	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation 3 Suicide 8 Could not be (Month, Day, Year) 25a. PLACE OF INJURY — At building, etc. (Specify)	INJURY M home, farm, street, fac	WORK? 1 YES 2 NO	281. LOCATION (Street		Route Number,
LETE	4 Homickle detarmined	d-sh-ss-s-d-h-sh-		City or Town, State)		
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the bests of examination and				nd due to the cause(s	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER.		DOSS	MBER 5	29d. DATE SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH () 419	W Mowen W	ST Bon	an co	461
	31. DATE FILED (Month, Dey, Year) SEP 26 1991 Sula Davidson-Randa	E				

cam with State Dept. of Health carted of Albim 23 shows a	
be filed within 72 hours after was IMPORTANT. If item 28 is	

	FOR STATE REGISTRAR	STATE OF M	ARYLAND / [DEPART	MENT OF H	EALTH AN	ID ME	NTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last,							DATE OF DEATH		3	. TIME OF DEATN
	MARY A. KUZEL						S	EPT. 22	199	I	6:00 P
	213-38-7446	5. SEX	6. AGE (In yrs. last b		IF UNDER 1 YEAR	IF UNDER 24 H	RS. 7.	DATE OF BIRTN (Month, Day, Year)		Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give		87	THS.	9b. CITY, TOWN (P L OCATION O	JI	JLY 4, 19		MARY	
СТОВ	BEL FOREST NURSI					HILLS			9c. COUNT	RFOR	
DIRE		ARFORD		10c. CITY	TOWN OR LOCAT		L A	IR		- 1	Od. INSIDE CITY LIMITS?
RAL	106. STREET AND NUMBER				101	ZIP CODE			10g. CITIZE		AT COUNTRY?
ш	105 IDLEWILD S		- e			KH S		014		S.A.	
BY FUN	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ABME YES 2 XNO R OR OATES	ED	If yes, sp	ENDENT OF NI colfy Cuban, Mi 2 NO S	xican, Pr	PRIGIN? (Specify Yes parto Rican, etc.)	or No- 1	Black, V Specify:	- American Indian, White, atc.
윤	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed)	16a. DECE	DENT'S L	ISUAL OCCUPATION done during mo	N of weekless		16b. KIND OF BUS	SINESS/INDU		11111111
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. De	o NOT use	retired.)	a or working					
once.	NA 17. FATHER'S NAME (First, Middle, Last)	NA		HOME	MAKER	- Continue C		OWN H			
TO BE COM	EMIL SKRABEK						OLIN	First, Middle, Malden		ALC: III	NKNOWN)
fled BE	19a. INFORMANT'S NAME (Type/Print)		19b. I	MAILINO /	ADDRESS (Street a			Number, City or Town			(MWOMIN)
5	EMANUEL SKRABEK	(NEPHEW)						THERVILL			93
must b	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)	noval from State	20b. PLACE AND	DATEO	DISPOSITION (Na er place) REDEEME	ne of		DATE 20c. LO	CATION — CH	ty or Town	
in in	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	111001 11	0111	22. NAME AN	D ADDRESS O		Υ			KILAND
al exam	SCHIMUNEK FUNERAL HOMES, INC. 9705 BELAIR ROAD, BALTIMORE, MD 21236 23. DART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, Approximete										
or other traumatic event, the medical examiner must be ERTIFICATION	shock, or heart fellure. List only one ceuse on sech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):										
ry, or other traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
CEF	d										
Albert 23 shows any Injury, SICIAN: MEDICAL CE	AFra) Fr	lon all or	eeth but not resi	uiting in	the underlying	ceuse given	In Part	I. 24s. WAS AN PERFORI	MED?	AM CC OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO DMPLETION DF CAUSE DEATH? YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				CE OF DEATN	(Check o	nly one)			
IX SI	1 (1 YES 2 (1)10	1 Inpetient 2 I			OTHER:	5 Residen	co 6 🗆	Other (Specify)			
BY PHYS	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF IN (Month, Day,	Year)	INJU	M 1 TY		284	. DESCRIBE HOW IN	JURY OCCU	REO	
# 0	3 Suicida 6 Could not be determined	26e. PLACE OF building, et	INJURY — At home, c. (Specify)	, farm, str	eet, factory, office		261.	LOCATION (Street as City or Town, State)	nd Number or	Rural Route	Number,
IMPORTANT: If Item 28 O BE COMPLETE	2 MEDICAL EXAMINI		y knowledge, death mination and/or inve	occurred etigation,	at the time, data in my opinion, de	ath occured st	due to th	e cause(s) and mani data and placa, and	ner as stated. I due to the c	avse(s) an	nd manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	(M)	•			D 3	NUMBER	20		IGNEO (MO	onth, Day, Year)
	DR. KAMRUDIN MIT 31. DATE FILED (Month, Day, Year)	HANI 70	3 Renol	iclia	in St	Hav	re	De Gra	u. n	MDA	21078
	SEP 26 1991	32. REGISTRAR	- Pandall								

Tible is

}

and the second

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Р	T	L		-4			2. DATE OF DE	ATH DAY_	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	Lore	5. SEX	athman 6. AGE (In yrs.	to a falled of the		,	9	25	91	
	EH	1 M 2 KKF	6. AGE (in yrs.)		MONTHS DAYS	HOURS MIN.	7. DATE OF BIR (Month, Day,	(bar)	8. BIRTI	**
212-07-0364 a. FACILITY NAME (If not ins	Ala al-		97	Tho.	AL AIRY MAILE.	OR LOCATION OF D	10	20 93	UNTY OF D	Maryland
Jenkins M		al Home		_	Ва	timore (City	Ba	altim	ore City
Da. STATE	10b. COUNT	Υ		10c. CITY	TOWN OR LOCA	TION				10d. INSIDE CITY
Maryland	Balt	o. City		I	Baltimon	e				1 X YES 2 NO
De. STREET AND NUMBER					10	. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?
1000 S.	Cato	n Avenue				213	229		U.S.	Α.
I. MARITAL STATUS		12. WAS DECEDED	TEVER IN U.S.	ARMED		CENDENT OF HISPA			14. RAC Blec	E — Americen Indien, k, White, etc.
Never Merried 2 1 1 Widowed 4 Divor			MAR OR DATES			2 NO Spec		,	Spec	etty:
	EDENT'S EDU	ICATION	100	DECEDENT'S	USUAL OCCUPATI	ON .	10h VIND	OF BUSINESS/IN		hite
(Specify only	highest grade	completed)			ork done during me		100. KIND	OF BUSINESS/IF	NDUSTRY	
Elementary/Secondary (0- 12 Years	-12)	College (1-4 or 5	+)	ecreta			Wo	odstocl	c Col	1000
7, FATHER'S NAME (First, Mic	cicle Last)			ecteta	агу	16 MOTHER'S N	AME (First, Middle,			rege
Henry Kat							ıknown	waren ourname)		
De. INFORMANT'S NAME (Ty				19b. MAILING	ADDRESS (Street	and Number or Rural		or Town State 2	Zin Code)	
Mr. John Hi			0.00			Avenue		tock, N		1162
De. METHOD OF DISPOSITION			20b. PLAC			metery, crematory or		Oc. LOCATION -		
Buriel 2 Cremation		noval from State	other	place)		Cemetery		Baltin		
. SIGNATUTE OF FUNERAL		CENSEE	<u> </u>	TY KEC		ND ADDRESS OF F	ACILITY	Daili	nore,	FID
·XI	1 -	M ()	nu V	1	Lorin	ng Byers	Funeral	Direct	tors,	Inc.
3. PART I. Enter the di	ner	1114	1717	ar.	8728	Liberty	Road R	andalls	stown	MD 21133
Sequentially list condition		b. Willer	OR AS A CONS	SEOUENCE OF	c caro	uovas	cular's	duca	10	4 immed
cause. Entar UNDERLYII CAUSE (Disesse or injui hat initiated events	NG ry	C. DUE TO	OR AS A CONS	SEQUENCE OF):					
ause. Entar UNDERLYII AUSE (Disease or injui hat initiated events esuiting in death) LAST	ng ry	d				g cause given li	1	MAS AN AUTOPS' PERFORMED? YES 2 P NO	Y 241	b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
ause. Entar UNDERLYII AUSE (Disease or injuin hat initiated events esuiting in death) LAST	ng ry	d				ig cause given li	1	PERFORMED?	Y 241	b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE
sause. Enter UNDERLYII AUSE (Disease or Inju- hat initiated events esuiting in death) LAST PART II. Other eignificer 5. WAS CASE REFERRED TO	nt condition	d			n tha underlyin		10	PERFORMED?	Y 24	b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ausé. Entar ÜNDERLYil AUSE (Disesse or Injui hat initiated events esuiting in death) LAST PART II. Other aignificei	nt condition	dns contributing to	o death but no	t resulting i	on the underlying the	LACE OF DEATH (C	1 □	PERFORMED? YES 2 MNO	Y 241	b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Bause. Enter UNDERLYII AUSE (Disease or Injuriant Initiated events esuiting in death) LAST PART II. Other eignificer S. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	nt condition	d	Death but no	t resulting in	26. FOTHER:	LACE OF DEATH (Come 5 - Residence	1 heck only one)	PERFORMED? YES 2 MNO		b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ART II. Other aignificer S. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO MANNER OF DEATH Netural 5	nt condition MEDICAL	d	o death but no	t resulting in	26. P OTHER: 4 Underlying Hore Underlying Underlying Hore Underlying W	LACE OF DEATH (C	1 heck only one)	PERFORMED? YES 2 NO		b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ART II. Other aignificer S. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO MANNER OF DEATH Netural 5 1	nt condition MEDICAL Pending	HOSPITAL: 1 Inpatient 2 25e. DATE 0 (Month,	ER/Outpatient F INJURY Day, Year)	3 DOA	26. P OTHER: 4 Underlying Hore Underlying Underlying Hore Underlying W	LACE OF DEATH (Come 5 - Residence JURY AT ORK? YES 2 - NO	theck only one) 8 Other (Special Describe) 281 LOCATION	YES 2 PNO WHY NO INJURY O	OCCURED	b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ART II. Other significer WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Natural 5 1 Accident 5 1 Accident 5 1 1 Accident 5 1 1 Accident 6 1 Accident 6 1 Accident 6 1 AUSE (Disease)	nt condition MEDICAL	HOSPITAL: 1 Inpatient 2 25e. DATE 0 (Month,	Death but no	3 DOA	26. P OTHER: 4 Formularing Hore URY M 1	LACE OF DEATH (Come 5 - Residence JURY AT ORK? YES 2 - NO	1 1 1 1 1 1 1 1 1 1	YES 2 PNO WHY NO INJURY O	OCCURED	b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
Sause. Entar UNDERLYII AUSE (Disease or Injurial Industrial Indust	o MEDICAL Pending investigation Could not be datermined	HOSPITAL: 1 Inpatient 2 25e. DATE 0 (Month, 26e. PLACE building	Death but no Death	3 DOA 25b. Title INJ	26. POTHER: 4 Trursing Hot E OF 28c. IN WY M 1 tree1, factory, officed at the time, dat	LACE OF DEATH (C) THE 5 Residence JURY AT DRK? YES 2 NO Ce e end place, end du	1 1 1 1 1 1 1 1 1 1	PERFORMED? YES 2 PNO With) HOW INJURY O (Street and Numb., State)	occured or Rural	b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Cause. Entar UNDERLYII CAUSE (Disease or Injuri LAUSE (LAUSE) LAUSE (LAUS	nt condition MEDICAL Pending Investigation Could not be determined	HOSPITAL: 1 Inpatient 2 25e. DATE 0 (Month, 28e. PLACE building	Death but no Death	3 DOA 25b. TIME INJI home, ferm, s	26. POTHER: 4 Trursing Hot E OF 28c. IN WY M 1 tree1, factory, officed at the time, dat	LACE OF DEATH (Come 5 Pesidence JURY AT ORK? YES 2 NO ce e end place, end du death occured at the 29c. LICENSE NI	1 1 1 1 1 1 1 1 1 1	PERFORMED? YES 2 NO Why How Injury O (Street and Numb and manner as at lace, and due to	DECURED Ter or Rural Tated, The cause(b. WERE AUTOPSY FINDINI ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, (e) end manner ee stated D (Month, Day, Year)
1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 1 2 Accident 3 Suicide 6 6 4 Homicide 90. CERTIFIER (Check only)	nt condition MEDICAL Pending Investigation Could not be determined IFYING PHYS CAL EXAMINI OF CERTIFIE	HOSPITAL: 1 Inpatient 2 25e. DATE 0 (Month, 28e. PLACE building	Death but no Death	3 DOA 25b. TIME INJI home, ferm, s	26. POTHER: 4 Trursing Hot E OF 28c. IN WY M 1 tree1, factory, officed at the time, dat	LACE OF DEATH (Come 5 Residence JURY AT ORK? YES 2 NO Dee	1 1 1 1 1 1 1 1 1 1	PERFORMED? YES 2 NO Why How Injury O (Street and Numb and manner as at lace, and due to	DECURED Ter or Rural Tated, The cause(b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
S. WAS CASE REFERRED TO EXAMINER? 1 VES 2 NO 7. MANNER OF DEATH 1 Natural 5 1 Natural 5 1 Accident 3 Suicide 4 Homicide 4 Homicide 5 MEDIN ORD 5 MEDIN OR	o MEDICAL Pending Investigation Could not be datermined IFYING PHYS CAL EXAMINI OF CERTIFIE	HOSPITAL: 1 Inpatient 2 25e. DATE 0 Month, 28e. PLACE building	Death but no Death	3 DOA 25b. Title INJ	26. POTHER: 4 Trursing Hot E OF 28c. IN WY M 1 tree1, factory, officed at the time, dat n, in my opinion,	LACE OF DEATH (Come 5 Pesidence JURY AT ORK? YES 2 NO ce e end place, end du death occured at the 29c. LICENSE NI	1 1 1 1 1 1 1 1 1 1	PERFORMED? YES 2 NO Why How Injury O (Street and Numb and manner as at lace, and due to	DECURED Ter or Rural Tated, The cause(b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, (e) end manner ee stated D (Month, Day, Year)
AUSE (Disease or Injurial Initiated events esuiting in death) LAST PART II. Other significes of the control of	o MEDICAL Pending Investigation Could not be datermined IFYING PHYS CAL EXAMINI OF CERTIFIE	HOSPITAL: 1 Inpatient 2 25e. DATE 0 Month, 28e. PLACE building	Death but no Death	3 DOA 25b. Titlet INJI home, farm, s	26. POTHER: 4 Trursing Hot E OF 28c. IN WY M 1 tree1, factory, officed at the time, dat n, in my opinion,	LACE OF DEATH (Come 5 Pesidence JURY AT ORK? YES 2 NO ce e end place, end du death occured at the 29c. LICENSE NI	1 1 1 1 1 1 1 1 1 1	PERFORMED? YES 2 NO Why How Injury O (Street and Numb and manner as at lace, and due to	DECURED Ter or Rural Tated, The cause(b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, (e) end manner ee stated D (Month, Day, Year)
Sause. Entar UNDERLYII AUSE (Disease or Injurial Industrial Indust	o MEDICAL Pending Investigation Could not be datermined IFYING PHYS CAL EXAMINI OF CERTIFIE	HOSPITAL: 1 Inpatient 28e. PLACE building BICIAN: To the best of ER: On the best of	Death but no Death	3 DOA 25b. Time INJI home, farm, s death occurre or investigation	26. P OTHER: 4 Tourning Hore E OF W H Tree1, factory, offit at the time, det n, in my opinion, Print)	LACE OF DEATH (Come 5 Pesidence JURY AT ORK? YES 2 NO ce e end place, end du death occured at the 29c. LICENSE NI	1 1 1 1 1 1 1 1 1 1	PERFORMED? YES 2 NO Why How Injury O (Street and Numb and manner as at lace, and due to	DECURED Ter or Rural Tated, The cause(b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO Route Number, (e) end manner ee stated D (Month, Day, Year)

8. BIRTHPLACE (State or Foreign

9c. COUNTY OF DEATH

Baltimore County

10g. CITIZEN OF WHAT COUNTRY U.S.A.

2. DATE OF DEATH

7. DATE OF BIRTH

IF UNDER 24 HRS.

101. ZIP CODE 21207

Secretary Dept. of

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-

18. MOTHER'S NAME (First, Middle, Maiden Surname)

, specify Cuban, Maxican, Puerto Rican, atc.)

Specify.

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

9b. CITY, TOWN OR LOCATION OF DEATH

Merrymount

1 TES 2 NO

9/23/91

3/24/27

16b. KIND OF BUSINESS/INDUSTRY

Federal Highways

3. TIME OF DEATH

30

Maryland

10d, INSIDE CITY

14. RACE - American Indian, Black, White, etc.

Helen Rosalie Stachowska

1 YES 2 NO

Caucasian

Maryland

11. MARITAL STATUS

DIRECTOR

FUNERAL

BY

COMPLETED

BE

4. SOCIAL SECURITY NUMBER

212-22-4040

8405 Merryview Drive

RESIDENCE OF DECEDENT

1 Nover Married 2 Merried

Elementary/Secondery (0-12)

17. FATHER'S NAME (First, Middle, Last)

19a. INFORMANT'S NAME (Type/Print)

31. DATE FILED (Month, Day, Year) SEP 26

1991

12 years

3 Widowed 4 Divorced

9e. FACILITY NAME (If not institution, give street end number)

100. STREET AND NUMBER 8405 Merryview Drive

10b. COUNTY

15. DECEDENT'S EDUCATION

(Specify only highest grade com

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION Merrymount

18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)

DAYS

Adella A. Karcz

5. SEX

1 M 2 15

Baltimore

College (1-4 or 5+)

Andrew Francis Karez

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES

6. AGE (In yrs. last birthday)

64

YRS.

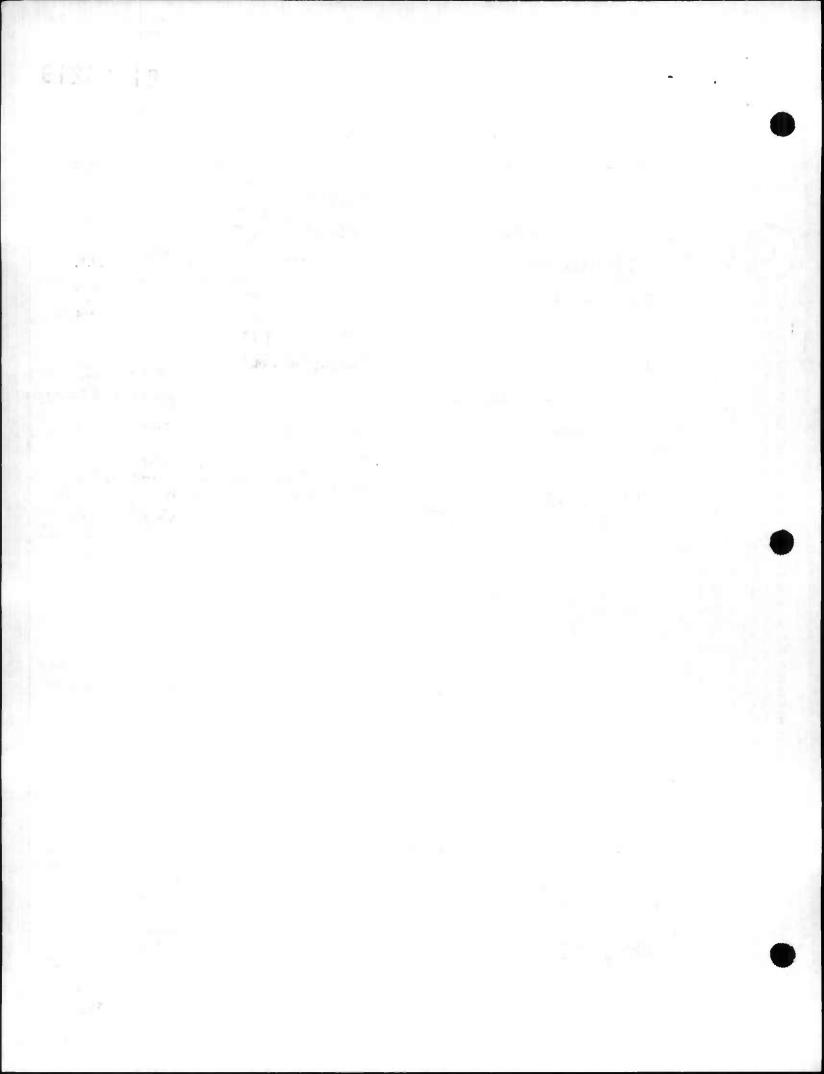
出 분 2 2

- 11	Miss Clementine Karc	3	7610 (Gum Road	Baltir	more M	aryland 2122	2				
	29g, METHOD OF DISPOSITION 12 Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State of ce	metary, crematory	e of disposition (Name of other place) Mem. Park	na .	DATE 9/26	20c. LOCATION — City Sykesville					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS PIFTED Byers Funeral Directors, Inc 211: 8728 Liberty Road Randallstown Maryl'and											
	23. PART/I. Enter the diseases, or shock, or heert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceuse on eed	Jekoj	not enter the mode of					Approximate interval Between Onset and Death			
	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): d.												
	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 WO											
Ш			26. PLACE OF DEATH (Check only one)									
	25. WAS CASE REFERRED TO MEDICAL			26, PLACE	OF DEATH (Check	only one)						
	25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 -YES 2 NO	HOSPITAL:	tient 3 🗆 DOA	OTHER:	/		ecify)					
	EXAMINERY 1		28b. TII	OTHER: 4 - Nursing Home 5	Residence 8 D	Other (Sp	ecily) BE HOW INJURY OCCUR	RED				
	EXAMINERY 1	1 Inpatient 2 ER/Outpar 28a. DATE OF INJURY	28b. TH	OTHER: 4 Nursing Home 5 ME OF 28c. INJURY WORK? M 1 YES	AT 28	Other (Sp			: Number,			
	EXAMINERY 1	1 Inpatient 2 ER/Outpate 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	At home, farm,	OTHER: 4 Nursing Home 5 ME OF 28c. INJURY WORK? M 1 YES street, factory, office	AT 26 2 ND 26 place, and due to	Other (Sp. ed. DESCRIE) Other (Sp. ed. DESCRIE) Other (Sp. ed. DESCRIE) Other (Sp. ed. DESCRIE) Other (Sp. ed. DESCRIE) Other (Sp. ed. DESCRIE) Other (Sp. ed. DESCRIE) Other (Sp. ed. DESCRIE) Other (Sp. ed. DESCRIE)	BE HOW INJURY OCCUR N (Street and Number or invn, State)	Rural Route				
	EXAMINERY 1	1 Inpetient 2 ER/Outpet 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Specificials) ICIAN: To the best of my knowle ER: On the basis of axamination	At home, farm,	OTHER: 4 Nursing Home 5 ME OF 28c, INJURY WORK? 1 YES street, factory, office	AT 26 2 ND 26 place, and due to	Other (Sp. Bd. DE\$CRIII Bf. LOCATIO City or To the cause(a	N (Street and Number or wm, State) and memor as stated, place, and due to the c	Rural Route				

32. REGISTRAR'S SIGNATURE

wie Davidson-Rondall

DHMH-18 Rev 1/89

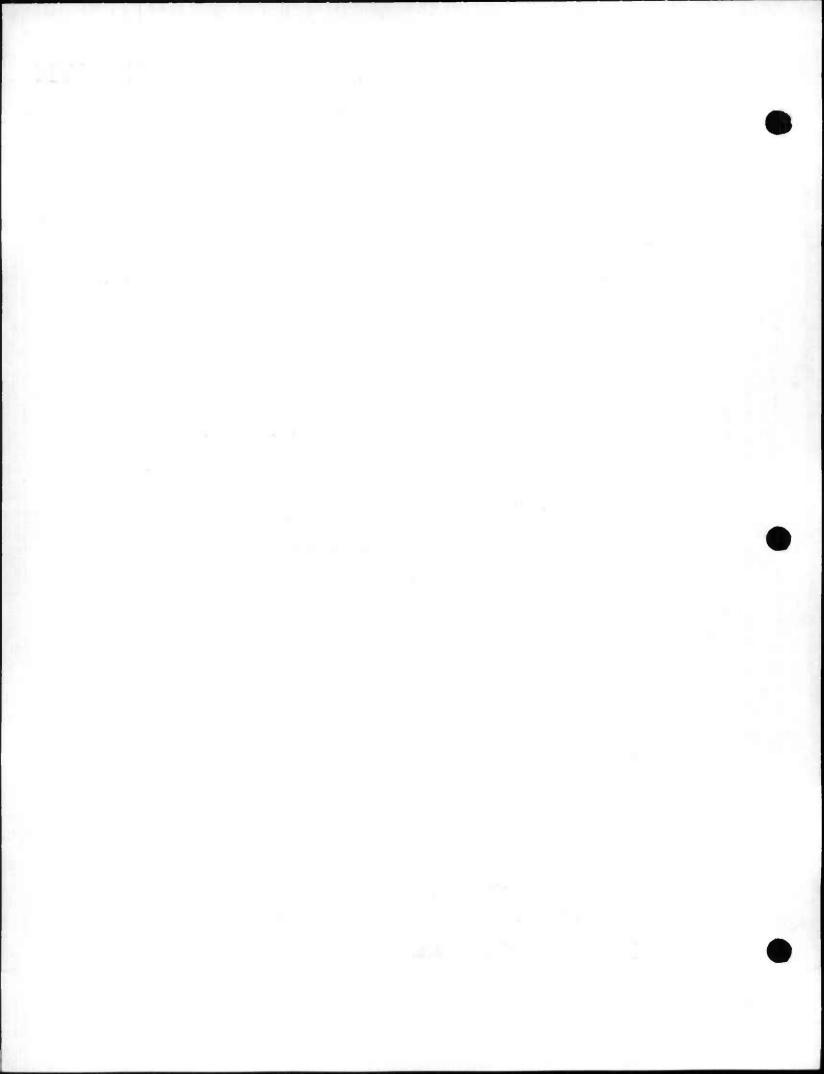




1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.

ME AR																
1. DECEDENT'S NAME (First, Middle, Last) Albert E Langmead, II 2. DATE OF DEATH September 25, 199: 5:35am M																
5:35am																
8. BIRTHPLACE (State or Foreign Country)																
Land																
INSIDE CITY LIMITS?																
YES 2 NO																
JONINY																
merican Indian, la, atc.																
Mhite																
ata																
22. NAME AND ADDRESS OF FACILITY Hartley Miller Funeral Home																
21234																
23. PARTY Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate																
IMMEDIATE CAUSE (Final																
disease or condition Probable Myocardial infarction																
oue to (or as a consequence of): Cerebrovascular accident																
Sequentially list conditions, If any, leading to immediate couse. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): Thrombosis																
											CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):					
resulting in death) LAST																
AUTOPSY FINDINGS																
MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?																
YES 2 NO																
25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 50 NO																
281. LOCATION (Street and Number or Rural Route Number, City or Town, State)																
					29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.											
					(Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
, Day, Year)																
191																
Walid Freij, M.D. c/o Maryland General Hospital 1. OATE FILED (Marih, Day, Year) 32. REGISTRAR'S SIGNATURE																



3. TIME OF DEATH

2. DATE OF DEATH

ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should wal.	if examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within x rouns after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	Russell Lennon September 15 190112:20 A M													
	4. SOCIAL SECURITY NUMBER 220 03 8312		5. SEX	6. AGE (In yrs.	last birthday) YRS.	IF UNDER	DAYS	IF UNDE	R 24 HRS.	7. DATE OF BIF (Month, Day,	RTH Year)	101	8. BIRTHP Country)	LACE (State or Foreign
	9a. FACILITY NAME (If not institution	on also str		71	THO.	9h CIT	Y TOWN C	PLOCAT	ION OF DE		4,	1920	Vii	ginia
E	VAMC, Perry Pe		00.01								SIT .			
5	RESIDENCE OF DECEDENT					Perry Point Cecil								
DIRECTOR	Maryland (10c. CIT	Dor	ry :		. 4-					IOd. INSIDE CITY			
	10e. STREET AND NUMBER		rer		ZIP COD				10g. CITIZ		I YES 2 NO			
ER/	Veterans Ad	dical	Ce	nte	21	902					States			
COMPLETED BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Marri 3 Widowed 4 Divorced	T EVER IN U.S. YES 2 [MAR OR DATES	3. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Inc. 15. MAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Inc. 16. Black, White, etc.						White, atc.					
	15. DECEDEN (Specify only high	IT'S EDUC	ATION completed)		DECEDENT'S	work done	during mo		ing	16b. KIND	OF BUS	INESS/IND		
4	Elementary/Secondary (0-12) College (1-4 or 5+)			+)	(Give kind of work done during most of working life. Do NOT use retred.)									
E I	12th Grade 17. FATHER'S NAME (First, Middle,	/ netl			Steva	ador	e	40 MOY	UEDIO MAI	ME (First, Middle,	Adalata C	21		
	Dempsey L		n					16. MO1		erta W				
H H	19a. INFORMANT'S NAME (Type/P	19b. MAILING	3 AOORES	S (Street a	nd Numbe		Route Number, City			Code)				
2	VAMC, Perry Po	oint,	Maryla	nd	Perr	y Po	int,	Mar	vlano	3 21902				
	20a. METHOD OF DISPOSITION	□ Ramo	val from State	20b. PLA	CE OF DISPO							ATION —	City or Tow	n, State
	Burial 2 Cremation 3 4 Donaties 5 Other (Spec									y Chelt	enha	am M	lary	Land
	21. SIGNATURE OF JUNERAL SE		22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home											
	23. PARY . Enter the disease	1.	allem	IN. I	П	4	001	Ber	nin	q Rd.,	N.	E. 1	Wash	. D.C.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disaase or injury that Initiated events resulting in death) LAST													
N: MEDICAL CER	PART II. Other significant or	onditions	contributing to	death but no	ot resulting	in the u	ndariyin	g cause	given in	9	WAS AN / PERFORI YES 2			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N N	25. WAS CASE REFERREO TO MEDICAL 28. PLACE OF DEATH (Check only one)													
2	EXAMINER? 1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE 4 - Nu		6 5 🗆 R	esidence	8 Other (Spec	clfy)			
BY PHYSICIA	1 Tes 2x NO													
100	3 Suicide s Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										ute Number,			
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.													
TO BE	296, SIGNATURE AND TITLE OF CHIPTIES C NORTH D 20215 29d, DATE SIGNED (Month, Day, Your) 9-18-91													
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Plry Point VA Hospital, Boardinator Pery Point 40 21902													
	31. 05E Po 2016 0499	8	julia David	AR'S SIGNATUR	tell									

DHMH-16 Rev 1/89

J.: 1.

3. TIME OF DEATH

REG. NO

2. DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020	
2	office danch Door S men he seemed to the desired
0	1
. I	4
47	
2	1
7	
2	7
	-
7	1
7	
	4
7	1
00	17
4	
=	4
~	
III.	à
~	i
-	1
$\underline{\circ}$	9
\geq	1
	d
	4
4	dan
m	3
tod.	400

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

9 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 99 1 M 2 F -9 the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH Has DIRECTOR BA RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY Bal FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE NAShiNgi 13 attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 1 Never Merried 2 Merried If yee, specify Cuban, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 ☐ Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most title, Do NOT use retired.) (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5 +) ulresan 17. FATHER'S NAME (First, Myddle, Last) notified at 6 BE 19e. INFORMANT'S NAME (Type/Print) 105. MAILING ADDRESS (Stre 2 Emm 71: astron Pe 20e. METHOD OF DISPOSITION CATE must Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) cal examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY troneyol medical filled in by ahock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final the diseese or condition_ Dehydrat completely HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE DF): attending physician and con ntal Hygiene prior to burial, Chrom c GI blee CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST e has been signed by the attent te Dept. of Health and Mental H m 23 shows any Injury, or PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 25. WAS CASE REFERRED TO MEDICAL Item 26. PLACE OF DEATH (Check only one) After this certificate death with the State EXAMINER? OTHER: death with the St marked, or it 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA e 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident O THE HOSPITAL ON THE TO THE FUNERAL DIRECTOR: Aft be filed within 72 hours after dr 28e. PLACE OF INJURY — Al home, farm, street, lactory, office building, atc. (Specify) 3 Sulcide COMPLETED e Could not be 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT: If item 24 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER aux, 8 D 314 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DAS ELP (MZ 1180-199)

6. BIRTHPLACE (State or Foreign 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? A 2 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. Black 16b. KIND OF BUSINESS/INDUSTRY 1e. MOTHER'S NAME (First, Middle, Malden Surneme) Number or Rural Roufe Number, City or Town, State, Zip Code! 19 0 20c. LOCATION - City or To 23. PART Lenter the disease, or complications that caused the death. Do not enter the mode of dying, such ea cardiec or respiretory arrest, Approximete Interval Between Onset and Death 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occured at the time, data end place, end due to the cause(e) end menner as stated. 29d. DATE SIGNED (Month, Day, Year) . 81 211

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



ITEM:8 per FH G-679 9/27/91 cm

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

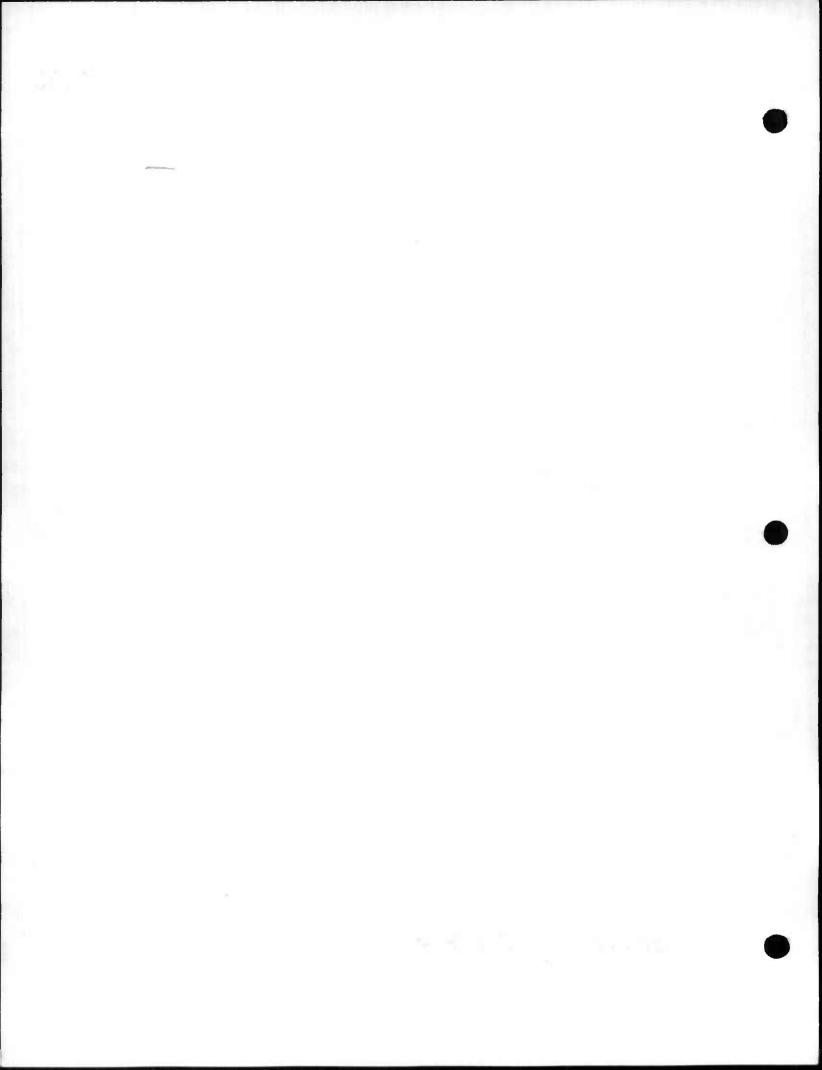
26223 91

OHMH-16 Rev 1/89

	REGISTRAR		C	ERTIF	ICATE OF	DEATH		REG. NO			
	1. OECEDENT'S NAME (First, Middle, Last)							OF OEATH		3.	. TIME OF OEATH
. 1	ELIZABETH	ANNA	MILI				SEP	TEMBER	23,	1991	7:25A
	4. SOCIAL SECURITY NUMBER 161-24-1442	5. SEX	6. AGE (In yrs. In	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mon	of BIRTH 1 (th. Day, Year)		Country)	ACE (State or Foreign
IOH IOH	98. FACILITY NAME (# not institution, give street and number) 96. COUNTY OF DI THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE BESIDENCE OF DECEMENT										
DIRECTOR	10a. STATE 10b. COUNT Maryland Balt	10c. CIT	0c. CITY, TOWN OR LOCATION Cockeysville								
FUNERAL	100. STREET AND NUMBER 10725 York Road		10	1. ZIP CODE 2103()	10g. CITIZEN O			T COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W		If yea, ap	CENOENT OF HISPAI beelfy Cuben, Maxics 6 2 NO Specif	in, Puerto	IC ORIGIN? (Specify Yea or No- 14. RACE — Black, W			American Indian, white, etc. White	
COMPLETED	15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	e completed)	(C	ECEDENT'S Give kind of a	USUAL OCCUPATI work done during mose retired.)	ON ost of working	161	. KIND OF BU	SINESS/INOU	STRY	
MPL	7 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5		itres	S	T			auran	t	
BE CC	James Bittner 198. INFORMANT'S NAME (Type/Print)					16. MOTHER'S NA	Dob	bins			
٥	Mr. Emory E. M	liller				Rd., Coc)
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)		AND DATE (ematory or Q E 'SVI	of disposition (Nation place). The Meth	per place) Parkton, Maryland Parkton, Maryland						
	21. SIGNATURE OF FUNERAL SERVICE LI	n W. Cla	wif		22. NAME A	non-Mitch Padonia	CILITY	Wiedef	eld	n, Mo	d. 21093
NOI	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. BA DUE TO	ise on aach line	OUENCE OF	ZTERY	THRON					Approximata interval Betwee Onset and Da
CERTIFICATION	Cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF): d.										
: MEDICAL	PART II. Other significant condition	ns contributing to	death but not	resulting i	in the underlyin	g cause givan in	Part i.	24a. WAS AN PERFOR 1 TYES 2	MED?	CO OF	ERE AUTOPSY FINDING AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	. □ DOA	OTHER:	ACE OF DEATH (Ch					
LETED BY PHYSICIAN: MEDICAL CE	1 YES 2 NO 1 Impellant 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending investigation 28s. DATE OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED INJURY WORK? 1 YES 2 NO								RED		
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At he atc. (Specify)	eme, farm, s	street, factory, offic			ATION (Street a or Town, State)	nd Number o	Rural Route	e Number,
COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of ER: On the basis of ex									nd manner as stated.
TO BE (296. SIGNATURE AND TITLE OF CERTIFIE Kattura Gruss 30. NAME AND ADDRESS OF PERSON WH	have	MD			29c. LICENSE NUM	ABER		29d. DATE :	1	onth, Dey, Year) 3/91
	KATRINA ARUSTRO	NG HP	600 N	. WOL		BALTO	MD	212	05		
	31. DATE FILEO (Month, Day, Year) SEP 2 6 1991	32. REGISTRA	AST A Pands	02							

BALTIMORE, MARYLAND 21215-0020

WISION OF VITAL RECORDS, P.O. BOX 68760,



BALTIMORE, MARYLAND 21215-0020

•	1 -
	1. DE
	4. 90
Ì	90. F
	J RE:
	10e.
	11.16
	ε
	12-51
	19e. I

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF	HEALTH AND	MENTAL HYG					
		ORGE McCRAE	Z, JR.			2. DATE OF DEAT		3. TIME OF OEATH 6:40 P M			
	4. SOCIAL SECURITY NUMBER 213 - 78 - 8277	1 M 2 F	(In yrs. last birthday) 7 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, You	59	BIRTHPLACE (State or Foreign Country)			
OR	90. FACILITY NAME (If not institution, give street end number) 90. CITY, TOWN OR LOCATION OF GEATH 90. COUNTY OF GEATH 90. COUNTY OF GEATH 90. COUNTY OF GEATH										
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y	10c, CITY	TOWN OR LOCA	TION			10d, INSIDE CITY			
	10e, STREET AND NUMBER	.1	13	39/04	f. ZIP CODE		T	1 VES 2 NO			
FUNERAL	1528 No.	401BROOM	C St.		212	01	10g. CITIZEN OF WHAT COUNTRY?				
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 DNG	If yes, s	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cubart, Mexicon, Puerto Ricen, etc.) 1 YES 2 THO Specify: Specify: Specify:						
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.)										
BE CO	David G, M	CCRAE	SR.		18. MOTHER'S N	IAME (First, Middle, Me	iden Sumeme)	Lin			
TO	19e. INFORMANT'S NAME (Type/Print)	MCCRae	19b. MAILING .	ADDRESS (Street	and Number or Ruge	Royle Number, City of	Town, State, Zip C	ode)			
	20e. METHOO OF DISPOSITION 1 Description 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		PLACE AND DATE OF		ame of	DATE 200	Calle	ly or Town, State Md.			
	21. SIGNATURE OF FUNERAL SERVICE LIC	2 Will	Ĺ	Ses	PLE N	ACILITY VI VER	FH	163 Gradus			
	IMMEDIATE CAUSE (Final	a. GENSHOT WOUND	ach lina.	EN	da of dying, au	ch an cardiac or r	aapigatory arres	Approximata Interval Batween Onset and Daath			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CERTI	resulting in death) LAST	d	- CONSCIONATION OF THE	•							
CAL	PART II. Other aignificant condition	a contributing to death b	ut not resulting in	tha undariyin	g cause givan i		S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
							S 2 NO	COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDI						_	1	1 TES 2 NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL:		OTHER:	ACE OF OEATH (C						
H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b, TIME	OF 28c. IN.	URY AT	6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	RED			
B	1 Natural 5 Pending 2 Accident Investigation	9-22-199		6M 1 🗆	PRK? YES 2X NO	SUBJEC	T WAS	SHOT			
ETED	3 Suicide 4 Memicide 3 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) STREET 28f. LOCATION (Street and Number or Rural Route Number, 1500 BLK BETHEL STREET)							HEL STREET			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI DESCRIPTION ON DESCRIPTION ON DESCRIPTION OF THE CERTIFYING PHYSI DESCRIPTION OF THE CERTIFICATION OF THE CERT	CIAN: To the best of my knowl R: On the beets of examination	ledge, death occurred n and/or investigation	at the time, date	end place, end du eath occured at th	e to the cause(e) end e time, date end place	menner ee stated	ceuse(e) end manner ee stated.			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER NONALD HIS WING W	- MD			O C M			11GNED (Month, Day, Year) 23-1991			
Ĕ	DOWNLO G. WRIGHT ME	O COMPLETED CAUSE OF DE			STREET	BALTIM	ORE.MA	RYLAND 21201			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE					2,201			
		John Davidson-1	andelle					DHMH-16 Rsv t/89			

hows any injury, or other traumatic event, the medical examiner must be notified at once.

2

6

SEP 26 1991

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND	/ DEPAI	RTMEN'	T OF H	IEALTH DEA	AND I		IYGIEN REG. NO.	9	1 2	6225
	1. DECEDENT'S NAME (First, Middle, Last) ANGELO	MACIA	אקאי						2. DATE OF	DEATH	W., 2	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 579-54-0169	5. SEX	SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF IMMORD 24 MINS. 7. D						7. DATE OF (Month, De NOV.	HTUI	4	Country	
	9a. FACILITY NAME (If not institution, give st			Tho.	9b. CITY	r. TOWN C	R LOCATI	ON OF DE		19,	1917	MAR NTY OF DE	YLAND
OR	1324 OLD EASTERN AVENUE BALTIMORE									[Ju. 000		ALTIMORE
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE MARYLAND BAI	TIMORE		10c. C/1	ry, town o	OR LOCAT						T	10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT		1 YES 2 XNO
FUNERAL	1324 OLD EASTERN	AVENUE					2.	1221			U.	. s.	Α.
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nidowed 4 Divorced	TEVER IN U.S. A X YES 2 AR OR DATES	ARMED NO		If yes, spi	ENDENT Color Cube	n, Mexica	IIC ORIGIN? (S n, Puerto Rica /:	pecify Yea n, atc.)	or No	14. RACE Black, Specify	American Indian, White, etc.	
TED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	18e. E	DECEDENT'S	USUAL O	CCUPATIO	ON st of working		16b. KIN	D OF BUS	INESS/IND	USTRY	
COMPLET	Elementary/Secondary (0-12) NA	College (1-4 or 5 + NA	- 4	le. Do NOT u	ABLEI			_				~	
BE CO	17. FATHER'S NAME (First, Middle, Lest) LOUIS MACIACARA 18. MOTHER'S NAME (First, Middle, Meiden Surneme) JOSEPHINE KARL												
10	190. INFORMANT'S NAME (Type/Print) MARIE D. DONOFRI	O (SIST	ER)	4628	SHAN	S (Street as	AVI	or Rural F	Poute Number, C	ORE,	MD .	212	06
	20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State		EAND DATE				4ETEI	DATE			City or Tow	
	21. SIGNATURE OF FUNERAL SERVICE LICE	Joen /	7		22. SC	NAME AN	D ADDRES	FUNE	1	MES,	INC		
	23. PART I. Enter the disease, or conshock, or heart failure. In IMMEDIATE CAUSE (Final disease or condition resulting in death)	C ho	caused the case on each lin	ocher	not anter	the mod	de of dyl	ng, such	n as cerdiac	or reapir	ratory arr	ast,	Approximata Interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Dissess or Injury that Initiated evente resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):												
O	PART II. Other significant conditions	contributing to	deeth but not	rasulting	in the un	deciving		han la l	Post I I at			1	
MEDICAL						derrying	- Cause (Jiven III I		PERFORI	MED?	0	VERE AUTOPSY FINDINGS WALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Che	nck only one)				
7		1 Inpatient 2 I		_	_	ling Home	\rightarrow	sidence (8 Other (Sp	ecify)			
ВУ РН	1 Netural 5 Pending Investigation	28e. DATE OF (Month, Da	y, Year)		URY M			NO NO	28d. DEŞCRIE	BE HOW IN	JURY OCC	CURED	
	3 Suicide 8 Could not be determined	28e. PLACE OF building, a	INJURY — At h	ome, ferm, s	Preet, lecte	ory, office			28f. LOCATIO City or To	N (Street er vn, State)	nd Number	or Rural Ro	ite Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	IAN: To the best of a	my knowledge, d	leath occurre	nd at the ti	me, date o	end place,	end due t	to the cause(e	end mann	ner ee state	ed.	end manner ee stated.
BE CC	296 SIGNATURE AND TITLE OF CERTIFIER	Anan		2.0		T		NSE NUM				SIGNED (A	fonth, Day, Year)

M.D

32. REGISTRAR'S SIGNATURE chia Davidson

J. CROSSAN DONOVAN M. D. , 2112 DUNDALK, AVE., BALTIMORE, MD.

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

9 4 - 25 - 9

DO7632

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, requires that the death certificate be

G-680 10/21/91 cm 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH September 20, 1593 4:27 P Louis McNally A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 214 14 9093 1- M 2 | F 75 10-29-1915 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Maryland Reneral Hospital Baltimore CITy na RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MD na Baltimore 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2000 Madison Avenue USA 21217 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 K Married BY 1 TYES 2 NO Specify: 3 Widowed 4 Divorced White COMPLETED 15. OECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) UNKNOWN UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) WILLIAM J MCNALLY FANNIE M SHAFFER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BRENDA TOWSEND-MILTON P.O. BOX 297 BALTIMORE, MARYLAND 21203-0297 20a. METHOD OF DISPOSITION 20e. METHOD OF DISPOSITION

1 Surial 2 Cramation 3 Removal from State

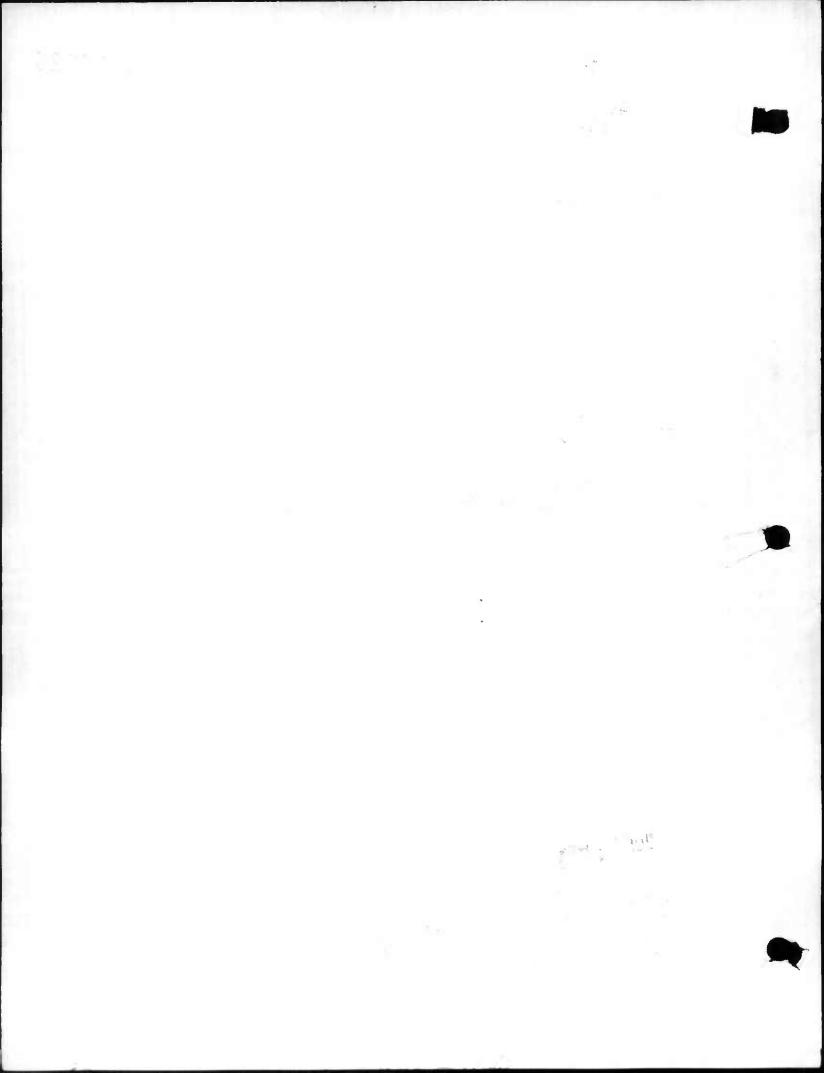
4 Donation 5 Other (Specify) in state 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State WOSHELL MEMORIAL GARDENS BALTIMORE, MARYLAND SMINATURE OF FUNERAL BERVICE LICES 22. NAME AND ADDRESS OF FACILITY State Anatomy Board Bonald Wade, Dir 3/24/91 655 W. Baltimore St, Balto., MD 21201 HT i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, Approximata ehock, or haert failure. List only one cause on sech lins. intarvai Between IMMEDIATE CAUSE (Fine) Onset and Death disease or condition Acute Myocardial Infarction resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury OUE TO (OR AS A CONSEQUENCE OF): thet initieted events reaulting in daeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuee given in Pert i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 WES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 [XInpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be ED. 4 Homicide COMPLET 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and manner se stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29d. OATE SIGNED (Month, Day, Year) MI-10 9-20-9 Un 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
T. Salkina, M.D. c/o Maryland General Hospital

> 32 REGISTRAR'S SIGNATURE ed wine . week

Panylone



TO THE HOSPITAL OF TO THE FUNERAL DE filed within 72 h



	2		X
	the	oval	le le
	Š	E	음
	2.	0,0	net
	filled	ou.	96
	ely	Jati	=
	Bet	ren	ent
	E	al, c	5
	D C	oung	die die
	a ar	8	ma
	siciar	nior	trau
	phy.	9	9
	8	gier	0
	pue	Ì	10
	atte	mal	2
	the	ž	큳
	3	and	N I
	Ded	E	an
	Sign	Hea	3
	een een	6	sho
	g Si	ept.	23
	13	0 0	E
	Scate	Stat	lle
	erti	the the	0
	IL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	f Ivam 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa
	ter	ath	mar
	. Af	de	1
	JOR.	afte	28
	REC	Sin	E
	ā	5	i
1		N	-

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND M	IENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) HELEN R.	Helen Rode	gers Mc			2. DATE OF DEATH DA	-25-91	3. TIME OF DEATH 1 1 D 4	
1	4. 20443E0277Y. NEW 9879 6 214-21-3826		(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Dey, Year) 11-30-19	910 S	THPLACE (State or Foreign ntry) Scotland	
TOR		street and number) ton Genera.	l Hosp.	9b. CITY, TOWN	LLS TO	NTH /	9c. COUNTY OF	FORD	
FUNERAL DIRECTOR	nesidence of decedent 100. STATE 100. COUNT Florida Pi	nellas	10c. CITY	r, town on Loc	water			10d. INSIDE CITY LIMITS? 1. YES 2 NO	
RAL	10e. STREET AND NUMBER			,	33516		109. CITIZEN OF	WHAT COUNTRY?	
BY FUNE	1740 Suffolk 11. MARITAL STATUS 1 Never Metried 2 Merried 3 Nividowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 1 YES	2 X NO	If yes,			or No— 14. RA Bis	CE - American Indian, ack, White, etc.	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12) 8th		usual occupa vork done during i e retired.)	nost of working	16b. KIND OF BUS	iness/industry			
BE COM	17. FATHER'S NAME (First, Middle, Last) Thomas Salter	'S			18. MOTHER'S NAM	Rodgers	Sumame)		
TO	190. INFORMANT'S NAME (Type/Print) William T. McC	adden				Street		1154	
	William T. McCadden 100 Creek View Ct., Street, MD 213 200. METHOD OF DISPOSITION 1 Burlel 2 (**Cremation 3 Removed from State 4 Donation 5 Other (Specify) Metro Crematory, Inc. 201. PLACE OF DISPOSITION (Name of cemetery, crematory or Metro Crematory, Inc. 202. LOCATION – City or To Baltimore							, MD	
	21. SIGNATURE OF FUNERAL SERVICE		u	Cren	and appress of FAC	ciety of	f Mary	land, Inc. , MD 21228	
	George E. 23. PART I. Enter the diseases, or	complications that cause						Approximate	
	ahock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) a								
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other significant condition	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 PRO							
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSFITAL:		26. OTHER:	PLACE OF OEATH (Che	ock only one)			
	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	1 € inpatient 2 ☐ ER/Out 28e. OATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	ome 5 Reeldence INJURY AT WORK? YES 2 NO	6 Other (Specify) 28d. OE\$CRIBE HOW I	NJURY OCCURED		
TED BY	2 Accident investigation 3 Suicide 6 Could not b 4 Homicide datarmined	26e. PLACE OF INJUR		street, factory, or	ffice	261. LOCATION (Street City or Town, State)		ral Route Number,	
COMPLETED	(Grieck Only	SICIAN: To the best of my knowner: On the basis of examination						se(e) end manner se stated.	
H	29b. SIGNATURE AND TITLE OF CONTIN	m			D3 40	BER 152	29d. DATE SIGN	NED (Month, Day, Year)	
2		HO COMPLETED CAUSE OF D	20 B	out /ton	54.	Bel Air	10	21014	
	SFP 2.6 199	32 REGISTRAD'S SIG	nature Handell						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

- 0	33			01 2	6228							
	1 - STATE STATE OF MARYLAND / DEPARTMENT CERTIFICATE	OF HEALTH AND	MENTAL HYGIEN REG. NO	IĔ '	0220							
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	MY YEAR	3. TIME OF DEATH							
	ROBERT ROLAND MARBU	JRY	09 14	199								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 5 7 9 − 8 2 − 1 7 0 7 1 🖾 M 2 □ F 2 7 YRS. MONTHS	1 YEAR IF UNDER 24 HRS, DAYS HOURS MIN.	7. DATE OF BIRTH	3 8. Bir	ATHPLACE (State or Foreign unitry) ash.,D.C.							
	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY,	TOWN OR LOCATION OF D	DEATH	9c. COUNTY OF	F DEATH							
6	5286 MARIBORO PIKE APT303 CAPITOL HEIGHTS PRINCE G											
C C					10d. INSIDE CITY							
L DIRECTOR	Md. Prince George's Capito	of Hgts.			LIMITS?							
FUNERAL	5286 Marlboro Pike # 303	20743		U.S	• A •							
BY FUR	1 Never Merried 2 Merried PORCES? 1 YES 2 NO	MAS DECENDENT OF HISPA f yes, specify Cuben, Mexic YES 22 MIO Speci	an, Puerto Rican, atc.)	BI	ACE — American Indian, lack, White, etc.							
60	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OC (Give kind of work done of	CCUPATION	16b. KIND OF BU	SINESS/INDUSTRY	1							
COMPLETED	(Specify only highest grade completed) (Give kind of work done of life. Do NOT use retired.) (Give kind of work done of life. Do NOT use retired.)	turing most of working										
MP	10th Laborer		Cons	tructi	on [
00	17. FATHER'S NAME (First, Middle, Last)	16. MOTHER'S NA	AME (First, Middle, Maiden	Surname)	1							
BE	Timothy D. Marbury		nces Savo	4								
2		(Street end Number or Rural										
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSI	ITION (Name of		CATION — City or								
	1 Neuriel 2 Cremetion 3 Removal from State cametary, crematory or other place; 4 Donetion 6 Other (Specify) Harmony Mem.	. Park 9/	/21/91 La	ndover	, Md.							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. P. C. C. C. C. C. C. C. C. C. C. C. C. C.	NAME AND ADDRESS OF FA H.S.Washir 1925 Burro	ngton & S	ons,In	c.							
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter		_		Approximate							
	IMMEDIATE CAUSE (Final			Tallot,	interval Between Onset and Death							
	resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	somo of	1800									
z	Convente III II II a constitution of b.				į.							
HIFICATION	Sequentisity list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
3	CAUSE (Disease or injury											
	that initisted events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST											
E CE	d											
7 1	PART ii. Other significant conditions contributing to death but not resulting in the unc	derlying cause given in			4b. WERE AUTOPSY FINDINGS							
MEDICAL			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE							
M			HEA		OF OEATH?							
			- 1.651	PLACO	7							
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (Ch	neck only one)									
2	OTHER	: ing Home 5X Residence	8 Other (Specify)									
PHYSICIAN	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) INJURY	28c, INJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCURED								
2	1 Netural 5 Pending (Month Day, fear) 2 Accident Investigation	1 YES 2 NO	Subject	SHOT	SELF							
	2 DEPOLICE TO THE PROPERTY AND THE PROPE											
	MANAGEMENT TO ME		5286 M	arboro	RICE							
COMPLEIED	29e. CERTIFIER (Check only one) 2 V MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time of the control											
	2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my op			I due to the cous	e(s) end menner ee stated.							
10	29b. SIGNATURE AND TITLE OF CERTIFIER	O.C.M.		29d, DATE SIGN	ED (Month, Day, Year) 15-1991							
2	38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)	О.С.Н.	.	0 0 0 0	13-1331							
	ANIN M DIVON M D 111 DENN C	mpppm par	MTMODE MA	1 D 3 Z T 7 N 1 F	21201							



SEP 2 6 1991

32, BEGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

retained	should	otified
TO THE HOLF TALK TO ATTAINING PHYSICIAN. The law requires that the death certificate be executed within	TO THE FLINE HALL WESTERN After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be said to be the said to be supported by the funeral director, page 5 should be said to be supported by the funeral director, page 5 should be said to be supported by the funeral director, page 5 should be supported by the funeral director, page 5 should be supported by the funeral director, page 5 should be supported by the funeral director, page 5 should be supported by the funeral director, page 5 should be supported by the funeral director, page 5 should be supported by the funeral director, page 5 should be supported by the funeral director, page 5 should be supported by the funeral director, page 5 should be supported by the funeral director, page 5 should be supported by the funeral director of the f	IMPORTANT II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
л 9 а(rector,	Mus
h. Pac	eraj di	niner
er deat	the fun	exal
ars aft	in by 1	edica
	filled on	ent, the medic
within	pletely	ent,
cuted	od com	tic ev
pe exe	dan ar	auma
ificate	physic ne ne	her tr
th cert	ending Hynis	or ot
e deal	the att	lury,
that th	od by	amy in
quires	n Sign	0.00
law re	as bee	23 sh
: The	cate h	Item
SICIA	certiff the	d, or
G PHY	er this	narke
NO.	-	=
E ST	9	VE.
STALL	RALL	F
0	H	TAM
THE	THE Shot	APOR
H	F	5 =

	1. DECEDENT'S NAME (First,	Middle, Last)	ELA:	INE KAY	MILL	ER				2. DATE O MONTH	F DEATH DA	× 22	YEAR 9/	3. TIME OF DEATH		
-		SOCIAL SECURITY NUMBER 218-64-2737 1 □ M 2 ★ F 37				IF UNDER	IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH MONTHS DAYS HOURS MIN. 2-18-19-54				8. BIRTHI	8. BIRTHPLACE (State or Foreign Country) MARY LAND				
	9a. FACILITY NAME (If not in			37	, TRS.	9b. CITY	. TOWN C	OR LOCAT	ION OF DE		0 175		TY OF DE			
NO B	FRANCIS SCOTT KEY MEDICAL CENTER						-		ORE							
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY													10d. INSIDE CITY		
DIRECTOR	MARYLAND BALTIMORE					.,	JII 20 01.		GEME	RE	1			LIMITS?		
FUNERAL	100. STREET AND NUMBER 2854 LODGE		ROAD			101. ZIP CODE 10g. CITIZEN OF WHAT 21219 U.S.							S.A.			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 22 IF YES, GIVE WAR OR DATES									in, Puarto Ric	GIN? (Specify Yes or No— 14. RACE Black, Specify			- American Indian, White, etc. y: WHITE		
	15. DEC (Specify only	EDENT'S EDU	JCATION e completed)		ECEDENT'S	work done	CCUPATIO	ON ost of work	ina	16b. I	CIND OF BUS	SINESS/IND	USTRY			
COMPLET	Elementary/Secondary (0 12TH GRADE		College (1-4 or 5	+)	HOUS		EPER	FO	RT H	OWARD	V.A.I	M.C.				
CON	17. FATHER'S NAME (First, M							16. MO		ME (First, Mi						
BE	ROBERT E. H									RAINE						
2	FRANK A. MI									Route Numbe BALT				1219		
	20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremetton 3 Removal from State 4 Donetton 6 Other (Specify) FAIRVIEW CEN							metery, cre	matory or	DALI	20c. LO	CATION —	City or To			
	21. SIGNATURE OF PANERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK 7922 WISE AVENUE DUNDALK MD															
	23. PART I. Entar tha d	iseases, or	complications the	st caused the	eeth. Do									Approximate		
	shock, or heart failure. List only one cause on each lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) BRAINSTEM INFARCTION DUE TO (OR AS A CONSEQUENCE OF):									Interval Between Onset and Dasth						
ATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING															
CERTIFICATION	CAUSE (Disease or inju- that initiated events resulting in death) LAS		d.	O (OR AS A CONS	EOUENCE C	OF):										
MEDICAL C	PART II. Other significa	nt conditio	ns contributing to	o death but not	resulting	in the u	nderiyin	g cause	given In		24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
: MEC										_				1 YES 2 NO		
CIAN:	25. WAS CASE REFERRED T	O MEOICAL					26. P	LACE OF	DEATH (C/	heck only one)					
Sic	EXAMINER? 1 ☐ YES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE 4 - Nu		ne 5 🗆 I	Residenca	8 🗆 Other	(Specify)					
BY PHYSIC	27. MANNER OF OEATH 1 Netural 5 2 Accident	OF CEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 1 YES 2 NO 1 YES 2 NO							28d. DE\$0	CRIBE HOW I	NJURY OC	CURED				
	a District	Could not be determined	28e. PLACE building	OF INJURY — At I, etc. (Specify)	home, ferm,	street, fac	tory, offic	De .		28f. LOCA City o	TION (Street in Town, State)	and Number	or Rural R	loute Number,		
TED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.															
OMPLETED	(Check only	-		examination and/o	or Investigati	ion, in my	opinion, o	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 298. SIGNATURE AND TITLE OF CERTIFIER 297. LICENSE NUMBER								
BE COMPLET	(Check only one) 2 MED 29b. SIGNATURE AND TITLE	OF CERTIFIE	ER: On the beels of				opinion, d				and place, an					
E COMPLET	(Check only one) 2 MED	OF CERTIFIE	ER: On the beels of				opinion, d				and place, an					



UINI |

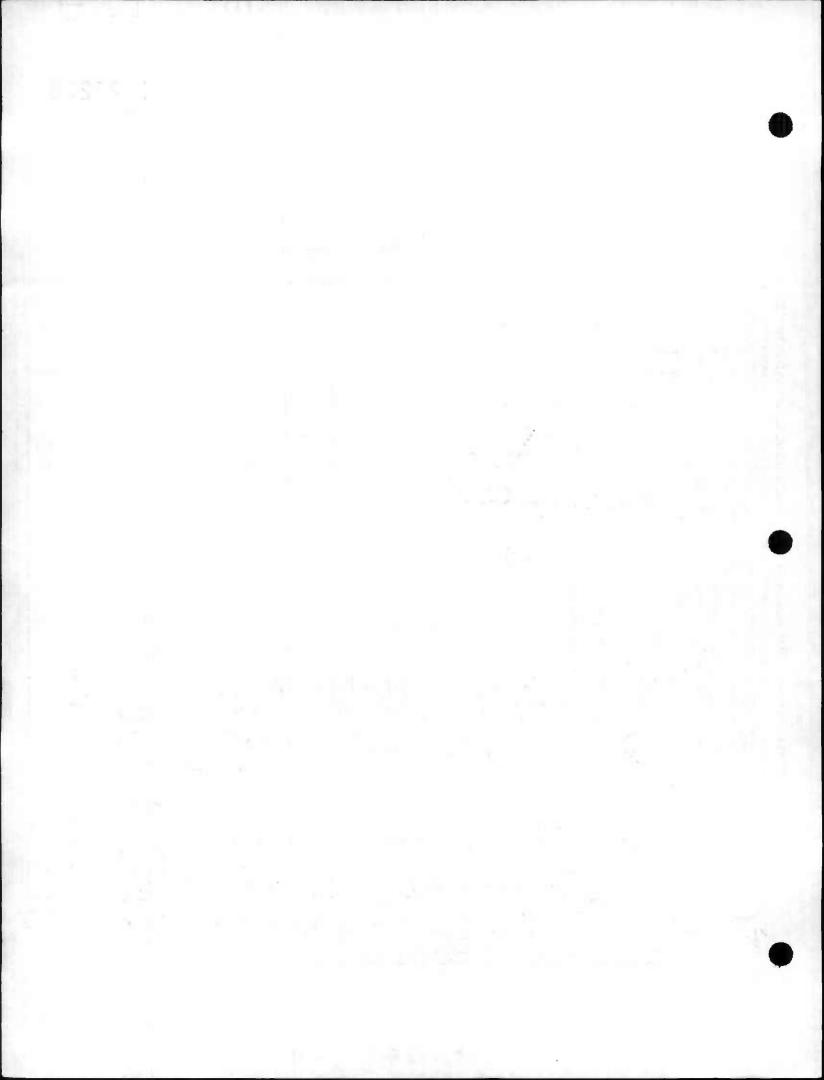
	1, 2, 3 should	
	Pages	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Thours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	ie mar
E HOSP	E FUNERA	TANTO
#	五品	- 6

3/3

(Sz. REGISTRAR'S SIGNATURE

1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			ME OF DEATH
BEATRICE M	OZINGO				09	18	91	0346 a
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birthday		IF UNDER 24 H	(Month Day Man			E (State or Foreign
578-52-0994	1 M 2 X F	57 YRS.	MONTHS DAYS	HOURS M	N. (Month, Day, Year, 07-25-		North	Carolina
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION O	OF DEATH	9c. CO	UNTY OF DEATH	
Washington Adven	tist Hosp	ital	Takoma	Park		M	ontgome	ry
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			TY, TOWN OR LOCA	TION				INSIDE CITY
		1171						LIMITS?
MD Mon	tgomery	1 5	ilver Sp	ring		T 100 CT	TIZEN OF WHAT	YES 2 NO
	1- DD Ant	#100				216.	ited St	
8882 Piney Branc		T EVER IN U.S. ARMED	13 WAS DE	20903	SPANIC ORIGIN? (Specify			merican Indian,
1 Never Married 2 Married		YES 2 NO	If yes, s		exican, Puerto Rican, etc.)		Black, Whi	ts, atc.
3 Widowed 4 Divorced	IF YES, GIVE Y	IRR ON DATES	1 1 16	s Z (Z), NO 3	рвспу:		Specify:	lack
15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT	S USUAL OCCUPAT	ON .	16b. KIND OF	BUSINESS/IN	NDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	life. Do NOT	f work done during m use retired.)	ust or working	II S	GOVER	NMENT	
12	0	Librari	an Techn	ician	0.5.	GOVER	MILLINI	
17. FATHER'S NAME (First, Middle, Last)					S NAME (First, Middle, Mai			
Floyd Allen					y Strickla			
19e. INFORMANT'S NAME (Type/Print)					Rural Route Number, City or			MD 2004
Beverly Monzingo	5				i, #102, Si			
20a. METHOD OF DISPOSITION 1∑C Buriel 2 □ Cremation 3 □ Ren 4 □ Donation 5 □ Other (Specify)	noval from State	20b. PLACE AND DA of cemetary, cremato Dean's Fa	TE OF DISPOSITION bry or other place) mily Cem	etery	1 .		Hope,	
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE				ey's Funera			
15 51	() 01	2.00	516 P	oplar S	sy s runera Street	T HOM	e, Inc.	
23. PART I. Enter the diseases, or	Nondo	description of the State	Sprin	o Hope	N.C. 2788			Ananalmas
ahock, or heart failure			HOL BIRGE LING III	ode or dying,	such as cardiac or re	apiratory a	HTest,	Approximate Interval Betwe
iMMEDIATE CAUSE (Final disease or condition	1.1	1.10	1: -14.00	. 11.				Onset and Des
resulting in death)	a.)/(4	OR AS A CONSEQUENCE	nomyo	pavy				
	DOE 10	TON AS A CONSEQUENCE	OF):	/				
Sequentially list conditions,	b	(OR AS A CONSEQUENCE	OF):				i	
If sny, leading to immediate cause. Entar UNDERLYING								
CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEQUENCE	OF):					
resulting in death) LAST	d.						, ex 1 da	
PART II. Other significant condition	one contribution to	death but not requitte	a la the stadedul	na couse abu	n in Part I are was	AN AUTOPS	V 245 WEE	E AUTOPSY FINDING
Mita Recei	ito tre	• ^ (/	citral Vu	Le Do	O PER	FORMED?	AWAI	LABLE PRIOR TO
Coordinate	We a	iseeze, S	COCA	2/- 0	1 YE	8 2 NO	OF	DEATH?
Co roner go 1-11	1471	is esse,	7 P C171	00 50	x jory	′	10	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				N LOC OF DEAT	0 /			
25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:	V	OTHER:		H (Check only one)			
EXAMINER?	1 Inpatient 2	ER/Outpatient 3 DOA		me 5 - Resid	ance 8 Other (Specify) 28d. DESCRIBE HO	OW IN ILIPA C	ACCURED.	
EXAMINER? 1 VES 2 NO			NJURY W	ORK?		JW INJURY C	CCOMED	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	(Month, I			159 7 1	0			
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	-	OF INJURY — At home fam	n street fectory off	Ica	281 LOCATION (St	reat and Mumi	her or Rural Boute	Mumher
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28e. PLACE (OF INJURY — At home, farm, etc. (Specify)	n, street, factory, off	Ice	28t. LOCATION (St. City or Town, S		ber or Rural Route	Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident a Could not be detarmined	28e. PLACE (building	, atc. (Specify)			City or Town, S	itate)		Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHY	28e. PLACE (building	, etc. (Specify) f my knowledge, death occu	urred at the time, da	te and place, an	City or Town, S	manner as s	stated.	-
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHY	28e. PLACE (building	, atc. (Specify)	urred at the time, da	te and place, an	d due to the cause(a) and at the time, data and place	manner as s	stated.	manner as stated

Frenk Graving



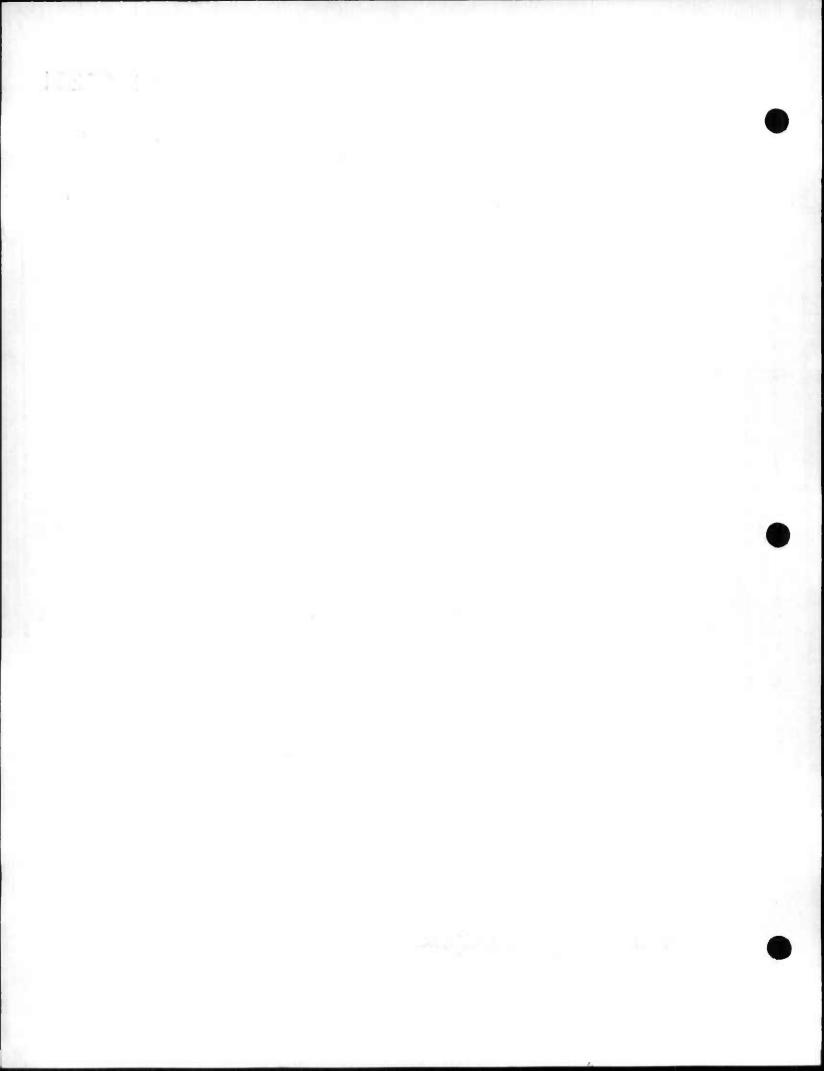
DIVISION OF VITAL RECORDS, P.O. BOX 68760, ID THE CONTROL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or after the function of the fu
--

	FOR	STATE OF M	ARYI AND A	/ DEPAR	TMEN	T NE 1	ICAITH	AND I	MENTAL UV	^IENE	9	1	2623	
	1 - STATE REGISTRAR		C	ERTIF	ICAT	E OF	DEAT	TH .		i. NO.		•		,
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEA			3	. TIME OF DEAT	ГН
	Sarah Louise F	Parker M	ITCHELL						Septemb	er	22.	199	6:22	PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:			R 1 YEAR	IF UNDER		7. DATE OF BIRT (Month, Day,)	TH		BIRTHPI	LACE (State or Fo	oreign
	242-16-0119D	1 M 2 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	5/23/1],	Country)	r Marlb	
	9a. FACILITY NAME (If not institution, give st	treet end number)			9b. CIT	Y, TOWN	OR LOCATIO	ON OF DE			9c. COUNT	Y OF DEA	TH	oro
OR	Doctors Community	Hospita	P		Lan	homi.					Princ	no Go	eorge's	
2	10e. STATE 10b. COUNTY			T 400 CIT		OR LOCAL					1 - 6 6			
DIRECTOR						19	ION						Od. INSIDE CITY	
	Md PG	i		Seat	prool		. ZIP CODE						X YES 2	NO
FUNERAL	5700 Lundy Dri					101	C30 3 5 5 7				10g. Ci i izi	EN OF WH	AT COUNTRY?	
SNE	11. MARITAL STATUS	12. WAS DECEDENT	FVFR IN U.S. AF	PHED	13	WAS DEC	2070		IIC ORIGIN? (Spec	V	IIS/			
BY FI	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WA	YES 2 V	NO	1	If yes, sp	ecity Cuba	n, Mexice	n, Puerto Rican, e	tc.)	No-	Black, Sacchy	American India White, etc.	en,
ED	15. DECEDENT'S EDUC	CATION	16a. DE	CEDENT'S	USUAL C	CCUPATIO	ON		16b. KIND (OF BUSIN	IESS/INDU	STRY		
H	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5 +)	(G life	he kind of a Do NOT u	work done se retired.)	during mo	st of workin	g						
MP	12 Yrs	None	Но	ousew	rife									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAI	ME (First, Middle, A	Aaiden Su	rname)			
BE	Joseph E Parker						E11	en A	Allen					
2	19a. INFORMANT'S NAME (Type/Print)						nd Number	or Rural F	Route Number, City		, ,	,		
	Ellen A Finney (D		3	3804	Brow	m St	atio	n Rd	Upper	Mar	-lbor	o Md		
	20a_METHOD OF DISPOSITION 14 Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	oval from State	20b. PLACE cometery, cre Arling	ematory or o	Ther blace	3	me of		DATE 20					
	21. SIGNATURE OF FUNERAL SERVICE LID				22.	NAME AP	D ADDRES	S OF FAC	John	T DL		0	т.	
	· Hage for					30	T CT	Zth	St NE,	DC 2	0017		, Inc.	
	23. PART I. Enter the diseeses, or cahock, or heert failure. I	omplicatione that List only one caus	caused the de	eth. Do r	not ante	r the mo	de of dyl	ng, such	as cardiec or	reaptrat	tory arre	st,	Approxima	
11	IMMEDIATE CAUSE (Final												Onset and	
	resulting in death)	DUE TO	DIOB	UL	No	NA	RY		BR.	20	ST		MIN	UTES
ERTIFICATION	Sequentially list conditions,	DUE TO	OR AS A CONSE	QUENCE OF	10C	LV							OBY	5
¥	il arry, reading to immediata								,				TEA	
F	The thirt star of the start of	c. DIA	OR AS A CONSE	OUENCE O	F):	-	TI	V.3					150	(C)
ERI	resulting in death) LAST	d												
0	PART II. Other significant conditions	e contribution to	leath hut not	nandat- :	la th	-4-4						_	1	
MEDICAL	POLY MY AL					naeriyinq	cause g	iven in i	Part I. 24e. W	AS AN AU		A	ERE AUTOPSY FI	TO
ED			NUETH						1 🗆 Y	ES 2	NO		OMPLETION OF C F DEATH?	AUSE
	ESSENT	IAL	JY PER	TE	205	ILA			_			1	YES 2 N	10
AN	25. WAS CASE REFERRED TO MEDICAL	an KI	JEUN	1100	-	20 64	ACE OF CO	ATM 201	ick only one)					
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ D04	OTHE	R:								
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF I	NJURY	286. TIM	E OF	28c. INJ	URY AT	idence (8 Other (Specification of the Control of the Contro		JRY OCCU	RED		
ВУ Р	Netural 5 Pending	(Month, Day	r, Year)		URY M		RK?	NO			5000			
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	INJURY — At ho tc. (Specify)	me, ferm, s	ntreet, fec			-	281, LOCATION (S	Street and	Number or	Rural Rou	te Number,	
TED	4 Homicide determined	building, e	te, (Specify)						City or Town,	State)				
COMPLET	29e. CERTIFIER Check only	CIAN: To the best of n	ny knowledge, de	ath occurr	ed at the t	time, date	end place.	end due	to the cause(s) en	d menne	r as stated			
OM		R: On the basie of exa											nd manner as st	ated.
Ö	296. SIGNATURE AND TITLE OF CERTIFIER			_			29c. LICE						lonth, Day, Year)	
m	11/200	e						10 1150		1.	•	- Table	o.m., way, rour,	
임	MANU AND ADDRESS OF PERSON WHO	COMPLETED CALLS	05 05 47 1 11 11		0.1.11									

AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

Juna Davidson-Mandess

31. SEP 26 1991



USPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital NNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached thin 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
--

2822 31. DATE FILED (Morrith, Day, Year) SEP 26 1991

32. REGISTRAR'S SIGNATURE O whia Davidson-Randoll

1. DECEDENT'S NAME (First, Middle, Last;			,		2. DATE OF DEATH	Y	OYEAR	3. TIME OF DEATH
Sister Mary Go			7 - 1 - 1		7 2	5		9.20 H
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In) yrs. I		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH	IPLACE (State or Foreigny)
22/200112	1 M 2 XF 74	YRS.			2/11/17			PA
9a. FACILITY NAME (If not institution, give atm	aet and number)			OR LOCATION OF DI	EATH	9c. COU	INTY OF D	PEATH
Mercy Hospital			Ba.	ltimore				
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c CIT	TY, TOWN OR LOCA	TION				10d. INSIDE CITY
Md Bal	timore		is tomic or.	11011				LIMITS?
10e. STREET AND NUMBER			10	I. ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?
6806 Bellona A	venue			21212			Т	ISA
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A	ARMED		CENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No-		E — American Indian, k, White, etc.
1 🙀 Never Married 2 🗌 Married 3 🗍 Widowed 4 🗍 Divorced	FORCES? 1 YES 20]NO		Decify Cuben, Mexica B 2 NO Specif	in, Puerto Rican, etc.)		Spec	
15. DECEDENT'S EDUC		DECEDENT'S	USUAL OCCUPATION	ON	16b, KIND OF BUS	SINESS/IN	_	ATITCE
(Specify only highest grade of Elamentary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo use retired.)	ost of working	134413000			
Elamentary/Secondary (U-12)	College (1-4 or 5+)		ious Si		Catho	7 4 -	ah.	
17. FATHER'S NAME (First, Middle, Last)	T.	етта	Tous 51		Catho		Cni	ırcn
The state of the s								
Dominic J. Mor					Catherin			
					Route Number, City or Town	n, State, Zi	p Code)	
Sr. Brian, R.S.				ona Aver				
20a. METHOD OF DISPOSITION 1 ➡ Burlal 2 □ Cremation 3 □ Ramo			y or other place)	(Name	DATE 20c. LO	CATION —	- City or To	own, State
4 Donation 5 Other (Specify)					10 104 -			16.7
		TOWIT	Cemete	orv	14/28 Ba	1+1	marc	N/O
21. SIGNATURE OF TUNERAL SERVICE LICE		Tawn	22. NAME A	ND ADDRESS OF FA	19/28 Ba		7.55	4
21. SIGNATURE OF FUNERAL SERVICE UCL		- II	22. NAME A Ster	cling A	shton Fun	era	1 Hc	ome, Inc
& Peter &	able Ma	ا م	22. NAME A Ster 736 F	no Appress of Faciling As Edmonds	shton Fun on Avenue	era B	l Ho alti	ome, Inc imore 21
23. PART I. Enter the diseases, pr co	able Ma	co (22. NAME A Ster 736 F	no Appress of Faciling As Edmonds	shton Fun on Avenue	era B	l Ho alti	ome, Inc
23. PART I. Enter the diseases, pr co ahock, or heart failure. L IMMEDIATE CAUSE (Final	omplications that caused the	co (22. NAME A Ster 736 F	no Appress of Faciling As Edmonds	shton Fun on Avenue	era B	l Ho alti	ome, Inc imore 21
23. PART I. Enter the diseases, pr contact, or heart fellure. L	omplications that caused the	co (22. NAME A Ster 736 F	no Appress of Faciling As Edmonds	shton Fun on Avenue	era B	l Ho alti	ome, Inc
23. PART I. Enter the diseases, pr co ahock, or heart failure. L IMMEDIATE CAUSE (Final	omplications that caused the	co (22. NAME A Ster 736 F	no Appress of Faciling As Edmonds	shton Fun on Avenue	era B	l Ho alti	ome, Inc
23. PART I. Enter the disease, pr contains a shock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused the	co (22. NAME A Ster 736 F	no Appress of Faciling As Edmonds	shton Fun on Avenue	era B	l Ho alti	ome, Inc
23. PART I. Enter the diseases, pr contains a shock, or heart failure. Limmediate CAUSE (Final disease or condition resulting in death)	omplications that caused the clat only one cause on each life. DUE TO (OR AS A COME)	co (22. NAME A STEP 736 F	no Appress of Faciling As Edmonds	shton Fun on Avenue	era B	l Ho alti	ome, Inc
23. PART I. Enter the disease, proceed abook, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	omplications that caused the clat only one cause on each life. DUE TO (OR AS A COME)	death, Do one. My sequence o	22. NAME A STEP 736 F	no Appress of Faciling As Edmonds	shton Fun on Avenue	era B	l Ho alti	ome, Inc
23. PART I. Enter the diseases, pr contains a shock, or heart failure. Limmediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)	omplications that caused the clat only one cause on each life. DUE TO (OR AS A COME)	death, Do one. My sequence o	22. NAME A STEP 736 F	no Appress of Faciling As Edmonds	shton Fun on Avenue	era B	l Ho alti	ome, Inc
23. PART I. Enter the disease, proceed abook, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	omplications that caused the clat only one cause on each life. DUE TO (OR AS A COME DUE TO (OR AS A COME	death, Do one. My sequence o	22. NAME A STEP 736 F	no Appress of Faciling As Edmonds	shton Fun on Avenue	era B	l Ho alti	ome, Inc imore 21 Approximate Interval Betv
23. PART I. Enter the diseases, pr contains a shock, or heart failure. Limmediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	omplications that caused the clat only one cause on each life. DUE TO (OR AS A COME DUE TO (OR AS A COME	death, Do one. My sequence o	22. NAME A STEP 736 F	no Appress of Faciling As Edmonds	shton Fun on Avenue	era B	l Ho alti	ome, Inc
23. PART I. Enter the diseases, pr contains a shock, or heart failure. Limmediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	omplications that caused the clat only one cause on each life. DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS	death, Do ine.	22. NAME A STEP 736 F. Total anter the mo	NO ADDRESS OF FACTING AS	CHITY Shton Funds on Avenue on Avenue on Avenue on Avenue on Avenue on Republic of Republi	alera Biratory and	1 Hoalti	Approximate Interval Betwoen and D
23. PART I. Enter the diseases, pr contains a shock, or heart failure. Limmediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	omplications that caused the clat only one cause on each life. DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS	death, Do ine.	22. NAME A STEP 736 F. Total anter the mo	NO ADDRESS OF FACTING AS	Part I. 24a. WAS AN PERFOR	AUTOPSY	1 Hoalti	AWERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAMP
23. PART I. Enter the diseases, pr contains a shock, or heart failure. Limmediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	omplications that caused the clat only one cause on each life. DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS	death, Do ine.	22. NAME A STEP 736 F. Total anter the mo	NO ADDRESS OF FACTING AS	CHITY Shton Funds on Avenue on Avenue on Avenue on Avenue on Avenue on Republic of Republi	AUTOPSY	1 Hoalti	AMERICA AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU
23. PART I. Enter the diseases, pr contains a shock, or heart failure. Limmediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	omplications that caused the clat only one cause on each life. DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS	death, Do ine.	22. NAME A STEP 736 F. Total anter the mo	NO ADDRESS OF FACTING AS	Part I. 24a. WAS AN PERFOR	AUTOPSY	1 Hoalti	AMERICA AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU
23. PART I. Enter the diseases, procahock, or heart failure. Limmediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	omplications that caused the clat only one cause on each life. DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS	death, Do ine.	22. NAME A STEP 736 F. TOTAL CONTROL OF STEP 1 TOTAL CONTROL OT STEP 1 TOTAL CONTROL OF STEP 1 TOTAL CONTROL OT STEP 1 TOTAL CONTROL OT STEP 1 TOTAL CONTROL OT STEP 1 TOTAL CONTROL OT STEP 1 TOTAL CONTROL OT STEP 1 TOTAL CONTROL OT STEP 1 TOTAL CONTROL OT STEP 1 TOTAL CONTROL OT STEP 1 TOTAL CONTROL OT STEP 1 TOTAL CONTROL OT STEP 1 TOTAL CONTROL OT STEP 1 TOTAL CONTROL OT STEP 1 TOTAL CONTROL OT STEP 1 TOTAL CONTROL OT STEP 1 TOTAL CONTROL OT STEP 1 TOTAL CONTROL OT STEP 1 TOTAL CONTROL OT STEP 1 TOTAL C	Ting Asserting A	Part I. 24a. WAS AN PERFOR	AUTOPSY	1 Hoalti	AWERE AUTOPSY FINDS AMILIABLE PRINCE TO COMPLETION OF CAME
23. PART I. Enter the diseases, pr contains a shock, or heart failure. Limmediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OMPICATIONS that caused the clat only one cause on each life. DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS CONTRIBUTING TO death but not	death, Do ine.	22. NAME A STEP 736 F. Total anter the mo	NO ADDRESS OF FACTING AS	Part I. 24a. WAS AN PERFOR	AUTOPSY	1 Hoalti	AMERICA AUTOPSY FINDINALIABLE PRINCE TO COMPLETION OF CAU
23. PART I. Enter the diseases, proceed abook, or heart failure. Leading to the sease of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	omplications that caused the clat only one cause on each life. DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS	death. Do ine.	22. NAME A STEP 736 F 736 F not antar the mo	The state of the s	Part I. 24a. WAS AN PERFOR	AUTOPSY	1 Hoalti	AMERICA AUTOPSY FINDINALIABLE PRINCE TO COMPLETION OF CAU
23. PART I. Enter the diseases, proceed abook, or heart failure. Leading the sease of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS EN CONTributing to death but not	death, Do ine.	22. NAME A STEP 736 F. 736 F. not anter the mo	PLACE OF DEATH (C)	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSYMED?	1 Hoalti	AMERICA AUTOPSY FINDINALIABLE PRINCE TO COMPLETION OF CAU
23. PART I. Enter the diseases, proceed ahock, or heart failure. Leading the sease of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS A CONTIDUTING TO death but not	death, Do ine.	22. NAME A STEP 736 F 736 F not antar the mo	no Appress of FAC ling As Ling	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSYMED?	1 Hoalti	AWERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
23. PART I. Enter the diseases, proceed ahock, or heart failure. Leading the sease of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation	DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS A CONTINUE TO (OR AS A	death. Do ine.	22. NAME A STEP 736 F 73	PLACE OF DEATH (C) TORKY YES 2 NO	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY NAMED?	1 Hcaltimeat,	Approximate interval Betwoen and D onset a
23. PART I. Enter the diseases, proceed ahock, or heart failure. Leading the sease of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS EN CONTributing to death but not	death. Do ine.	22. NAME A STEP 736 F 73	PLACE OF DEATH (C) TORKY YES 2 NO	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY NAMED?	1 Hcaltimeat,	Approximate Interval Betwoen and D WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES: 2 NO
23. PART I. Enter the diseases, proceed ahock, or heart failure. Leading the sease of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural S Pending Investigation 3 Suicide S Could not be determined	DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS A CONTINUE TO (OR AS A	death. Do ine.	22. NAME A STEP 736 F 73	PLACE OF DEATH (C) TORKY YES 2 NO	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY NAMED?	1 Hcaltimeat,	Approximate Interval Betwoen and D WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES: 2 NO
23. PART I. Enter the diseases, proceed ahook, or heart failure. Leading the sease of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS DUE TO (OR AS A COMS A CONTINUE TO (OR AS A	death, Do ine.	22. NAME A STEP 736 F. Total anter the modern process of the control of the contr	IND ADDRESS OF FACT LING AS LI	Part I. 24a. WAS AN PERFOR 1 YES 2 Deck only one) 8 Other (Specify) 28d. DESCRIBE HOW IS City or Town, State)	AUTOPSY MED?	1 HC alti rreat, 244	AMERICAL APPROXIMATE INTERVAL BETWOOD ON THE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO

permit. as the burial-transit Page 6 may be retained by the hospital or attending physician. **MARYLAND 21215-0020** use for detached page 5 should be BALTIMORE, director, 1 funeral urs after death. BOX 68760,

FOR

SFP 26

1991

STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO Joyce Fallon O'Connor 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH -20 CONNOIS C 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 213 DAYS MIN 61 302149 MD. 1 M 2 F YRS. 25 Pages 1, 2, 3 should 9a. FACILITY NAME (if not institution, give street end 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR Good Samaritan Hospital Baltimore City n/a RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 19d. INSIDE CITY LIMITS? Baltimore City YES 2 NO Maryland n/a FUNERAL 10a. STREET AND NUMBER 101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 21210 217 Hawthorne Road 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married YES, GIVE WAR OR OATES 1 TYES 2 NO Specify BY White 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 5+ yrs. N/A Homemaker once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Willa V. Thomas F George H. Fallon be notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 217 Hawthorne Rd. Baltimore, Maryland 21210 John A. O'Connor. 20a, METHOD OF OISPOSITION
1 ※ Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION -- City or Town, State OATE must Parkwood 9/24/91 Cemetery 4 Donation 5 Other (Specify) Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mitchell-Wiedefeld Home 6500 York Rd. Baltimore, Maryland 21212 filled in by the fu John G. Reitz medical 23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each fine. Interval Between 0 IMMEDIATE CAUSE (Final Onset and Death completely filled rial, cremation, the disease or condition ADENOCARCINOMA MEMSMAC reaulting in death) other traumatic event, requires that the death certificate be executed within QUE TO (OR AS A CONSEQUENCE OF) bunal. CERTIFICATION by the attending physician and and Mental Hygiene prior to buri Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events DIVISION OF VITAL RECORDS, P.O. resulting in deeth) LAST 6 Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL then signed by pt. of Health and 3 shows any li 1 TES 2 10 OF DEATH? I YES 2 NO PHYSICIAN: has be Dept. OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) ma certificate h Hem EXAMINER? HOSPITAL: OTHER: 1 Ninpetient 2 - ER/Outpetient 3 - DOA ng Home 5 🗆 Residence 8 🗆 Other (Specify) 0 280. DATE OF INJURY 27. MANNER OF OEATH 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? marked 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY After death 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide DIRECTOR: A hours after of them 28 in .22 ED 8 Could not be 4 Homicide Ш 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. COMPL 世代 = 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(e) and manner as stated. MPORTANT 29h, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year) BE M-4. 9 2 30. NAMÉ AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE 31. DATE FILEO (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9

DHMH-16 Rev 1/89

DALIMORE, MARTLANI	24 nours after death. Page 6 may be retained by the hos	filled in by the funeral director, page 5 should be detach	on, or removal.	ne medical examiner must be notified at once.	The second secon
	TO THE HOSPITA OR ATTENDED PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hos	TO THE FUNERAL Unsured Annual this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPA	ARTMENT OF I	HEALTH AND			
	1. DECEDENT'S NAME (First, Middle, Last)	(AKA BAR)			DEATH	2. DATE OF DEATH MONTH SEPT 25	DAY 	YEAR 3. TIME OF DEATH 1:18P M
	4. SOCIAL SECURITY NUMBER 215-18-2104 90. FACILITY NAME (If not institution, give st	5. SEX 6. AGE ((In yrs. lest birthday) 85 yrs.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	JUNE 19	1906	8. BIRTHPLACE (State or Foreign Country) MARYLAND
DIRECTOR	FRANCIS SCOTT I	KEY MED. CEN	TER	BALT]	OR LOCATION OF D)EATH		ALTIMORE
	MD . ———————————————————————————————————			BALTIMORE	E			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3803 BONVIEW	AVENUE 12. WAS DECEDENT EVER IN	N ILS ARMED		OI. ZIP CODE 2121	L3 ANIC ORIGIN? (Specify Ye	100	U.S.A.
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2. NO	Il yes, ap	pecify Cuben, Mexica S 2 1 NO Specif	an, Puerto Ricen, etc.)	ie or No—	14. RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of the state of the st	Cation (completed) College (1-4 or 5+) N/A	(Give kind of life. Do NOT u	- 10	lost of working	16b. KIND OF BU		
	17. FATHER'S NAME (First, Middle, Last)	N/A	ADMI	INISTRATO	16. MOTHER'S NA	AME (First, Middle, Maider		
BE	JOHN BOUTHNER 190. INFORMANT'S NAME (Type/Print)		10h MARI IN	ADDRESS (Street	MARTH		(UNKNO	
2	WILLIAM H. BOUTH	ANER (NEPHEW)				Poute Number, City or Ton		
	20e. METHOD OF DISPOSITION 1 St Burlel 2 Cremation 3 Remo		D. PLACE AND DATE	E OF DISPOSITION (Na other place)	lame of	DATE 20c. LC	OCATION — CI	City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	Look	MOREL	SCHI	MUNEK FU	ACILITY INERAL HOME	E INC.	MORE, MARYLAND , Md. 21213
	23. PART I. Enter the diseasea, or canock, or heert failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complicatione that ceueed List only one ceuse on ea a. DUE TO (on AS A	ecn line.	not enter the mo	ide of dying, auc	th ee cerdlec or reep	iratory arre	Approximate interval Between Onset and Daath
CERTIFICATION	Sequentielly list conditiona, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	b. PON b DUE TO (OR AS A C. OUE TO (OR AS A	CONSEQUENCE O	(mon	11	nbolus leg vou	Iring	
CERTIF	that initiated evente resulting in death) LAST	J	CONSEQUENCE O	pla.	à	rgery	/	
MEDICAL	PART II. Other aignificant conditions Ny pertensio			in tha Underlying	g couse given in	Part I. 24a, WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES TO NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	neck only one)		
1YS	1 YES TO NO 27. MANNER OF CEATH	1 Inputent 7 ER/Outpu				6 Other (Specify)		
BY PH	1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)		M 1 1	JURY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCU	JRED
ETED	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY - building, stc. (Specif	— Al home, ferm,	streel, lectory, office	•	26f. LOCATION (Street City or Town, State)	and Number or)	r Rural Route Number,
COMPL	29e. CERTIFIER Check only one) 2 MEOICAL EXAMINER	CIAN: To the best of my knowle R: On the beele of examination	adge, death occurr and/or investigati	red at the time, date ion, in my opinion, d	end place, end due leath occured at the	lo the cause(e) end me lime, date end place, er	nner ee stated	d. ceuse(e) end menner ee stated.
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER	Valun	mo		29c. LICENSE NUN	381	29d. DATE S	SIGNED (Morith, Dayl Year)
	30. NAME AND ADDRESS OF PERSON WHO \overline{DR} .	VANIK	ТН (ITEM 27) (Туре		HMS LANE	MEDICAL C	ENTER	
	SEP 26 1991	32. REGISTRAR'S SIGNA	andell.					

DIVISION O TO THE HOSPITAL OR ATTENDING PHIT DEPTY. TO THE FUNERAL DIRECTOR: After the content.	AL RECORDS, I	requires that the death	in neen signed by the atte
	DIVISION OF WITH RECORDS, F	TO THE HOSPITAL OR ATTENDING PHYSPITAL	TO THE FUNERAL DIRECTOR; After the compensation

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAI CERTIF	RTMENT OF FICATE OI	HEALTH ANI F DEATH) MENT/	AL HYGIEN REG. NO	E	91	2623
		ATHANIEL	P	ORTER		2. DAT 0 9	e of DEATH	Ay	VEAD	:53 A
	4. SOCIAL SECURITY NUMBER 212 20 7220	5. SEX 6. AC	GE (In yrs. last birthday) 66 YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN	7. DAT	е о г віятн ф 19°, 1	925	Country) MARYL	AND
TOR	9a. FACILITY NAME (If not institution, given 1431 N. CAREY RESIDENCE OF DECEMENT				OR LOCATION OF	DEATH			Y OF DEAT	
DIRECTOR	10a. STATE 10b. COUL	тү		ALTIMOR	100					d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 1431 N. CAREY	STREET APT	. # 3	1	or. ZIP CODE 21217					T COUNTRY?
B√	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	R IN U.S. ARMED ES 2 NO R DATES	if yes, s	CENDENT OF HIS specify Cuban, Mex S 2 X NO Spe	PANIC ORIG Ilcan, Puerto Incity:	IN? (Specify Yes Rican, etc.)	or No—	Black, W	American Indian, hita, etc.
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) N/A	UCATION	18a. DECEDENT'S (Give kind of iffe. Do NOT u LABOR		TION nost of working	:16	CONST	RUCTI		
BE CO	17. FATHER'S NAME (First, Middle, Last) CLINTON SMITH				MARGARE	T AGN		TER		
TO	19a. INFORMANT'S NAME (Type/Print) MRS. SHARON HOWE 20s, METHOD OF DISPOSITION		88-15	168th	and Number or Rui	APT.	2D JAM	AICA,	N.Y.	
	1X Buriel 2 Cremation 3 Ra 4 Donation 5 Other (Specify) 21. SIGNATURE OF SUNERAL SERVICE	movel from Stata	ARRISON F	OREST V		FACILITY IN FUN	'91 OWIN NERAL H	GS MI	LLS,M 21215	-6393
	23. PART I. Enter the diseases, p shock, pr heart fellure IMMEDIATE CAUSE (Finel disease pr condition resulting in death)	s. AFTERISS	CLERSTO	CAK						Approximal interval Bar Onset and
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c	S A CONSEQUENCE O							,
MEDICAL	PART II. Other significant condition	ons contributing to deeth	but not resulting	in the underlyie	ng cause given	in Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	AMA COI OF	RE AUTOPSY FINI ILABLE PRIOR TO MPLETION OF CA DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1X YES 2 \(\subseteq \text{NO} \)	HOSPITAL: 1 Inpatient 2 ER/O	utpatient 3 DOA	OTHER.	PLACE OF DEATH (
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIM	IE OF 28c. tN	JURY AT ORK? YES 2 NO	_	SCRIBE HOW IN	JURY OCCU	RED	
8	3 Suicide 8 Could not b 4 Homicide detarmined	28s PLACE OF IN III	RY — At home, term, pecify)	atreet, factory, offi	CO	281. LOI City	CATION (Street a or Town, State)	nd Number or	Rural Route	Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMII	SICIAN: To the beat of my kn NER: On the basis of sxaminar	owledge, death occurre	ed at the time, det on, in my opinion,	a and place, and d	us to the ca	use(s) and man	ner as stated.	cause(s) and	I menner aa sta
TO BE	294. SIGNATURE AND TITLE OF CERTIF	Solle Y	b nl		O.C.M				/24/	nth, Day, Year) 9 1
	30. NAME AND ADDRESS OFFERSON A MARIO F- GOLL	E, JR. M	D 111 P		REET,BA	LTIM	ORE M	ARYL	AND	21201
1	31. DATE FILED (Month, Day, Year) SFP 26 1991	32. REGISTRAR'S SIG								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is mnarked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	SICIAN: The law rec certificate has beer h the State Dept. of i, or item 23 sh	quires that the dea n signed by the att f Health and Menta nows any Injury,	equires that the death certificate be executed ver signed by the attending physician and comp of Heath and Mental Hygiene prior to burtal, chinows any Injury, or other traumatic ever	rted within 24 hours completely filled in fal, cremation, or n	after death, Page 6 m by the funeral director, imoval.	ay be retained by the hos page 5 should be detach be notified at once.
--	---	--	--	--	--	--

SEP 26

°1991

	FOR 1 - STATE	STATE OF MA							ENTAL F	IYGIEN	E	9		262	23
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)						DEATH		2. DATE OF	REG. NO.			T . TH		
	Sr. Mary	Vincent	Prend	derg	ast	VHM			109 -		⁸ 5-	51		ME OF DEAT	
	4. SOCIAL SECURITY NUMBER 234-88-7987	1 M 2 F	AGE (In yrs. lest	el birthday) YRS.	IF UNDER	DAYS	IF UNDER 24	MRS. 7	7. DATE OF I	119°-	13	New	HPLACE	(State or Fo	oreign
DIRECTOR	96. FACILITY NAME (If not institution, give st Stella Maris RESIDENCE OF DECEDENT	reet and number)				OWSO	DR LOCATION	OF DEAT	ГН			nty of 0		3	
EC	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCATI	ION						10d. I	INSIDE CITY	
		ltimore			To	owson	i						100	YES 2	v
FUNERAL	100. STREET AND NUMBER 2300 Dulaney Val	lley Road				101.	ZIP CODE 21.2	204				USA	WHAT C	OUNTRY?	
BY FUN	1 MARITAL STATUS XX Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 IF YES, GIVE WAR	VER IN U.S. ARI YES 2 AN	MED 10		If yes, spe	ENDENT OF H	Maxican, I	ORIGIN? (S Puarto Ricar	pecify Yea n, atc.)	or No	14. RACI Bleck	k, White	nerican India a, etc.	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL O	OCCUPATION	IN .		16b, KJN	ID OF BUS	INESS/INC	DUSTRY	WHI.	ΓE	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mfe.	. Do NOT us	work done of se retired.))	st of working				eligi				
COR	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER	R'S NAME	E (First, Middl			Louis	_		
BE	Harry J. Prender	gast							nes V						
2	Pat Harbin						nd Number or I Vallry						nd ;	21 204	
	20a METHOD OF DISPOSITION 1 Al Quriel 2 Cremetion 3 Remo 4 Density 5 Other (Specify)	- 47	20b. PLACE A cemetary, crem Mt. Ca	ANDDATEC	OF DISPOS	SITION /Nem	me of		DATE	20c. LOC	CATION -	City or To	own, Sta		
	21. Signature of Funeral Service Lici	Nem Xenakis	s MOC	0640	65	NAME AND	ork R	Mit	tchel Balti	-Wied	defel	ld Ho	ome		
	23. PART I. Enter the diseases, or conshock, or heart failure. I. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Metast	on aach line.	ca (OF C	r the mod	da of dying,	, such a	as cerdiec	or reapir	atory em	rest,	1	Approxima Interval Be Onset and	ate etween
ERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	90	R AS A CONSEO												
CERTI	resulting in death) LAST	l	no n ounce	OLITOL C.	F.										
MEDICAL	PART II. Other significant conditions	contributing to dee	eth but not re	esulting i	n the un	iderlying	csuse give	n in Per		YES 2	MED?	24b.	COMPL DF DEA	AUTOPSY FIN ABLE PRIOR 1 LETION OF CA ATH?	TO
IAN	25. WAS CASE REFERRED TO MEDICAL					04 Dt (OF OF BEAT	-1							
SIC	EXAMINER?	HOSPITAL:	A/Outpatient 3	□ DOA	OXHER 4 Num	R:	ACE OF DEATI			-24.3	-				
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJU	JURY	28b. TIME		28c. INJUI WOR	JRY AT	28	8d. DESCRIE		JURY OCC	CURED			-
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF IN. building, atc.	JURY — At hon (Specify)	me, ferm, s	Areet, facto				81. LOCATION City or You	N (Street ar	nd Number	or Rural R	loute Nu	imber,	-
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my I	knowledga, dea	ath occurre	d at the ti	ime, data a	ind place, and	d dua to t	the cause(a)	and mann	ner aa stati	ed.			
	29b. SIGNATURE AND TITLE OF CERTIFIER		THE THE STATE OF T	readings.rc.	I, III III V										ated.
TO BE	Carla S.	aleya	nde	M	2		D2	-708			29d. DATE	E SIGNED	(Month,	Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO Carla Alexander	rs 2300	Dular	ney	Print) Val	ley	RD.	Tow	son.	Mai	rvla	nd	215	204	
	31. DATE FILED (Month, Day, Year)	A2. RESISTRAR'S	SIGNATURE . O	0.				-	0011,	1101	yid	inu	414	104	

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

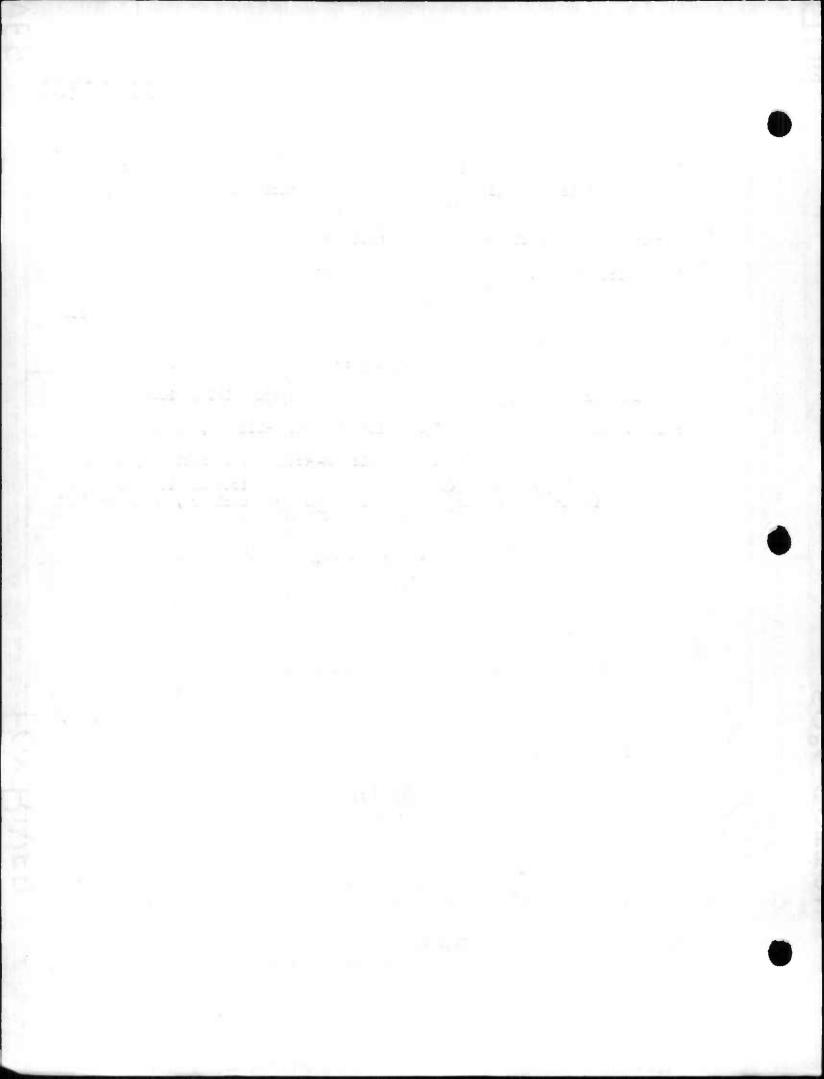
		To minor Jo o
examiner must be notified at once.	IMPORTANT II IEM 28 I marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	IMPORTANT, II LEIN 28
al.	resath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova	be filed within 72 hours after
he funeral director, page 5 should be detached	TO THE FUNE OF DECISION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR
ir death. Page 6 may be retained by the hosp	TO THE HISPAN AND THE MANYSICIANS. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	THE HESPITA

	1 - STATE REGISTRAR		CERT	TIFICATE (F DEATH	MENTAL	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH			3. TIME OF DEATH	
	Shirley	AUDREY		ROSS		Septe	ember "	24,	1991	9:30P M	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birth	day) IF UNDER 1 YE	IF UNDER 24 HRS	7. DATE (OF BIRTH			PLACE (State or Foreign	
	214-44-2184	1 M 2 XF 57 YRS. MONTHE DAYS HOURS MIN. J.M.					E 3, 1	L934	SMA3	RYLAND	
	9e. FACILITY NAME (If not institution, give	street and number)		96. CITY, TO	N OR LOCATION OF				NTY OF DE	EATH	
DIRECTOR	FRANKLIN SQUARE HOSPITAL Baltimore Baltimore										
	RESIDENCE OF DECEDENT										
R	10a. STATE 10b. COUNT	ry	100	CITY, TOWN OR LO				-		10d. INSIDE CITY	
	MARYLAND			BALTIM	ORE					1XX YES 2 NO	
AL	10e. STREET AND NUMBER				101. ZIP CODE			10g. CIT	IZEN OF W	THAT COUNTRY?	
FUNERAL	535 N. CURLEY ST	•			21205				U.	S. A.	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 X HO	13. WAS	DECENDENT OF HISP	PANIC ORIGIN	? (Specify Yes	or No-	14. RACE	- American Indian,	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	R OR DATES				lcan, atc.)				
										WHITE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION completed)	(Give kin	NT'S USUAL OCCUP	ATION most of working	16b.	KIND OF BU	SINESS/INI	DUSTRY		
4	Elementary/Secondary (0-12)	College (1-4 or 5+)		OT use retired.)	-						
M	NA	NA	INS	PECTOR			MARY	LAND	CUP		
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)											
2	19a. INFORMANT'S NAME (Type/Print)										
		SBAND)	535	N. CURL	EY ST., B	ALTIMO	DRE, M	D. 2	1205		
	20e. METHOD OF DISPOSITION 1 Spring 2 Cremetion 3 Rem	noval from State	20b. PLACE AND D	ATE OF DISPOSITION	(Name of	DATE	20c. LO	vn, Stata			
	4 Donation 5 Other (Specify)		OAKLAW	y or other place) N CEMETE	RY	BALTIMORE, MD.					
	21. SIGNATURE OF FUNERAL SERVICE LA	21. SIGNATURE OF FUNERAL SERVICE LICENSEP 22. NAME AND ADDRESS OF FACILITY									
	SCHIMUNEK FUNERAL HOMES, INC.										
	23. PART I. Enter the diseases, or	complications that	caused the death.	Do not enter the	mode of dying as	TIVITATIO	DALLI I	retory er	, III)		
	snock, or neart range.	List only one caus	e on aach lina.		g, a	Join as Card	ac bi idabi	recory ar	reat,	intarvai Betwean	
	IMMEDIATE CAUSE (Final disease or condition									Onset and Death	
	resulting in death)		OR AS A CONSEQUENCE		1					+	
_					nary Arte	ry Die	92693				
ō	Sequentially list conditions,		OR AS A CONSEQUENCE		iary Arec	13 013	cusc				
A	If any, leading to immediate										
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQUENC	CE OF):						+	
E	resulting in death) LAST	d									
		*									
DICAL	PART II. Other significant condition		laath but not raault	ing in the undari	Ing cause given i	n Part I.					
	Diabetes, Adult	onset					1 YES 2	X NO		COMPLETION OF CAUSE	
Ä									- 1		
ż											
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26	PLACE OF DEATH (Check only one)				
š	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 Do	OTHER:	ome 5 🗆 Rasidence	S 🗌 Other	(Specify)				
된	27. MANNER OF DEATH	28a. DATE OF II (Month, Day		TIME OF 28c.	INJURY AT	_		NJURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation	(Morati, Day	, rear)	M 1 [WORK? YES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF	INJURY — Al home, la	rm, streel, factory, o	ffice	28f. LOCA	TION (Street a	and Number	or Rural Ro	oute Number,	
#	4 Homicide determined	building, at	ic. (Specify)			City or	Town, State)				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of m	W knowledge death or	curred at the time of		INTERPANC ORIGIN? (Specify Yea or No— 10g. CITIZEN OF WHAT COUNTRY? U. S. A. **HISPANC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, Marican, Puarto Rican, etc.) 15. A. **HISPANC ORIGIN? (Specify Yea or No— 16b. KIND OF BUSINESS/INDUSTRY MARYLAND CUP **ER'S NAME (First, Middle, Maiden Surname) AUDREY SIMMONS **Partal Rouse Number, City or Town, Steria. Zip Code) BALTIMORE, MD. 21205 DATE 20c. LOCATION — City or Town, Steria BALTIMORE, MD. S OF FACILITY FUNERAL HOMES, INC. IS LANE, BALTIMORE, MD. 21213 19g. auch as cardiac or respiratory arrest, Approximate interval Between Onset and Death **Performance?** 1					
ž I										MIL MINERS AND	
	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manning									and manner as stared.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	-86 G	200		29c. LICENSE N	UMBER					
2	JUNE 7	, , ,	1 1		UFI	360			(27-11	
	36. NAME AND ADDRESS OF PERSON WH	QAAA E	anklin Sa	Type, Print)	10 Ral+i	more	MD 2	1237			
	S. Nuga, M.D.			uale Dil	וכ טמונו	more,	עויו ב	.123/			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR									
	SEP 26 1991	tuka Davidson	n-Randell								
									-	DHMH-16 Rev 1/80	

TUELL

TO THE HUSPING OF WITH CHAIR PROCESSION OF WITH CHAIR PROCESSION OF WITH CHAIR PROCESSION OF WITH CHAIR PROCESSION OF PROCESSION OF THE FUNDAM, (RESTORT AND THE PROCESSION OF	BALTIMORE, MARYLAND	4 hours after death. Page 6 may be retained by the hospita	filled in by the funeral director, page 5 should be detached	n, or remova. The medical examiner must be notified at once.	
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSP ALL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 2.	TO THE PUNEM. (RETTOR have the completely f	be fined without 2 force principles from the state begin of regain and wester hyperie prof to burial, dremand IMPORTANT. Them 24 marked, or them 23 shows any injury, or other traumatic event, the	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HI		TAL HYGIENE REG. NO.	9	1 26238		
	1. DECEDENT'S NAME (First, Middle, Last) ROSALIE	ROSALIE C. R	CAROL	RAAB	SMC	ATE OF OEATH DAY	YE 9			
	4. SOCIAL SECURITY NUMBER 213-68-0035	1 □ M 2 💢 🔭 3	6 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN. (M	TE OF BIRTH fonth, Day, Year) 1 - 28- 5	0	BIRTNPLACE (State or Foreign Sountry) Maryland		
TOR	9a. FACILITY NAME (If not institution, give a Good Samarita	in Hospital AN Hospital			R LOCATION OF DEATH Baltimo MORE	re MI)	BAL	OF OBATH N/A TIMORE (IT)		
DIRECTOR	10a. STATE 10b. COUNT	y Baltimore	10d. INSIDE CITY LIMITS? 1 □ YES 2 WW							
RAL	100. STREET AND NUMBER 1836 White Oak A	***			ZIP CODE 21234		109. CITIZEN USA	OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES	XXXVIO	13. WAS OECE If yes, spe	ENDENT OF HISPANIC OR city Cuban, Mexican, Pue XXXIO Specify:		or No- 14.	RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. OECEOENT'S EDU (Specify only highest grade Elemantary/Secondary (0-12)		life. Do NOT use	ork done during mos retired.)		16b, KIND OF BUSI	NESS/INDUST	RY		
OMP	17. FATHER'S NAME (First, Middle, Last)	1	noi	nemaker	16. MOTNER'S NAME (FI		<u> </u>			
	Robert James Sna	рр		-	Beverly	Elaine (Gillis	3		
3 BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street ar	nd Number or Rural Route I	Number, City or Town,	State, Zip Coo	ie)		
10	David P. Raab		1836 WI	hite Oak	Ave. Balt					
	20s. METNOD OF DISPOSITION XX Murisi 2 Cremation 3 Removal from State 20c. LOCATION - City or Town,									
	21. SIGNATURY OF FUNERAL SERVICE LEGISLE 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home Dennis Stephen Xenakis M00640 6500 York Road Baltimore, Maryland 21212									
CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such sa cardiac or respiratory streat, shock, or haert feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
SAL	PART II. Other significant condition	ne contributing to death b	ut not resulting i	n tha undarlying	j ceuse given in Part	I. 24s. WAS AN A PERFORM	AED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDIC								1 - YES 2 - NO		
ä								WH		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? Check only one) 1. OTHER:									
IYS	1 VES 2 NO	1 Inpatient 2 ER/Outs 28s. DATE OF INJURY	patient 3 DOA		e 5 Residence 6	Other (Specify) DESCRIBE NOW IN	HIDV OCCIED	50		
	1 Natural 5 Pending	(Month, Day, Year)	A	URY WO	RK?	DESCRIBE NOW III	000011			
ED BY	2 Dedeted	6 Could not be building, stc. (Specify) 28a. PLACE OF INJURY — At home farm street, to day, office City or Town, State)								
COMPLETED	one)	SICIAN: To the best of my know ER: On the basis of examination						euss(s) and manner as stated		
	296. SIGNATURE AND TYLE OF CERTIFIE			.,, -	29c. LICENSE NUMBER			IGNED (Month, Day, Year)		
TO BE	30, NAMID ADDRESS OF PERSON W	(ANIS)	ANSI	Print) MI)		> 9	1/21/91		
-	31. DATE FILED (Month, Pay, Year)	32. REGISTRAN'S SIGN								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Proper 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene pilor to burial, cormation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	L		64	
TO THE P TO THE P be filed w		HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit proper in the 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
		TO THE HOSPITAL OR ATT	TO THE FUNERAL DIRECTO be filed within 72 hours aft	IMPORTANT: If item 28

	91-5541-005	STATE OF MAR	VI AND / DEDA	DTMENT OF	UFAITH AND	MENTAL HYGIEN	- 0 1	00000
_	1 - STATE REGISTRAR	OIRIE OF MAIL	CERTI	FICATE OF	DEATH	MENIAL HYGIEN		26239
	1. DECEDENT'S NAME (First, Middle, Last) LOUIS	G		STECKE	מי	2. DATE OF DEATH	199	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday,	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
1			62 YRS.	MONTHS DAYS	HOURS MIN.	9-18-19		Maryland
Ŀ	90. FACILITY NAME (If not institution, give atree				OR LOCATION OF D	EATN		Y OF DEATN
DIRECTOR	ROUTE #40 &68	th stree		1	timore		BAL'I	TIMORE
JI NE	Md. Bal	h d mana	10c. CI	TY, TOWN OR LOCA				10d, INSIDE CITY LIMITS?
	100. STREET AND NUMBER	timore		Edgew	OOQ of, ZIP CODE		100 CITIZE	1 ☐ YES 2 ☑ NO
ER/	1910 Chipper D	r.			21042		log. Cirize	U.S.A.
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 NO	If yes, s	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yeen, Puerto Rican, etc.)	8 or No — 14	I. RACE — American Indien, Black, White, etc.
) BY	3 Widowed 4 Divorced	Korean			S 2 NO Specif	y:		Specify: White
TE	15. DECEDENT'S EDUCAT (Specify only highest grade co	ompleted)	16e. DECEDENT'S	S USUAL OCCUPAT	ON ost of working	16b. KIND OF BU	SINESS/INDUS	STRY
COMPLETED	011	College (1-4 or 5+)		ck Driv	er	Fre	ight	
CO	17. FATHER'S NAME (First, Middle, Last) John Stecker					ME (First, Middle, Maiden		
BE	19a. INFORMANT'S NAME (Type/Print)					beth Sch		
2	Mrs. Kathi L.	Eikenberg	g 9230	G ADDRESS (Street	end Number or Rural rd View	Route Number, City or Tow	n, State, Zip Co	Md. 21234
	20e. METHOD OF DISPOSITION 1 Section 2 Cremetton 3 Remove 4 Donation 5 Other (Specify)	al trom State	20b. PLACE AND DATE	OF DISPOSITION /A				y or Town, State
	4 ☑ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN		Parkwood	Cemet	ery ND ADORESS OF FA	Ba	1to.,	Md.
	Des Sills	-		Har	tley Mi	ller Fun		
	23. PART Enter/the diseases, or cor	mplicetions that caus	sed the death. Do	752	7 Harfo	rd Rd. B	alto.	, Md.21234
9	shock, or heart failure. List IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) s.	Mu /	s a consequence	INI	me's	ir as certified or reap	iratory errea	t, Approximate Interval Between Onset and Desth
z		DOE TO (ON AL	S A CONSCOUENCE ()F): •				
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	S A CONSEQUENCE C	OF):				
15	CAUSE (Diseese or Injury that Initieted events	DUE TO (OR AS	S A CONSEQUENCE O	OF):				
CERT	resulting in death) LAST							
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditions of	contributing to deeth	but not resulting	in the underlying	g ceuse given in	PERFOR	AUTOPSY RMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
2		HOSPITAL:	Allena de la companya della companya della companya de la companya de la companya della companya	OTHER:	LACE OF DEATH (Ch			
Ä	27. MANNER OF OEATH	28a. DATE OF INJUR	Y 28b. TIR	ME OF 28c. IN	JURY AT	8X Other (Specify) P		BED.
BY	1 Natural 5 Pending Accident Investigation	9-24-9	7 7:	41p 10	ORK?			R IN AUTO
	Suicide 8 Could not be determined	28e. PLACE OF INJU- building, etc. (Se			UTE	281. LOCATION (Street City of Journ State) MARY LAND	ROU!	
COMPLEIED	290. CERTIFIER 1 CERTIFYING PHYSICIA EXAMINER:	AN: To the best of my kno	owledge, death occurr tion end/or investigati	red at the time, date on, in my opinion, o	end place, and due leath occured at the	to the ceuse(a) end mer	nner as stated.	ause(s) end manner ee stated.
u II	296. SIGNATURE AND TITLE OF CERTIFIER	6.1 A	.0	-	29c. LICENSE NUM			IGNED (Month, Day, Year)
2	(aun	men	1		OCI	M E	▶ 9.	-25-91

32. REGISTRAP'S SIGNATURE Daydon-Randoll

31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

111 N. PENN STREET BALTIMORE, MARYLAND 21201

a Francisco America

2.43

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	IU THE FUNERAL DIRECTOR: After this certancate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	--	--	--

	1 - STATE REGISTRAR	SIAIE OF I	MARYLAN	D / DEPA CERTII	RTMEN	T OF I	HEALTH	AND	MENTAL	HYGIEN REG. NO	600)	26240
	1. DECEDENT'S NAME (First, Middle, Last) PAUL SWINDELL								MONTH	OF DEATH	AY	YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday,	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.	7 DATE (EMBER OF BIRTH Omy, Wear)			HPLACE (State or Foreign
	164-30-6520 9a. FACILITY NAME (If not institution, give si	1 📉 M 2 🗆 F	56	YRS.						26/35		Pe	nna.
Œ	THE JOHNS HOPKINS		T		9b. CIT		OR LOCATI		EATH			NTY OF I	
C.	RESIDENCE OF DECEDENT			BAL.	TIMOF	RE			BALT	IMOI	RE CITY		
DIRECTOR	10a. STATE 10b. COUNTY				TY, TOWN								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			J.D. V	eret		West		viden	ce To		_	1 TYES 2 NO
ERA	R.D. #3, Box 41					100	155				10g. CIT		WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS OECEDEN	T EVER IN U.S	ARMED	13.	WAS DE	CENDENT (OF HISPAN	NC ORIGIN	(Specify Yes	or No.	USA 14. BAC	E — American Indien.
BY F	1 Never Married 2 Married 3 Wildowed 4 Olvorced	FORCES? 1 IF YES, GIVE V	YES 2	NO		If yea, a	ecify Cube	ın, Maxica	n, Puerto R	ican, atc.)		Blac	ck, White, etc.
ED B	15. DECEOENT'S EQU	2471011					-						white
ETE	(Specify only highest grade	completed)		(Give kind of life. Do NOT	work done	during m	ON ost of worki	ng	_	enn D		DUSTRY	
COMPLET	12	College (1-4 or 5	')	Ins	pect	or			_			of	Transporta
Š	17. FATHER'S NAME (First, Middle, Last)						ts. MOT	HER'S NA		iddle, Maiden			ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ
BE	Charles Swindell								ller				
2	19a. INFORMANT'S NAME (Type/Print)									r, City or Tow			
	Joanne Swindell 20a. MEZHOD OF DISPOSIZION		Total Section 1	R.D.				Ever			15537		
	1 Burial 2 Cremation 3 Remo	oval from State	20b. PLA	CE AND BATE	other place	SITION	ama ol	D==-1	OATE		CATION —		
	21. SIGNATURE OF CHICAGO ADDRESS OF FACILITY												
	Gary L. Kaufman Funeral Home 5695 Main St., Elkridge, Md. 21227												
	23. PART I. Enter the diseases or c	omplications tha	t caused the	death Do	not ente	595 .	Main	St.	ELK	ridge	, Md.	2	
	23. PART I. Enter the disease, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE.CAUSE (Final disease or condition resulting in death) By PSCS Due To (OR AS A CONSEQUENCE OF):												
NO	Sequentially list conditions, by PEST OPPHENTION WIELLIAM DIESCHIEF												
SENTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST CAUSE (Disease or injury that initiated events are unitially that the consequence of the consequ												
	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 YNO									D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	MEDALIC	- FUIL	nei						-		,		1 TES 2 NO
N. N.	25. WAS CASE REFERRED TO MEDICAL					28. PI	ACE OF D	EATH (Ch	ock only one				
200	EXAMINER?	HOSPITAL:	ER/Outpatien	t 3 🗆 DOA	OTHE 4 Nu	R:			8 Other				
PHYSICIAN: MEDICA	27. MANNER OF DEATH	28a. DATE OF (Month, De	INJURY	28b. TIR		28c. INJ	URY AT	Taldellos		RIBE HOW II	NJURY OC	CURED	
	1 Natural 5 Pending 2 Accident Investigation				-M	_ t 🔲 :	PRK? YES 2	NO					
CIED	3 Suicide 4 Homicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, strest, factory, office building, etc. (Specify) 28b. PLACE OF INJURY — At home, farm, strest, factory, office City or Town, State)									Route Number,			
	(Check only one) CERTIFIER CHECK ONLY MEDICAL EXAMINER	IAN: To the best of	my knowledge samination end	, death occur for investigati	red at the ton, in my	time, date	and place,	end due	to the caus	e(s) end men	ner as atat	ed, e cause(s	a) end menner as stated.
	296. SIGNATURE AND TYLE OF CENTIFIER	1					29c. LICE	NSE NUM	BER		29d. DATE SIGNEO (Month, Day, Year)		
. 11	() ~/ 1	154									•	9/	23/91
	30. NAME AND DOBLE OF PERSON WHO LIARS 31. DATE FILED (Month, Day, Year) SEP 26 1991	COMPLETED CAUS	E OF DEATH (ITEM 27) (Type	, Print)	600	N.a	16/6	54,				21205
	31. DATE FILED (Month, Day, Year)	32 RECISTER	HO / Ph	0 7	HE J	Ohn.	Ho	PKI	· H	2 pita		BH	Himora uno
	SEP 26 1991	10. K	(Many	1.00									

and the second region of

460

e production a measure of the contract of the

name of the second

DIVISION OF VITAL RECORDS, P.O. BOX 6	TO THE HOSPITAL CONTINUED PHYSICIAN: The law requires that the death certificate be exec	TO THE FUNCTION After this certificate has been signed by the attending physician and	be filed with the second beath with the State Dept. of Health and Mental Hygiene prior to but	IMPORTANT With 18th 28 is marked, or item 23 shows any injury, or other traumat
X	8	ian	7	317
30	9	Sic	pric	-
	fica	를	all	ě
0	ert	2	gie.	=
٦.	t.	Pig Big	Í	0
-	Jeal	aff	nta	2
20	he	the	₹ 8	n in
2	# #	6	and	=
ō	=	pa	the state of	an
Ö	res	ign	eat	8
Щ	nba	Les Use	10	200
Œ	*	ă	H.	60
7	60	has	Deg	2
F	E	ate	ate	E
5	3	fica	S	=
L	0	Dec.	the state	0
ō	S2-	is	Jit.	100
7	0	#	4	728
ā	ING	1the	leat	E
<u>~</u>	8	4	-	-
2	1	倶	€	咒
2	L	ĕ	虚	E
	£	٦	×	æ
١.	3	S.	2	3
	SP	핒	Ŧ	Ę
	3	F	M	E
	포	포	ed	OR
	0	0 7	9	S
	_		73	

1	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) NANNY	11/////11		FICATE (AUNDER SAUND	S	2. DATE OF MONTH	DEATH DAY 24	3. TIME OF S
	4. SOCIAL SECURITY NUMBER 217 - 40 - 0117	5. SEX 1 M 2 X F	3. AGE (In yrs. last birthda) 75 YRS.	MONTHS DA		7. DATE OF (Month, D) 9 - 2	BIRTH my, Your)	8. BIRTHPLACE (Stelle (Country)
NC.	9a. FACILITY NAME (If not institution, give UNION MEMORIAL I				WN OR LOCATION OF D MORE CITY			NTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ry	1	EITY, TOWN OR L				10d. INSIDE (
AL	MD 100. STREET AND NUMBER	T.O.E.E.T.		BALTIM	10f. ZIP CODE		10g. CIT	1X YES 2
FUNER	1605 E. 31st S	12. WAS DECEDENT I	EVER IN U.S. ARMED	13. WAS	21218 DECENDENT OF HISPA	NIC ORIGIN? (U.S.A. 14. RACE — American
ВУ	1 Never Married 2 Married 3 X Widowed 4 Divorced	YES 2 NO		s, specify Cuban, Maxic YES 2 X NO Speci		in, etc.)	Specify: Bla	
IPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5 +)	(Give kind o	's usual occul of work done during use retired.) PLOYE[g most of working	16b. Ki	ND OF BUSINESS/INC	DUSTRY
E COMP	17. FATHER'S NAME (First, Middle, Last) WILLIAM MORGA	4 N			18. MOTHER'S NA		lle, Maiden Surname)	
TO B	19a. INFORMANT'S NAME (Type/Print) BEATRICE SAUN	NDERS	19b. MAILIN 1605	E. 3	eet and Number or Rural Lst. ST.	/ BALT	City or Town, State, Zip I MORE, N	MD 21218
	20e. METHOD OF DISPOSITION 1 X Burlat 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DAT	EOF DISPOSITION	N(Name of METERY	DATE		City or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAM	E AND ADDRESS OF FA			21202 th Avenue
ION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		rdial I	n farc	tion Disea	Je		Interva Onset
AT	CAUSE (Disease Dr injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):							
SERTIFICATION		d						
MEDICAL C		d.	isth but not resulting	in the under	ying csuse given in		PERFORMED? YES 2 NO	24b. WERE AUTOPS AVAILABLE PRI COMPLETION 1 DF DEATH? 1 YES 2
AN: MEDICAL C	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		20	ying csuse given in	1	PERFORMED?	AVAILABLE PRI COMPLETION 1 DF DEATH?
PHYSICIAN: MEDICAL C	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	R/Outpatient 3 DOA	2: OTHER: 4 Nursing	D. PLACE OF DEATH (C) Home 5 Realdence INJURY AT WORK?	neck only one) 8 Other (Sp	PERFORMED? ☐ YES 2 ☐ NO	AMAILABLE PRI COMPLETION I DF DEATH? t YES 2
ED BY PHYSICIAN: MEDICAL C	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 E 28a. DATE OF IN (Month, Day.	R/Outpatient 3 DOA JURY 28b, Ti Year) 18	OTHER: 4 Nursing	D. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO	8 Other (S) 28d. DESCRI	PERFORMED? YES 2 PNO OBCITY) BE HOW INJURY OCC	AMAILABLE PRI COMPLETION I DF DEATH? t YES 2
D BY PHYSICIAN: MEDICAL C	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1 Inpatient 2 TE 28a. DATE OF IN. (Month, Day. 28a. PLACE OF II building, atc	R/Outpatient 3 DOA JURY 28b, Ti //ber/ 18 NJURY — At home, farm c. (Specify)	OTHER: 4 Mursing I ME OF VJURY M 1 , atreet, factory, or	D. PLACE OF DEATH (Cr. Home 5 Residence INJURY AT WORK? YES 2 NO office	a to the cause(a	PERFORMED? YES 2 PNO Decity) BE HOW INJURY OCC IN (Street and Number win, State)	AMAILABLE PRICOMPLETION IDF DEATH? t YES 2

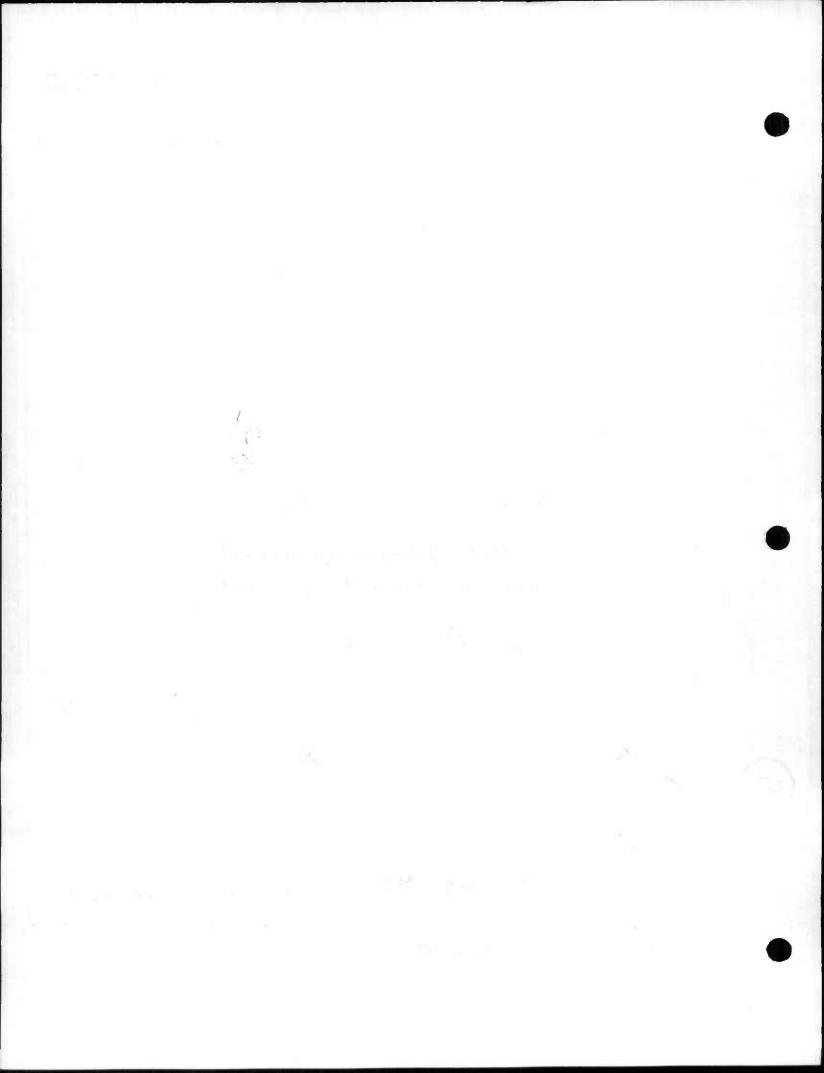
31. DATE FILED (Month, Day, Year) SEP 2 6 1991

July Dandson-Kindse

TO THE HOSPITAL OF ATTAINED AND PARTICIAN. The law requires that the death cartificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 nones and the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	D	
1. DECEDENT'S NAME (First, Middle, Les	" SATTERFTELD				2. DATE OF DEATH MONTH	24-191 YE	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE DF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)
232-05-3714		79 YRS.			JAN. 29,		WEST VIRGIN
90. FACILITY NAME (If not institution, given UNION MEMORIAL H				ORE CITY	EATH	9c. COUNTY	OF DEATH
RESIDENCE OF DECEDENT						1	
MARYLAND 106. COU		10c. CIT	BALTIMO				10d. INSIDE CITY LIMITS? XX YES 2 ND
10e. STREET AND NUMBER			1	01. ZIP CODE		10g. CITIZEN	DF WHAT COUNTRY?
3515 DUDLEY AVE			000	21213		U.	S. A.
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FDRCES? 1 1 IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 ND IN OR DATES WWII	If yes,		NIC DRIGIN? (Specify Year, Puerto Rican, etc.) fy:	es or No— 14.	RACE — American indian, Black, White, atc. Specify: WHITE
15. DECEDENT'S E	DUCATION	16a. DECEDENT'S	USUAL OCCUPAT	TION	16b. KIND OF B	USINESS/INDUST	TRY
(Specify only highest green (S	College (1-4 or 5+)	Me Do NOT u	work done during r se retired.)	nost of working			
NA	NA	MAIL	CLERK			G.	S. A.
17. FATNER'S NAME (First, Middle, Last)		77 - A 7			AME (First, Middle, Maide	n Surname)	
HOWARD SATTERFI	ELD			IDA WI	SE		
19a. INFDRMANT'S NAME (Type/Print)					Route Number, City or To		
RUBY SATTERFIELD	D (WIFE)	3515	DUDLEY	AVE, BAL	TIMORE, MI	2121	3
20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ref 4 Donatton 6 Other (Specify)	amoval from State	20b. PLACE AND OAT of cemetary, crematon GARDENS				OCATION — City	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE /	- CINCLE C	22. NAME	AND ADDRESS OF F	ACILITY		
. //1	11/1/.				NERAL HOME		
(will b	Juga		3331	BREHMS	LANE, BALT	IMORE,	MD. 21213
Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. CVA DUE TO (OR AS A CONSEQUENCE O	Vascula Find in	furction	unt		
that initiated events resulting in death) LAST	a. liver	- Failure	/ venal	failur	_		1
PART II. Other eignificant condit	tions contributing to	death but not resulting	in the underly	ing cause given in		AN AUTOPSY DRMED? 2 ND	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			200	PLACE OF OEATN (C	****		
EXAMINER?	HOSPITAL:		OTHER:				
1 YES 2 NO		ER/Outpatient 3 DOA		ome 5 A Residence	6 Other (Specify)	WALLES ACCUE	250
1 Natural 5 Pending	28a. OATE OF (Month, Da		JURY	WORK? YES 2 ND	28d. OEŞCRIBE NOV	A MINHA OCCUP	REO
3 Suicide 6 Could not 4 Homicide determined	be building, a	F INJURY — At home, farm, atc. (Specify)	street, factory, of	fice	26f. LOCATION (Stree City or Town, Sta	et and Number or te)	Rural Route Number,
enel enel		my knowledge, death occur amination and/or investigati					euse(a) and manner as stated
296. SIGNATURE AND TITLE DF CERTI	FIER			29c, LICENSE N	JMBER	29d, DATE S	tGNEO (Morith, Day, Year)
CHAVILLCI.						D 91	24 6 1
30. NAME AND ADDRESS OF PERSON		SE OF DEATH (ITEM 27) (Two	e. Print)	1			4
All and the second of the seco			., ,				9
31. DATE FILED (Month Day Vac)	32 RECIETE	R'S SIGNATURE					
CATHERIN 31. DATE FILED (HOOM, Day, Year) SEP 2.6 1991	32. REGISTRAI	R'S SIGNATURE					

	REGISTRAR		CE	RTIFIC	ATE OI	F DEATH	- 1	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) FRANCES M.						2. DATE OF	DEATH		EAR 3	D. TIME DF DEATH
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last	hirthday) III	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		1991		9:00 A.m
	213-03-5967 90. FACILITY NAME (If not institution, give	1 🗆 M 2 😾 F	76	YRS. MOI	ITHS DAYS	HOURS MIN.	MARCI	ay, Year)	1915	Country) M	ACE (State or Foreign IARYLAND
TOR	1824 WEYBUR			96.		TIMORE	DEATH		9c. COUNTY		IMORE
DIRECTOR	10a. STATE 10b. COUNT	IMORE		10c. CITY, TO	LTIMO						0d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER	DOAD				IOI. ZIP CODE			tog. CITIZE	OF WH	YES 2 NO
INE	1824 WEYBURN I	12. WAS DECEDENT EVE	70 IN 11 0 Ame			21237					.S.A.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 Y	ES 2 NO	0	It yes, r	ECENDENT DF HISPA Specify Cuban, Maxic S X NO Speci	an, Puarlo Rica	ipecify Yea n, atc.)	or No 14	Black, V Specify:	- American Indian, White, etc. WHITE
ED	1S. DECEDENT'S EDU (Specify only highest grad		16a. DEC	EDENT'S USU	AL OCCUPAT	TION	16b. Kil	ND OF BUS	INESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12) N/A	College (1-4 or S+) N/A	life. I	HOMEM	ired.)	nost of working		OWN	НОМЕ		
S	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Midd	le, Maiden S	Surname)		
BE	JOHN ZUKOWSKI					ST	ELLA GO	ORME			
2	19a. INFORMANT'S NAME (Type/Print)	(and Number or Rural					
	HARRY L. SHAU					EYBURN R					
	1X Buriel 2 ☐ Cremation 3 ☐ Ran 4 ☐ Donation 5 ☐ Other (Specify)	noval from Stata	HOLY em				DATE		SALTIMO		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			SCH	AND ADDRESS OF FA IMUNEK F 1 Brehms	UNERAL			Md	21213
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. Carcini DUE TO (OR A	S A CONSEDU	HUMO:	nar r lu	y ar	rest etast	atione	- to 1	ive	Onset and Death
CERTIF	thet initiated eventa resulting in death) LAST	d. Cance		JENCE OF):							
MEDICAL	PART ii. Other algnificent condition	ns contributing to deeth	but not res	suiting in th	e underlyir	ng cause given in		PERFORI	MED?	AM CC OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO DMPLETION DF CAUSE F DEATH? YES 2
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OT	26. P	LACE OF DEATH (Ch	eck only one)				
17S	1 YES 2 ND 27. MANNER DF DEATH	1 Inpatient 2 ER/O		DOA 4	Nursing Hor	me S Residence					
ВУ Р	1 Natural S Pending Investigation	28a. DATE OF INJUR (Month, Day, Year		28b. TIME DF INJURY	W	JURY AT ORK? YES 2 ND	26d. DEŞCRII	BE HOW IN	JURY OCCUR	ED	
ETED	3 Suicide 6 Could not be datarmined	26a. PLACE DF INJU building, atc. (S	RY — At home pecify)	o, farm, street	tectory, offi	ce	261, LOCATIO City or To	N (Street an wn, State)	nd Number or F	Rural Route	Number,
COMPLE	29a. CERTIFIER (Check only one) CERTIFYING PHYSICAL EXAMINE	ICIAN: To the best of my kn	owledge, deat	n occurred at	the time, date	e and place, and due	to the cause(a) and menn	ner as stated.	unada) aa	
BE CO	296. SIGNATURE AND TITLE OF CERTIFIES		21.	MO	7, 10, 11	29c. LICENSE NUM	MBER	_		GNED (Mo	onth, Day, Year)
٥	30. NAME AND ADDRESS OF PERSON WH	D CDMPLETED CAUSE OF I	DEATH (ITEM :			0 22	105		► 7.	12	3/9/
	DR. MUKUND D	IDOLKOR, UNI		TY OF	MARYL	AND HOSP	. 22 :	S. Gr	een S	t.,	Balto. Md.
	SEP 26 1991	Silia Davidson	-Randal	2							



1991

32-AGGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR			ERTIF	ICATI				MENT	AL HYGIEN REG. NO.	E	J 1	20247
	1. DECEDENT'S NAME (First, Middle, Last) Helen L. Sheehe	Helen	Leone	She	ehe				2. DAT		1	YEAR	3. TIME OF OEATH 8: 30a.m
	4. SOCIAL SECURITY NUMBER 177-010-188	5. SEX 1	6. AGE (In yrs. I	est birthday) YRS.	IF UNDER	DAYS	IF UNDE	R 24 HRS. MIN.	7. DAT (Moi	E OF BIRTH	16	Count	IPLACE (State or Foreign
	Se. FACILITY NAME (If not institution, give s	treet and number)	10		9b. CITY	r, TOWN	OR LOCAT	ION OF O				NTY OF E	
TOR	721 Broadmoor	Drive			A	nna	pol	is			Aı	nne	Arundel
DIRECTOR	100. STATE 100. COUNTY Maryland Anne	Arund	داء	10c. Cf	TY, TOWN		rion L'pol	is					10d. INSIDE CITY LIMITS? 1 TX YES 2 NO
	10e. STREET AND NUMBER	, and direct			•		1. ZIP COC		_		10a, CITI	ZEN OF	WHAT COUNTRY?
FUNERAL	721 Broadmoor						214	01			US	SA	
ВУ	11. MARITAL STATUS 1 Never Merried 2 A Married 3 Wildowed 4 Divorced		NT EVER IN U.S. A 1 YES 2 X WAR OR DATES	NO		If yes, sp	ecity Cub	OF HISPAI en, Mexica Specifi	an, Puerte	IN? (Specify Yes o Rican, etc.)	or No—	14. RAC Blac Spec	E — American Indian, k, White, atc. ://y: White
8	15. OECEDENT'S EDU (Specify only highest grade		16a. C	DECEDENT'S	S USUAL C	CCUPATI	ON ont of work	ina	10	Sb. KIND OF BUS	SINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5	+)	(Give kind of ife. Do NOT o			Jac Di WORK	ary .		14	ome		
MO	17. FATHER'S NAME (First, Middle, Last)		1	O III O III			18, MO	THER'S NA	ME (First	, Middle, Maiden			
Ö	Oliver Charle	e Rarr	r.				D	al ni	hia	Marie	Co	lman	2
BE	19a. INFORMANT'S NAME (Type/Print)	S Dair		IGH MAII IN	G ADORES	S (Street				mber, City or Tow			<u> </u>
5	Richard Sheehe									napoli			21 4:01
				E AND DAT	-			DI.		_	CATION -		
34	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem	oval from State	ol cemeta	ry cremator	y or other	place)	+	т. Т.	200	/25 Ba	7 + : -	ony or r	own, state
	4 Donation 5 Other (Specify)	ENGEE A	1. 16	Mecr	0 01	NAMEA	LUOI	ESS OF FA	CUTY	ZD Da	T 0 TI	HOT.	3, 1011
- 8	Seon		a Care		10	ren	nati	on	Soc.	iety o	f Ma	ary.	land
	George E. N	lacNabb			2	299	Fre	der	ick	Rd.,	Bal-	to.	MD 21228
	23. PART I. Entar tha diseases, pr				not enta	r tha me	oda of d	ying, suc	ch ss ca	irdisc or respi	iratory sn	rest,	Approximata
	shock, or heart failure. IMMEDIATE CAUSE (Final							2					Interval Between Onset and Death
	disease or condition resulting in death)	. /	O (OR AS A CON	IVE	-sol	~	Fa	X	س	-0			days
	Tooling in County					1							
Z		Me	tasta	5-4,	_	-u	my.	C	an	cer			Lyear
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONS	EOUENCE	OF):		_	>					0
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	c											
F	that initiated events	DUE TO	OR AS A CONS	EOUENCE	OF):								
ERI	resulting in desth) LAST	d											
	PART II. Other significant condition	a contribution t	a double but no	A seculation	In the co	m almuli da		elisia la	Dord I	T	ALITTORNAL		
AL	PANT II. Othar significant condition	is contributing to	o daath but no	t reauting	j in tha u	noariyii	ig cause	given in	Part I.	24a. WAS AN PERFOR		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICA	-				_					1 TES 2	□ NO		OF DEATH?
ME	100												1 TYES 2 NO
Ë													
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF	DEATH (C	heck only	one)			
Sic	1 TES 2 NO	HOSPITAL:	Terroutpatient	3 DOA	4 Nu		ne 5 Ki	Residence	6 🗆 01	her (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE O	F INJURY Day, Year)	28b. TI	ME OF	26c. IN	JURY AT ORK?		28d. D	ESCRIBE HOW	NJURY OC	CURED	
ВУ Р	1 Natural 5 Pending	(Moran,	Day, reary		M	1 🗆		□ NO					
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At J, etc. (Specify)	home, farm	, atreet, fa	ctory, offi	ce		261. L	DCATION (Street ity or Town, State)	and Numbe	r or Rural	Route Number,
H	Tomos determined	200											
COMPLETED	290. CERTIFIER (Check only	ICIAN: To the best of	of my knowledge,	death occu	rred at the	time, dat	e and plac	ce, and du	e to the	cause(a) and ma	nner as sta	nted.	
MC	and .	ER: On the basis of	examination and/	or investigat	tion, in my	opinion,	death occ	ured at th	e time, d	ata and place, ar	nd due to t	he cause	(a) and menner as stated.
	306. SIGNATURE AND TITLE OF GENTIFIE	R					29c. 11	CENSE NU	IMBER		29d DA1	TE SIONE	D (Month, Day, Year)
B	Jane (X	Loca	-	2-24			0	11	46	4	D	0	74.91
2	30 NAME AND ADDRESS OF PERSON WI	O COMPLETED CA	ISE OF DEATH (TEM 27) /5"	no Print)		V	O	, 0	T		7	27-1/

(,..... gratary Falue rostatic Lung Cancer as the burne-transit permit. Pages 1, 2, 3 should

1 - STATE		STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIENE REG. NO.	91	26245
	I'S NAME (First, Middle, Last)	Louise B		n		2. DATE OF MONTH		2 3 -9L	2100 P. M
270	64-9018	5. SEX 6. AGE	(In yrs. last birthday) III	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I	BHTTH Day, Year) 9 / 98/	B. BIRTHPI Country) WQSI	, * × 20
	name (If not institution, give in mit Nur ce of decedent	sing Home	91		location of de		9c. C0	USA	тн /
RESIDEN 10a. STATE MI		vard		ico #	Cety			1	Od. INSIDE CITY LIMITS? YES 2 NO
9014		country Blu	-	=	ZIP CADE DLD 43			USA	AT COUNTRY?
3 Widow	STATUS Astried 2 Married and 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO	II yes, spec	NDENT OF HISPAN Ify Cuban, Mexica NO Specify	n, Puerto Ric	(Specify Yas or No-	Black,	American Indian, White, etc.
J	15. DECEDENT'S EDU (Specify only highest grade ry/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of work life. Do NOT use in	k done during most etired.) Libr	of working arian	16b, K	ind of Business/	ыризтяч brary	
	NAME (First, Middle, Last)	Arthur C		lan	18. MOTHER'S NA	ME (First, Mic	Idle, Maiden Surname	Anna	Louise Pusey
19a. INFORM	ANT'S NAME (Type/Print) d	D. Brown	WY 196. MAILING AC	ODRESS (Street and			City or town, State,	Zip Code)	21042
1 🗆 Burial 4 🗆 Donati	O OF DISPOSITION 2 Cremation 3 Rem on 5 Other (Specify)	cen	PLACE AND DATE OF C	remato	ry, In	C9/2	20c. LOCATION Balti	City or Town	MD
	George E.	- July	H	Crema 299 F	tion S rederi	ocie ck R	ty of M	aryla	nd D 21228
IMMEDIAT	E CAUSE (Final condition	complications that caused List only one cause on a	d the deeth. Do not each line.		e of dying, suc	h ea cerdie	c or reepiratory	arrest,	Approximate interval Between Onset and Daath
Sequentia	iy ilst conditions,	DUE TO (OR AS A	CONSEQUENCE OF):		y	g. 14	15		4wks
cause. En	ling to immediate er UNDERLYING sease or injury and eventa	c. Atrony	FOOL	Water	ý.				10 years.
	n death) LAST	a Antario	sclorati		onary		.6825		20 yis
PART II. C	nu nuril	contributing to death by the season of the s	ed con	the underlying	ceuse given in		4a. WAS AN AUTOPS PERFORMED?	0	TERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH?
25. WAS CAS	Catarast S	way Rt	Eye.	28. PLA	CE OF DEATH (Ch	eck only one)			
EXAMIN 1 VE	2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp 28a. DATE OF INJURY	patient 3 DOA 4		5 Residence		Specify) RIBE HOW INJURY C	VC(10ED	
1 Natu 2 Acc	ral 5 Pending	(Month, Day, Year)	INJUR	M 1 Y		260. DESC!	NIBE HOW INJURY C	CCOMED	
3 Suk	O COUNT HOT DE	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre- city)	et, factory, offica		281. LOCAT City or	ION (Street and Numl Town, State)	per or Rural Roo	rie Number,
29a. CERTIFI (Check done)	THE CERTIFYING PHYS	ICIAN: To the best of my know ER: On the bests of examination							nd manner as stated.
Elu Elu	TOP A HE L	Brosse, W.	1D Otten	A. Phu	29c. LICENSE NUA D0594	53	100	7-23	-1991
Elw	ood A.	Brosse	ATH (ITEM 27) (Type, Pri	45 El	li cett 1	Mille	Dr., 8+	Ellia	HCE MP
31. DATE FIL	CED C A ACC	32. REGISTRAR'S SIGN	ATURE						7,

1 5 1 1 - 14 OF District of 1977, TO SE Server the server of the server of radiate below the the state of the state of the state of prostant is the literary I don't it should be so your like at her home with or to the The state of the state of 15 100 James of the specific Shortthe Elmin 4. Ny F define colored bearing in mer Starte Course the said The said of the first of the Mark to the second of the second for an all the bloomy stop in the arthur with the last of 91-5395-005

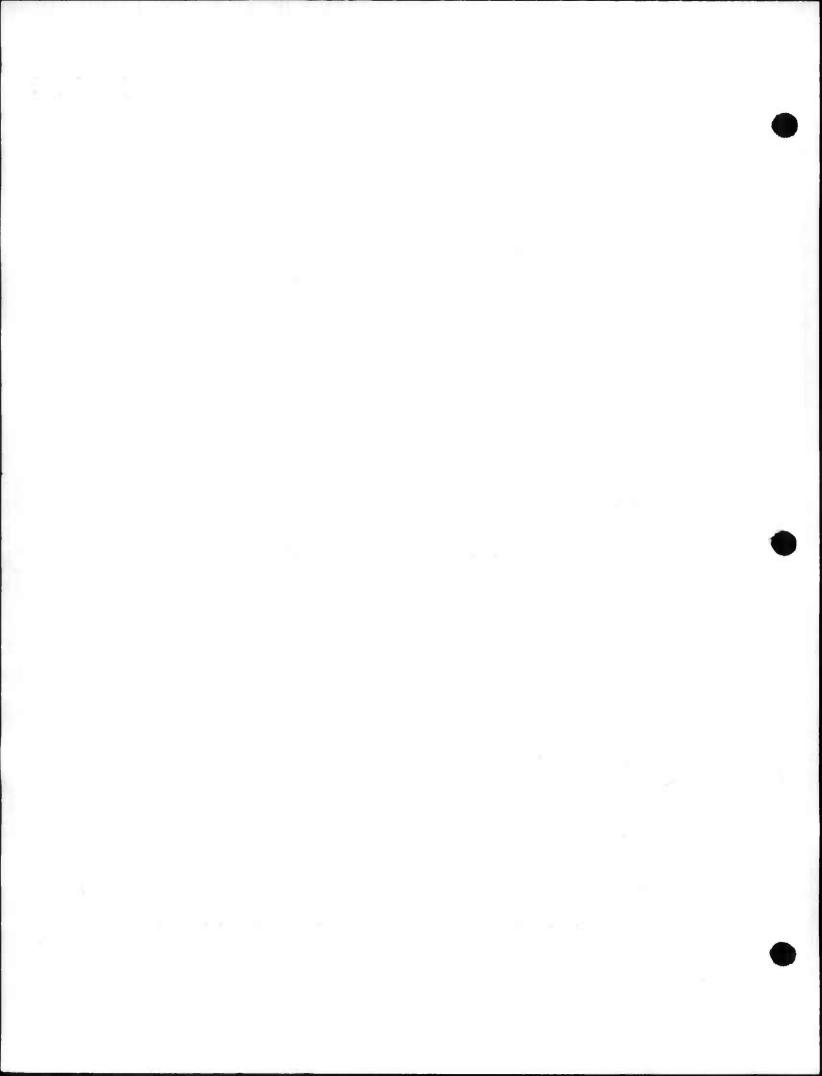
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	TMENT ICATE	OF H	EALTH DEAT	AND I	MENTA	L HYGIEN	E		2621	; 6
	1. DECEDENT'S NAME (First, Middle, Last) THOMAS	EUG			SULI				2. DATE MONT	OF DEATH		YEAR 9 9 1	3. TIME OF DEAT	TH DM
	4. SOCIAL SECURITY NUMBER 219-84-7566	5. SEX	6. AGE (In yrs. las 23	t birthday) YRS.	IF UNDER I	DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH	196	0. BIRTH	alto. I	oreign MD •
TOR	9a. FACILITY NAME (If not institution, give s Wooded area, 18 Evergreen Lane RESIDENCE OF DECEDENT	treet and number) Off (of		96. CITY, Ess		R LOCATI	ON OF DE	ATH			alti	Lmore	
DIRECTOR	10a. STATE 10b. COUNTY	to. Co.		10c. CIT	Y, TOWN OF	sex							10d. INSIDE CITY LIMITS? 1 YES 2.	/ NO
FUNERAL	953 Honeywood						. ZIP CODI	122	1		10g. CITI	ZEN OF V	NHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Merried 2X Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S.VAR YES 2 114 WAR OR DATES	MEO IO	lf lf	yes, spe	ecity Cube	n, Mexica	n, Puerto	N7 (Specify Yea Rican, etc.)	or No —	Black	E — American Indi k, White, etc. hete	en,
COMPLETED	15. DECEDENT'S EQUI (Specify only highest grade Elementary/Secondary (0-12) 10 th	CATION completed) College (1-4 or 5	(Gi	Do NOT u	usual oc work done do se retired.)	uring mo	ON st of workin	ng	168	s. KIND OF BUS	self		mp.	
BE CO		nklin	Sull	ivan			18, MOTA	EIY	ME (First, en	Middle, Majden	Surname)	Smi	th	
10	194. INFORMANT'S NAME (Type/Print) Ellen M. Golds		other)	201	3 Ea	(Street a	nd Number ern	or Rural F Ave	loute Num	bor, city or Town Balto	n, State, Zip MD	Code)	1231	
	20a. METHOD OF DISPOSITION 1		20b. PLACE /	ND DATE					OAT	E 200 LO	tons	V1T	I'e Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Charlton F. H. 2007 Eastern Ave. 21. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximent									1,231				
NTION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate	e. DUE TO	(OR AS A CONSEC	DUENCE OF	ab Fi:		de of dyl			diec or reepi	ratory arr	est,	Approxim Interval B Onset end	etween
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted eventa reaulting in death) LAST	OUE TO	(OR AS A CONSEC	DUENCE OF	F):									
MEDICAL	PART II. Other significent condition	e contributing to	deeth but not r	esulting	In the und	Jeriying	g cause g	iven in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	246	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF DEATH?	TO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. YES 2 \(\text{ NO} \)	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	:	ACE OF D							
ED BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	bunding,	y, Year)	me, term, e	FOF HEU 5 P	28c. INJU WOI 1 Y	URY AT PK? ES 2		28d. OES	SCRIBE HOW II	ut a	and	stabbe Boute Number,	d
29a. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 30 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a).) and manner sa st	tated.					
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, De								(Month, Day, Year)						
	30. HAME AND ADDRESS OF PERSON WHO	(on)		11		nn				ltimo			land 2	120
	31. DATE FEEP M21 6 1991	Sulva Davi	H's SIGN MARK	W.										

1 1 T

STATE OF MARYLAND / DEPARTMENT OF I	HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF	DEATH	REG. NO.

	9		2	6	2	4	-
--	---	--	---	---	---	---	---

	1 - STATE OF MARYLAND / DEP REGISTRAR CERT	ARTMENT OF HEALTH AN		91 26247
1	1. DECEDENT'S NAME (First, Middle, Last) CONSTANCE JANET-LE	E SCHLOTTERBECK	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
ì	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lesi birthd			B. BIRTHPLACE (State or Foreign Country)
	217-34-6178 10M20F 53 YR	В.	11-15-37 N	Maryland
DIRECTOR	90. FACILITY NAME (If not institution, give street and number) Anne Armbel Medical Center	8 Annapoli	OF DEATH Sc. COUNT	e Aurole
ည္အ	RESIDENCE OF DECEDENT	CITY, TOWN OR LOCATION		10d. INSIDE CITY
늅	Makryland Oueen Annes C	hester		1 TYES 2 NO
FUNERAL	10e. STREET AND NUMBER	10f. ZIP CODE		EN OF WHAT COUNTRY?
NE I	1704 St. Mary's Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	21619	IISPANIC ORIGIN? (Specify Yee or No.— 1	S.A.
	1 Never Merried 2 Merried FORCES? 1 YES 2 NO		fexican, Puerto Rican, etc.)	Black, White, etc. Specify:
94	3 Widowed 4 Divorced	^		White
COMPLETED	(Specify only highest grade completed) (Give kind	IT'S USUAL OCCUPATION I of work done during most of working IT use retired.)	16b. KIND OF BUSINESS/INDU	STRY
2	Elementary/Secondary (0-12) College (1-4 or 5+) 9 Homem	aker	Own Home	
Ö	17. FATHER'S NAME (First, Middle, Last)		'S NAME (First, Middle, Maiden Surname)	
BE (Guy William Bell	Aud		Boone
0	The state of the s		Rural Route Number, City or Town, State, Zip (Code)
.	20a METHOD OF DISPOSITION 20b PLACE OF DIS	e as #10a - #10:		ity or Town, State
	1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removal from State other place)			ore Co.Md.
	21. SPENATURE OF FUNDATAL SHAVICE LICENSHIP	22. NAME AND ADDRESS	OF FACILITY	
	Erpest L. Feist III	Leonard J.	Ruck, Inc. d Rd., Baltimore,	Manuland 21214
	23. PART i. Enter the diseases, or complicatione that caused the death. I ahock, or heart fellure. List only one cause on each line.	Do not enter the mode of dying.	, such ea cardlec or reepiratory arre	st, Approximata interval Between
	IMMEDIATE CAUSE (Fine)		1 40	Onset end Death
	resulting in death) a. DUE TO (OR AS A CONSEQUENCE	ancer - (1	tolonocarcino	ma
_	- Chronic	Cirare He	Imoking	
ᅙ	If any, leading to immediate	E OF):		
<u>S</u>	CAUSE (Disease or Injury CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE)	e on.		
CERTIFICATION	that initiated events resulting in death) LAST	ie orj:		
	G.		- In Book I. Lee Time to temper	
CAL	PART II. Other algorificent conditions contributing to deeth but not result	ing in the underlying ceuse give	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
	metastatic diseas	P	1 TYES 2 NO	OF DEATH?
ž				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	28. PLACE OF OEAT	TH (Check only one)	
IX I	1 YES 2 DINO 1 Topetient 2 ER/Outpatient 3 DO	DA 4 Nursing Home 6 Resid	lence 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCC	unen
	Month, Day, Year)	INJURY WORK? M 1 YES 2 N	The second secon	ONED
BY	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify)		281. LOCATION (Street and Number of	or Rural Route Number,
Ë	4 Homicide determined building, etc. (Specify)		City or Town, State)	
COMPLETED	29e. CERTIFIER CONCENTIFYING PHYSICIAN: To the best of my knowledge, death or	corred at the time, date and piece, ar	nd due to the cause(a) end manner as state	d.
Ö	2 MEDICAL EXAMINER: On the basis of examination end/or invest	gation, in my opinion, death occured	at the time, date and place, and due to the	cause(e) end manner as stated.
BE	296. SIGNATURE AND TITLE OF GENERALE	29c. LICENS	3 2 6 5 4 29d. DATE	SIGNEO (Month, Day, Year)
임	38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	(Type, Print)		1/03/11
		80 Admiral	Cochrone Dr. A	mapolis, MA
- 1	31. DATE WLED (Mornth, Day, Wor) SEP 26 1991 SLA JOURNAL TONGON			21401
	SEP 20 1991 Gula Davidson-Randelle			



INTERNATION. The law requires that the death certificate be executed withink and the death. Page 6 may be retained by the hospital or attending physician.

The later his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

REGISTRAR		CERTI	FICATE	OF DEATH	REG. N	10.	
1. DECEDENT'S NAME (First, Middle, Last) DANIEL SMITH					2. DATE OF DEATH SEPTEMBE	R ^{PAY} 23,	3. TIME OF DEATH 1991 5:58 P
4. SOCIAL SECURITY NUMBER 215-09-9104	6. SEX 6. 1X M 2 F	AGE (In yrs. lest birthday 75 YRS.		EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year, 12/7/1	5	8. BIRTHPLACE (State or Foreign Country) Maryland
9a. FACILITY NAME (If not institution, give s THE JOHNS HOPKINS				TIMORE	PEATH	1	TIMORE CITY
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT		Line					
Maryland	Y		Balti				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
3121 Eastern A	ve. 2nd	floor	u.y	10f. ZIP COOE 2 1 2 2 4	1		ZEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Olvorced	12. WAS DECEDENT EN FORCES? 1 X IF YES, GIVE WAR	YES 2 NO	lf y	S OECENDENT OF HISPA es, specify Cuben, Mexic YES 2 NO Speci	an, Puerto Rican, atc.)	Yee or No-	14. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT	'S USUAL OCCI	UPATION ing most of working	16b. KIND OF	BUSINESS/IND	
Elementary/Secondary (0-12) 6 years	College (1-4 or 8 +)		ir me		Balt	imore	City
17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Mak	,	
	Smith				abeth P		
19e. INFORMANT'S NAME (Type/Print)				treet and Number of Rura			
Mary Smith 200. METHOD OF DISPOSITION 1) Burlel 2 Cremation 3 Rem	and from State			of cemetery, cremetory or			alto Md.2122 City or Town, State
4 Donation 6 Other (Specify)	IOVAN ITOMI STATA	Parkwo	od Cer	netery	В	alto.	Co.Md.
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NA	ME AND ADDRESS OF F	ACILITY Lill	y & Z	eiler, Inc.
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	S. Que TO (OF		OF):	ulial	Grafa	uten	Interval Betwee
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR	AS A CONSEQUENCE	OF):				
PART II. Other algnificant condition	ne contributing to de	eth but not resultin	g in the unde	rfylng cause given i	PER	AN AUTOPSY FORMED? 3 2 PNO	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	1		_	26. PLACE OF DEATH (C	Year to a series and a series a		
EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3 🗆 OOA	OTHER:	g Home 6 - Residence			
27. MANNER OF OEATH 1 Natural 6 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day,	PURY 28b. 1	INJURY	Bc. INJURY AT WORK?	28d, DEŞCRIBE HO	W INJURY OC	CURED
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, atc	NJURY — At home, fam. (Specify)	n, atreet, factor	r, office	281. LOCATION (Str. City or Town, St	set end Number lete)	r or Rural Route Number,
anal	ICIAN: To the best of my						ted. ne ceuse(e) end manner se stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	B SI	2	1	29c. LICENSE NO	JMBER	29d. DAT	E SIGNED (Month, Day, Year)
BA AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE	OF DEATH (ITEM 27) (7)	rpe, Print)	3 tosten	6.	R	4 Klyzz
31. DATE FILED (Month, Day, Year) SEP 2 6 1991	30. REGISTRAN'S	SIGNATURE	702	1 Solan	Hole	vul,	7 / 4 / 4 / 7

3. TIME OF DEATH

7:25A

8. BIRTHPLACE (State or Foreign

Maryland

YEAR

9c. COUNTY OF CEATH

2. DATE OF DEATH MONTH 9-22-91

7. DATE OF BIFTH
(Month, Day, Year)
1-9-10

4. SOCIAL SECURITY NUMBER

218-03-1319

ERVINA

9a. FACILITY NAME (If not institution, give street and number)

PARSONS

1 - M 2 XXF

5. SEX

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

STAUFFER

6. AGE (In yrs. last birthday)

ws any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

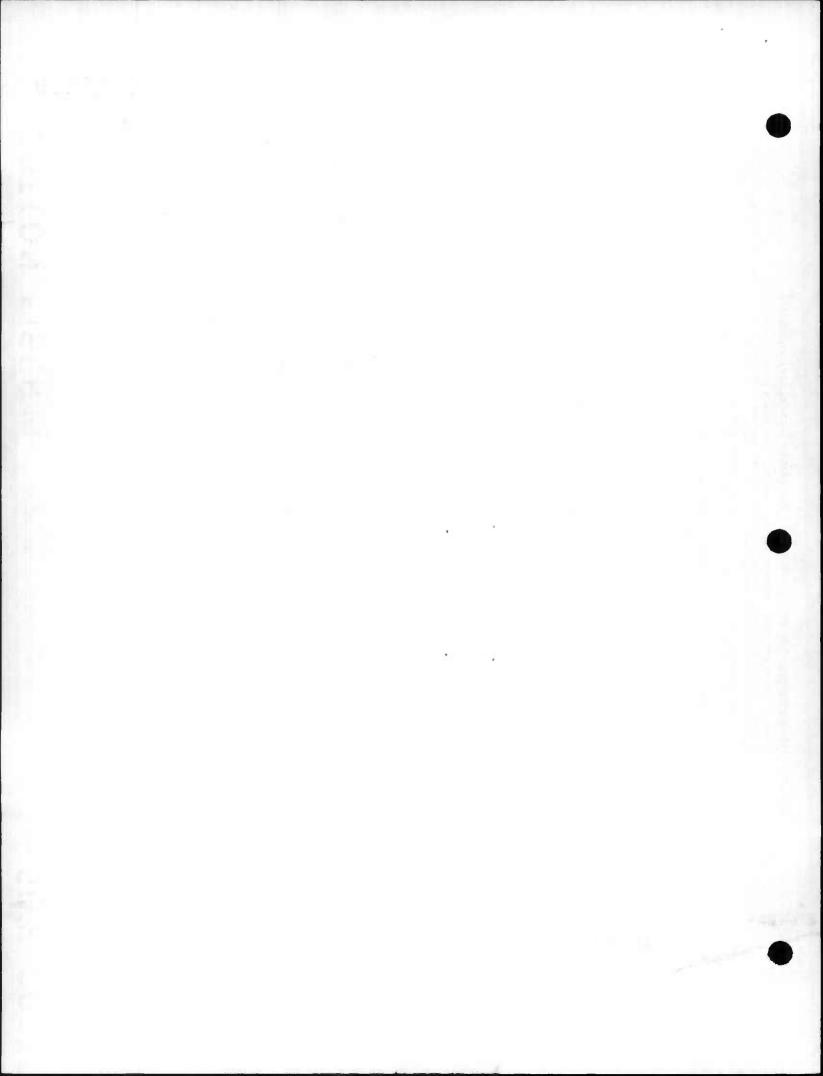
IMPORTANT: If item 28 is marked,

FUNERAL DIRECTOR	Presbyterian Hom	e of Maryland		Tows	son			В	altim	nore
H	10a. STATE 10b. COUN	тү	19c. CITY, 1	OWN OR LO	CATION				1	IOd. INSIDE CITY
L	Maryland B	altimore	To	wson					1	LIMITS?
RA		4-			101. ZIP CODE			10g. CITI	ZEN OF WH	AT COUNTRY?
R	400 Georgia Cour				21204				USA	
В	1 Never Married 2 Married Married	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES XX IF YES, GIVE WAR OR DATES	XXIO	13. WAS D	ECENDENT OF HISPA specify Cuban, Maxic ES XXXO Spec	ANIC ORIGI can, Puarto dify:	IN? (Specify Yea Rican, etc.)	or No—	Black, 1	- American Indian, white, atc. White
Ē	15, OECEDENT'S ED (Specify only highest grad	UCATION 16a de completed)	(Give kind of work life. Do NOT use n	UAL OCCUPA	TION	16	b. KIND OF BUS	INESS/INC		
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5+) 2		emake:				N/A		
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First,	Middle, Malden			
BE (Ervin Parsons				Nell					
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street	t and Number or Rural	Route Nun	nber, City or Town	, State, Zip	Code)	
F	Robert M. Stauff		946 Bara	accuda	Cove An				401	
	20a. METHOD OF DISPOSITION 1 Grant Burlai 2 X Cremation 3 Grant A Grant Donation 45 Grant Other (Specify)	Gre	ACE ANO DATE OF E y, crematory or other enmount	isposition (Neme of Cory	OAT	TE 20c. LOC Balt			ryland
	21. SIGNATURA OF FUMERAL SERVICE L Dennis Stepi	len lenaks hen kenakis m		22. NAME	York Ro	Mito	chell-W	iede:	feld	Home
	23. PART I. Enter the diseases, pr	complications that caused the	death. Do not	antar the r	node of dylan au	ch as car	disc or meals	e, Ma	aryıa	Approximata
PHYSICIAN: MEDICAL CERTIFICATION	immediate Cause (Final disesse or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CARD DUE TO (OR AS A COM DUE TO (OR AS A COM C. DUE TO (OR AS A COM DUE TO (OR AS A COM DUE TO (OR AS A COM DUE TO (OR AS A COM DUE TO (OR AS A COM DUE TO (OR AS A COM DUE TO (OR AS A COM DUE TO (OR AS A COM	NSEQUENCE OF):	TOS	ny 1	a-nn				Interval Between Onset and Death MIN Months
: MEDICAL	PART II. Other significent condition MAL NUTRI	704	ot rasulting in t			Part i.	24s. WAS AN A PERFORM 1 TYES 2	AED?	AN CC OI	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			84	N ACE OF BEATH					1
SIC	EXAMINER?	HOSP!TAL: 1 Inpatient 2 ER/Outpatien	0	26. PLACE OF DEATH (Check only one) OTHER:					4 N	
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	4 Nursing Home 5 Residence 6 Other (Specify)				JURY OCC	CM C	JT HEME
BY	2 Accident Investigation	24 24 427 27			YES 2 NO					
TED	3 Suicide s Could not be datermined	26a. PLACE OF INJURY — A building, atc. (Specify)	I home, farm, atree	t, factory, of	Ica	261. LOC City	CATION (Street and or Town, State)	d Number	or Rural Rout	te Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMIN	SICIAN: To the best of my knowledge ER: On the basis of examination and	, death occurred a	the time, de	e and pleca, and due death occured at the	to the car	use(a) and menn	dua to the	ed. o causo(s) ar	nd manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER		29d. OATE	SIGNEO (M	lonth, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON W	4) MD			DIIC	Z			-22-9	
	S. J. Venable	Jr. 610 Wilton			re, Marvl	and	21212			
	SEP 26 1991	32. REGISTRAR'S SIGNATUR Julia Davidson-Ran	dell		,					

THE RESERVE OF THE PARTY OF THE

	9	of
Ē	Page	dire
DALIMO	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within emounts after death. Page 6 in	are married indicated which resistants has been signed by the attending physician and completely filled in by the financial director
	ter de	the f
	50	740
	30	illad in
	A S	A VA
'n	With	niate
1	Pag	EOG
DIVISION OF VITAL RECORDS, T.O. BOA 13149,	noexe	and
<	2	Nian
	cate	P.S.
	ert.	0 00
	5	andi
6	dea	a att
3	the	the sa
Č	that	2
3	ires	Sign
Y.	regu	000
1	WE	ae h
(The	da h
=	AN:	iffee
	SICI	Car
0	E	thie
Z	NG.	After
ž	ENG	· oc
Š	A	E
5	NO.	DID
	M	ING
	HOSP	CI IAIC
	포	ME

	1. DECEDENT'S NAME (First, Middle, La	nst)				E OF OEATH			ME OF DEA
	JOHN H	TRENERY JR.			SEP		21,199	AR 1:	35
	4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE		UNDER 1 YEAR IF UNDER	24 HRS. 7, DAT	E OF BIRTH oth, Day, Year)	8.1	BIRTHPLACE Country)	State or F
	150-16-6634	1 M 2 □ F	65 YRS.		MAR	CH 28,19		11	
œ	9a. FACILITY NAME (If not institution, gi			CITY, TOWN OR LOCATIO			9c. COUNTY	OF DEATH	
<u>0</u>	MALCOLM GROW US		NTER A	NDREWS AFB	, MD		PRINC	E GEO	RGES
DIRECTOR	10e. STATE 10b. COU	UNTY	10c. CITY, TO	WN OR LOCATION				10d. /	INSIDE CIT
		nce George Cou	inty For	t Washingto					YES 2
FUNERAL	10s. STREET AND NUMBER	2 2 2		10f. ZIP CODE			10g. CITIZEN	OF WHAT C	COUNTRY?
JNE	916 Palmer F	Road Apt 2	IN U.S. ARMED	13. WAS DECENDENT O	20744	SIN? (Specify Year	or No 14	RACE — Arr	narican Ind
	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO	If yes, specify Cubar	n, Mexican, Puert			Black, White Specify:	e, etc.
9	3 Wildowed 4 Divorced	yes				no			hite
TED	15. DECEDENT'S 8 (Specify only highest gr	rade completed)	(Give kind of work life, Do NOT use ret	done during most of working		6b. KIND OF BUSI	NESS/INDUST	TRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		ired		IIC Marr	•••		
∑	17. FATHER'S NAME (First, Middle, Last))	ле		IER'S NAME (Firs	US Nav t, Middle, Malden S			
ш		Land State of							
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street and Number	or Rural Route Nu	imber, City or Town,	State, Zip Coo	de)	
-	John Trenery II								
н	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 R	Removal from State	b. PLACE OF DISPOSITIO other place)	N (Name of cemetery, crem	latory or	20c. LOC	ATION — City	or Town, St	inte
	4 Donation 5 Other (Specify) _	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	Wade, Dir	22. NAME AND ADDRES	S OF FACILITY	CMAME	2 3 7 2 MO3	(V DO)	, DD
	Johnne 1 1/1	Monard I	5/91					FOMY BOARD ,MD 21201	
	July March	1/1111	·						
	shock, or haart failu IMMEDIATE CAUSE (Final disease or condition	or complications that cause are. List only one cause on End Stag	e Renal Fa		ng, auch as c	ardiac or respin	atory arrest	- 1	Interval E
NO	immediate cause (Final disease or condition resulting in death) Sequentially list conditions,	End Stag DUE TO (OR AS	e Renal Fa. A CONSEQUENCE OF):		ng, auch aa c	ardiac or respin	atory arrest	- 1	Approxim interval E Onset an
ATION	shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	End Stag DUE TO (OR AS	e Renal Fa		ng, auch aa c	ardiac or respin	atory arrest	- 1	Interval I
ERTIFICATION	shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	End Stag DUE TO (OR AS DUE TO (OR AS	e Renal Fa. A CONSEQUENCE OF):		ng, auch aa ci	ardiac or respin	atory arrest	- 1	Interval E
	shock, or haart failu iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	End Stag DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d.	e Renal Fa. A CONSEQUENCE OF): A CONSEQUENCE OF):	ilure		24a. WAS AN A	MITOPSY	24b. WERE	Interval E Onset an
7	shock, or heart failured immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	End Stag Bue To (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d	e Renal Fa. A CONSEQUENCE OF): A CONSEQUENCE OF):	ilure		24s. WAS AN A PERFORM	AUTOPSY MED?	24b. WERE ANAL.	E AUTOPSY ABLE PRIOR
7	shock, or haart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	End Stag Bue To (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d	e Renal Fa. A CONSEQUENCE OF): A CONSEQUENCE OF):	ilure		24a. WAS AN A	AUTOPSY MED?	24b. WEREA AMAR. COMMO	E AUTOPSY ABLE PRIOR PLETION OF EATH?
MEDIC	shock, or heart failured immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) PART II. Other significant conditions (Congestive Hong).	End Stag DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. Ittons contributing to death eart Failure	e Renal Fa. A CONSEQUENCE OF): A CONSEQUENCE OF):	ilure		24s. WAS AN A PERFORM	AUTOPSY MED?	24b. WEREA AMAR. COMMO	E AUTOPSY ABLE PRIOR
MEDICAL	shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit Congestive He Cellulitis	End Stag DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	e Renal Fa A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the	ilure na undarlying cause of	given in Part I.	24a, WAS AN A PERFORM 1 YES 2	AUTOPSY MED?	24b. WEREA AMAR. COMMO	E AUTOPSY ABLE PRIOR PLETION OF EATH?
MEDICAL	shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit Congestive Ho Cellulitis 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 X NO	End Stag DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	e Renal Fa A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the state of the st	ilure na undarlying cause of the Fit in the	given in Part I.	24a, WAS AN A PERFORM 1 YES 2 one)	AUTOPSY MED?	24b. WERE AWAIL COMPORT II	E AUTOPSY ABLE PRIOR PLETION OF EATH?
PHYSICIAN: MEDICAL	shock, or heart failured immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the congestive House Callulitis 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	End Stag DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. Ittona contributing to death eart Failure The properties and the contribution of the contrib	e Renal Fa A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the second	ilure a undarlying cause g 28. PLACE OF O THER: Nursing Nome 5 Re	EATN (Check only seldence 6 0 0	24a, WAS AN A PERFORM 1 YES 2	AUTOPSY MED?	24b. WERE AWAIL COMPORT II	E AUTOPSY ABLE PRIOR PLETION OF EATH?
BY PHYSICIAN: MEDICAL	shock, or haart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit Congestive He Cellulitis 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1	End Stag DUE TO (OR AS b. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS	e Renal Fa. A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in ti	ilure a undarlying cause of the series of t	EATN (Check only reldence 6 0) 28d. C	24a, WAS AN A PERFORM 1 YES 2 ther (Specify) DESCRIBE HOW IN	MUTOPSY MED? NO	24b. WERE AMAR. COMMON 1 1	E AUTOPSY: ABLE PROI OF EATH? YES 2
BY PHYSICIAN: MEDICAL	shock, or heart failured immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the congestive How Cellulitis 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigations of the conditions of the congestion of the conge	End Stag DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d Itions contributing to death eart Failure AL HOSPITAL: 1 M Inpetient: 2 DEP/OU 260. DATE OF INJURY (Month, Day, Year) 1 to be building, etc. (Sp	e Renal Fa. A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in ti	ilure a undarlying cause of the series of t	EATN (Check only reldence 6 0) 28d. C	24e. WAS AN / PERFORM 1 VES 2 one) ther (Specify) DESCRIBE HOW IN	MUTOPSY MED? NO	24b. WERE AMAR. COMMON 1 1	E AUTOPSY: ABLE PROI OF EATH? YES 2
ETED BY PHYSICIAN: MEDICAL	shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant condit Congestive Ho Cellulitis 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigati 3 Suicide 6 Could not detarmine. 298. CERTIFIER (Check only 1 CERTIFYING PI	End Stag DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d Itions contributing to death eart Failure AL HOSPITAL: 1 M Inpetient: 2 DEP/OU 260. DATE OF INJURY (Month, Day, Year) 1 to be building, etc. (Sp	e Renal Fa A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the consequence	26. PLACE OF O THEFS: Nursing Nome 5 Re F, 29c. INJURY AT WORK? M 1 YES 2	EATN (Check only beldence 6 0 0 28d, t	24a, WAS AN A PERFORM 1 YES 2 One) ther (Specify) DESCRIBE HOW IN DOCATION (Street as they or Town, State)	AUTOPSY MED? NO NO UNITED STATES OF THE S	24b. WERE AMAR. COMMON 1 1	E AUTOPSY: ABLE PROI OF EATH? YES 2
ETED BY PHYSICIAN: MEDICAL	shock, or haart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit Congestive Harmonia Congest	End Stag DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. Itions contributing to death eart Failure AL HOSPITAL: 1 Inpettent 2 ERVOUR (Month, Day, Year) 1 28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Sp. 1) 28e. PLACE OF INJURY (Sp. 1)	e Renal Fa A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the consequence	ilure 26. PLACE OF O THER: Nursing Nome 5 Re F, 28c. INJURY AT WORK? M 1 YES 2 M, factory, office	EATN (Check only seldence 6 0 0 28d, E C	24a. WAS AN A PERFORM 1 YES 2 one) ther (Specify) DESCRIBE HOW IN OCATION (Street arrive) or Town, State)	AUTOPSY MED? NO IJURY OCCUR and Number or i	24b. WERE AMAIL COMPORT OF DISTRICT AMAIL PROJECT AMAIL PR	E AUTOPSY ABLE PRIOR PLETION OF EATH? YES 2
COMPLETED BY PHYSICIAN: MEDICAL	shock, or haart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit Congestive Harmonia Congest	End Stag DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS	e Renal Fa A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the consequence	ilure 28. PLACE OF O THER: 28. PLACE OF O THER: WORK? M 1 YES 2 It, factory, office	EATN (Check only seldence 6 0 0 28d, E C	24a. WAS AN A PERFORM 1 YES 2 one) ther (Specify) DESCRIBE HOW IN OCATION (Street arrive) or Town, State)	AUTOPSY MED? NO IJURY OCCUR and Number or i	24b. WEREAND AMAR. COMMON OF DI 1	E AUTOPSY : ABLE PROOPERTING OF EATH? YES 2 Wumber,
BE COMPLETED BY PHYSICIAN: MEDICAL	Shock, or heart failured immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions or congestive Heart Conges	End Stag DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE	e Renal Fa. A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in ti tpatient 3 DOA 4 1 28b. Time Q 1 NJURY Y — At home, farm, streecily) wiedge, death occurred a on and/or investigation, is	ilure 26. PLACE OF O THER: 26. PLACE OF O THER: WORK? M 1 YES 2 It, factory, office 29c. LICE 29c. LICE	EATN (Check only reldence 6 0 1 28d, t	24a. WAS AN A PERFORM 1 YES 2 one) ther (Specify) DESCRIBE HOW IN OCATION (Street arrive) or Town, State)	MUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b. WEREAND AMAR. COMMON OF DI 1	E AUTOPSY ABLE PROOF PLETION OF EATH? YES 2 Wumber,
COMPLETED BY PHYSICIAN: MEDICAL	shock, or heart failured immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions or congestive How Cellulitis 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigati 3 Suicide 6 Could not determine Check only one) 2 MEDICAL EXAMINER (Check only one) 2 MEDICAL EXAMINER (Check only one) 2 MEDICAL EXAMINER AND ADDRESS OF PERSON 130. NAME AND ADDRESS OF PERSON 150 MEDICAL EXAMINER AND A	End Stag DUE TO (OR AS b. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE	e Renal Fa. A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the second of the se	ilure 26. PLACE OF O THER: 26. PLACE OF O THER: WORK? M 1 YES 2 It, factory, office 29c. LICE 29c. LICE	EATN (Check only reldence & O O 28d. L C C C C C C C C C C C C C C C C C C	24a. WAS AN / PERFORM 1	AUTOPSY MED? IDURY OCCUR In or as stated. If due to the co	24b. WERE AWAR. COMPOS OF DE DE DE DE DE DE DE DE DE DE DE DE DE	E AUTOPSY ABLE PROOF PLETION OF EATH? YES 2 Wumber,
BE COMPLETED BY PHYSICIAN: MEDICAL	Shock, or heart failured immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions or congestive Heart Conges	End Stag DUE TO (OR AS b. DUE TO (OR AS b. DUE TO (OR AS d. DUE	e Renal Fa. A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the second of the se	ilure 26. PLACE OF O THER: Nursing Nome 5 Re E 28c. INJURY AT WORK? M 1 YES 2 M, factory, office t the time, data and place n my opinion, death occur	EATN (Check only residence & Other Constitution of the Imped at the time, dense Number CROW USA	24s. WAS AN A PERFORM 1 VES 2 ther (Specify) DESCRIBE HOW IN OCATION (Street as lity or Town, State) cause(a) and manuata and place, and	AUTOPSY MED? ID NO IJURY OCCUR There as stated. If due to the column of the column	24b. WERE AWAR. COMPOS OF DE DE DE DE DE DE DE DE DE DE DE DE DE	E AUTOPSY ABLE PROOF PLETION OF EATH? YES 2 Wumber,



	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC	MENT OF H	EALTH AND DEATH	MENTAL HYGIEI		26251	
	1. DECEDENT'S NAME (First, Middle, Las Florence A. Wi		WHITE NO	eu.		2. DATE OF DEATH	3 2	3. TIME OF DEATH 11 1: 45 AM	
	4. SOCIAL SECURITY NUMBER 217 - 26 - 3806	1 🗆 M 2 💢 F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/18/29	6.	BIRTHPLACE (State or Foreign Country) Maryland	
TOR	9e. FACILITY NAME (If not institution, given St. Agnes Hosp:			Baltim	OTE	DEATH		Y OF DEATH	
DIRECTOR	10e. STATE 10b. COUN	тү		own or local	TON			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 2241 Wilkens A	ve.		101	. ZIP CODE 21223			N OF WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 ANO	13. WAS DEC	cify Cuban, Maxic	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)		6. RACE — American Indian, Black, White, etc. Specify: White	
LETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mos etired.)	DN st of working	16b. KIND OF BU			
COMPL	9 17. FATHER'S NAME (First, Middle, Last)		Homema	ker	ta. MOTHER'S N	OWN HOT			
TO BE	Otts Krause 19c. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox			
-	John W. Whitney	20b	PLACE AND DATE OF D	ISPOSITION (Na.	me of	Balto., I		1223 y or Town, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF PURE ALL SERVICE I	C1	retery, crematory or other rowns ville	22. NAME AN	D ADDRESS OF FA	ACILITY		le, Md.	
Щ	23 PART I Enter the discool of		nan	5695 1	Main St.	an Funeral	Md.	21227	
	23. PART I. Enter the diseases of shock, or haert failure IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. HPO	TENSI		as of dying, suc	ch as cardiac or reap	iratory erres	t, Approximate interval Batween Onset and Death	
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CEMIA CONSEQUENCE OF):						
CERTIFICATION	CAUSE (Disease or injury that initieted evente resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF): BACTER	· (REUND				
MEDICAL O	PART II. Other eignificant condition	E HEAR	ut not reculting in the	he underlying	ceuse given in	Part i. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
AN: M						- 3		1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Output		THER:	ACE OF DEATH (Ch	6 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	WOF		26d. DESCRIBE HOW INJURY OCCURED			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, stree	il, factory, office		261. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY:	SICIAN: To the best of my knowle	edge, death occurred at	the time, date on my opinion, de	and piece, and due	to the cause(s) end me	nner es stated.	ause(s) and manner se stated.	
8	29b. SIGNATURE AND TITLE OF CERTIFI				29c. LICENSE NUI	MBER		IGNEO (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON W		ATH (ITEM 27) (Type, Prin		tosp ith	RAL BAL	~ 7/	43/41	
	31. DATE FILED (Month, Day, Year) SEP 2 6 1991	Sulie Daydoon	ATT 104		111	C ISP.C	14/	HRYLAND.	

1697

The Property of the Control of the C

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

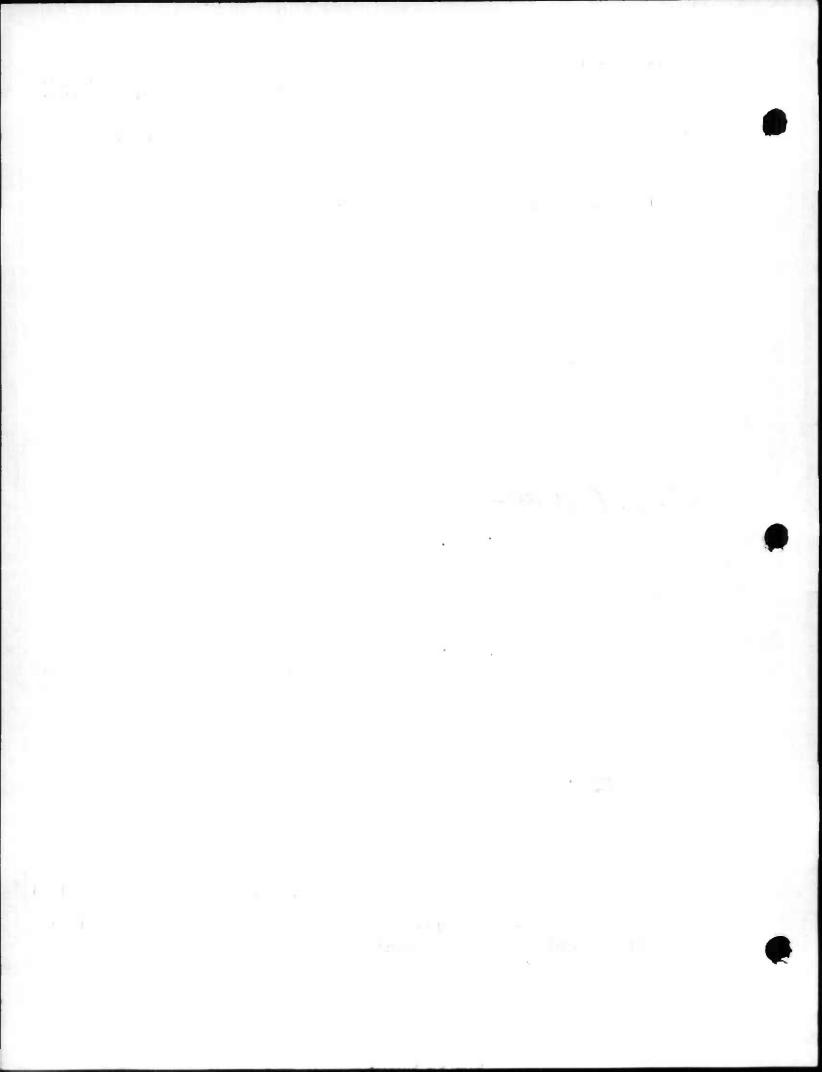
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month Day Veg)

1991

	91-5452-510										
	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	TMENT OF	HEALTH A	AND MENT	TAL HYGIEN		i	26252
	1. DECEDENT'S NAME (First, Middle, Lest)							TE OF DEATH			3. TIME OF DEATH
	EUGENE			WI	LLIAM	S			AY 1.0	YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last		IF UNDER 1 YE		09			991	8:30 A M
	217 62 6469	1 x M 2 □ F	36	YRS,	MONTHS DA		MAIN (MI	TE OF BIRTH onth, Day, Year) 5-23-19		Country	PLACE (State or Foreign ryland
-	9a. FACILITY NAME (If not institution, give st	reet and number)			96. CITY, TOV	N OR LOCATION	OF DEATH		9c. COUNT	Y OF D	EATH
DIRECTOR	2515 WEST FAY		REET		BAL	TIMORE	Ξ		n	a	
DIRE	10a. STATE 10b. COUNTY	na		10c. CIT	Y, TOWN OR LO	imore					10d. INSIDE CITY LIMITS? 1X YES 2 NO
4	10e. STREET AND NUMBER			-	Date	10f. ZIP CODE			L so- OITIZE		
FUNERAL	2215 W. Fayette					IUI. ZIP CODE	21215		US		HAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDEN	TEVER IN U.S. ARM	1ED	13. WAS	DECENDENT OF	HISPANIC ORI	GIN? (Specify Ys	s or No— 1		- American Indian,
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W		nc	10	specify Cuben, /ES 2 NO	Specify:	no Rican, atc.)		Specif	, Whits, stc.): Black
	15. DECEDENT'S EDUC (Specify only highest grade	ATION	16a. DEC	EDENT'S	USUAL OCCUP	ATION	11	166. KIND OF BU	SINESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12) Elementry	College (1-4 or 5 +	Hite	the kind of the book with the kind of the book with the bo	vork done during se retired.)	most of working					
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTHE	R'S NAME (Firs	t, Middle, Maiden	Sumame)		
	ROBERT JAMES						WILLI				
B	19a, INFORMANT'S NAME (Type/Print)		100	84 8 10 10 10 10 I							
2	Alice Williams	S:		312				imber, City or Tow		1216	5
	20a. METHOD OF DISPOSITION 1 Burisi 2 Cremetion 3 Ramo 4 Donation 5 Other (Specify) 1 Cremetion	val from State	20b. PLACE At cametery, cren	ND DATE (OF DISPOSITION ther place)	(Name of	D	ATE 20c. LO	CATION — CI	ty or Tow	vn, Stata
	21. BIGHATURE OF JUNERAL SERVICE LICE		1 d Wada	Dia	I an MANN	AND ADDRESS	00.000.000	Ot a La	7		
	Samuel /110		9/25/91					State e St, I			
7	23 PART I. Entar the diseases, or co	ompilcationa that	caused the dea	th. Do r	ot entar tha	mode of dvine	auch as ci	ardiac or respi	retory arres		Approximata
	ahock, or heart fallura. L IMMEDIATE CAUSE (Final disease or condition	iat only ona cau	GASTRIC				,		matory arres		Interval Between Onset and Death
	reaulting in death)					`					
		DUE TO	OR AS A CONSECU	JENCE OI	ን:						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSECU	JENCE OI	j:						
E I	cause. Enter UNDERLYING										
Ē	CAUSE (Disease or Injury that Initiated events	DUE TO	OR AS A CONSECU	JENCE OF);						-
E	reaulting in death) LAST										
田川	d		4								
- 11	PART II. Other aignificant conditions	contributing to	death but not re	auiting i	n the undari	ing cause giv	an in Part i.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	IV DRUG ABUSE							1 XES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
y I								1			YES 2 NO
÷										1	20.20
3	25. WAS CASE REFERRED TO MEDICAL				20	DI ACE DE DEA	TH (Ob b b				
길	EXAMINER?	HOSPITAL:			OTHER.	PLACE OF DEA					
Ϋ́S		1 Inpetient 2	ER/Outpatient 3	DOA	4 - Nursing H	ome 5X Resid	dencs 6 🗆 Ot	her (Specify)			
BY PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 Netural 5	28s. DATE OF (Month, Da		28b. TIMI INJ	URY	INJURY AT WORK?		ESCRIBE HOW I	NJURY OCCU	RED	
	2 Accident 3 Suicide 6 Could not be	M t YES 2 NO 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Roc City or Town State)						oute Number,			
ETE	4 Homicide determined							ty or Town, State)			
COMPLETED	299. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	AN: To the best of	my knowledge, deal	h occurre	d at the time, d	ata and place, ar	nd due to the o	ause(a) and men	ner as stated		
8	2 MEDICAL EXAMINER	Une Desire UI SX	sno/of In	-varigatio	, in my opinioi	, death occured	at the time, da	ns and place, an	d due to the	:suse(s)	and menner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	ER 29c. LICENSE NUMBER 29d. DATE SIGNED (Moni						(Month, Day, Year)			
0 8	Lem	29d. DATE SIGNED (Month						20 - 1991			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	27) (Туре,	Print)						

32. ABOISTHAR'S SIGNATURE. Julia Daydson-Randsol



FOR

				DIVISION OF THE RECORDS, P.	2	5	5	ก		J	L L	2	r	Į,	J
2	THE	TO THE HOSPITAL OR ATTENDING WITCHES AS IN requires that the death	A	OR A	TEN	DING	ď	ĕ	5	AP.	requir	es th	at th	e de	ath
2	표	TO THE FUNERAL DIRECTOR: After military the been signed by the attent	AL	DIREC	TOR	Aff	Æ	ì	ĕ	as p	een Si	gned	6	the a	Hen
2	filed	within	2	hours	after	death	with	the	State	Dept	of He	afth :	and	Ment	air
폴	P0	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or	*	item	28	S ma	rrked	6	Hem	23	Show	s an	y In	E S	9

_	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF I	IEALTH AND DEATH	MENTAL HYGI REG.		26253
	1. DECEDENT'S NAME (First, Middle, Last) HELEN E.	WARRE	EN			SEPT. 25	, ⁰⁰⁰ 1991	3. TIME OF DEATH 3:57 P M
	4. SOCIAL SECURITY NUMBER 215-03-1624	1 □ M 2 🖾 F 72	In yrs. leat birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year DEC 24	, 1918	BIRTHPLACE (State or Foreign Country) MARYLAND
TOR	96. FACILITY NAME (If not institution, give 2129 RED THORNE RESIDENCE OF DECEDENT			BALT	EMORE	DEATN		y of death ALT IMORE
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND	BALTIMORE	10c. CITY	TOWN OR LOCAT	TIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 2129 RED THORNE	ROAD		101	2122	1	1000	N OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	if yes, sp	ENDENT OF HISPA ecify Cuben, Mexic 2 NO Speci	NIC ORIGIN? (Specify sn, Puerto Rican, etc.) fly:		I. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12) NA 17. FATHER'S NAME (First, Middle, Last)	JCATION o completed) Coffege (1-4 or 5+) NA		ASSEMBI	st of working	В	BUSINESS/INDUS	STRY
8E	JOHN JAWORSKI 19s. INFORMANT'S NAME (Type/Print)		10h MAII INC	ADDRESS (St.)	ANGE	AME (First, Middle, Maid LA SCHECK		
5	DENNIS A. WARREN		2129 I	RED THOR	NE ROAD	, BALTIMO	RE, MD.	21221
	1) Burisi 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	cem H	PLACE AND DATE OF	MEMORI	AL GARD	ENS :	BALT IMO	
	· Sop 7	E Colli		9705	BELAIR 1	NERAL HOMEROAD, BAL	IMORE.	MD. 21236
ATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Pulden	aues	7.	t brew		spiratory errea	t, Approximate interval Between Onset and Death
CERTIFICATION	CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)					
MEDICAL	PART ii. Other significant condition	ns contributing to death bu	at not resulting in	the underlying	cause given in	Part i. 24e. WAS PERF	AN AUTOPSY ORMED? 2 \(\sum \text{NO} \)	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpe		OTHER:	ACE OF DEATH (Ch	6 Other (Specify)		
ву РНУ	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	OF 28c, INJU	JRY AT	28d. DESCRIBE NOV	V INJURY OCCUR	ED
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, stc. (Speci	At home, farm, str	eet, factory, office		281. LOCATION (Stree City or Town, Sta	ot and Number or I	Rural Route Number,
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PNYSI	CIAN: To the best of my knowle R: On the basis of examination	edge, death occurred and/or investigation,	at the time, date	and place, end due	to the cause(s) and n	nanner as stated, and dus to the co	suse(s) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIES 36. HAME AND ADDRESS OF THE WHAT	n a m	TN (ITEM 27) (Type, P	rint)	29c. LICENSE NUI		29d. DATE SI	QNED (Month, Day, Year)
	ADAM F. SZPZPINS 31. DATE FILED (Month, Day, Year) SEP 26 1991		422 E. JO		D, BALT	IMORE, MD		

water were of my them

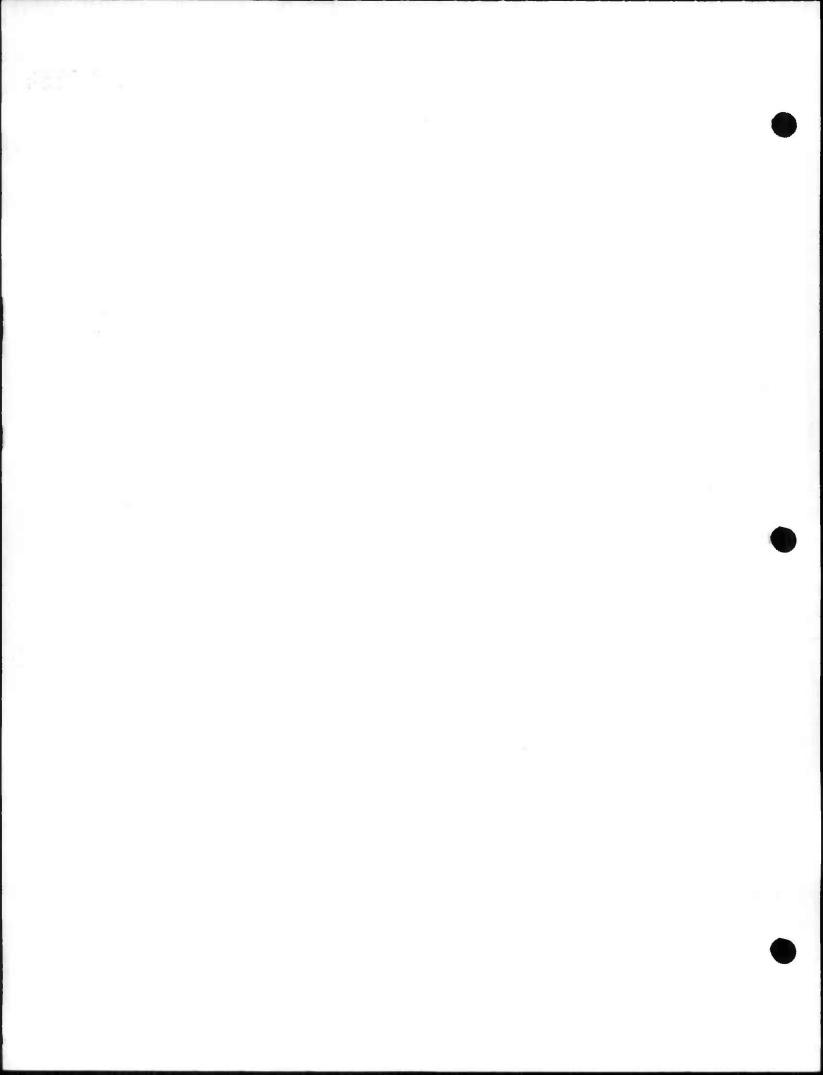
14.5

DIRECTOR RESIDENCE OF DECEDENT Baltimore Maryland permit. FUNERAL 10e. STREET AND NUMBER 300 International Circle detached for use as the burial-transit Hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES GIVE WAR OR DATES 11. MARITAL STATUS 1 Never Married 2 Marr BY 3 X Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 8 Years 17. FATHER'S NAME (First, Middle, Last) Carl H. Wirtz page 5 should be notified at 19a. INFORMANT'S NAME (Type/Print) 2 Virginia W. Mullineaux pe METHOD OF DISPOSITION
(Burlal 2 Cremation 3 Ram
Donation 5 Other (Specify) must director, p examiner 21. SIGNATURE OF PUNERAL SERVICE LICENSES n by the funeral c removal. F. Demes di. Burnside, Jr. James F. medical filled in by shock, or heart failure. List only one cause on esch line. 6 IMMEDIATE CAUSE (Final event, the cremation. disease or condition resulting in death) CHV completely executed within Hygiene prior to burial, traumatic CERTIFICATION attending physician and Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING The law requires that the death certificate be CAUSE (Diseese or injury or other that initiated events resulting in death) LAST signed by the atter Health and Mental 23 shows any injury, MEDICAL has been s Dept. of H PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL Hem certificate h HOSPITAL ent 2 - ER/Outpatient 3 - DOA 1 TYES 2 X NO the 10 27. MANNER OF DEATH 28s. DATE OF INJURY marked, this c S Pending Investige t 💢 Hetural 2 Accident L OR ATTENDING P DIRECTOR: After the hours after death After the death v BY 28e. PLACE OF INJURY - At 69 3 Suittide 6 Could not be 28 4 Homicide COMPLET Hem 1 CERTIFYING PHYSICIAN (Check only one) ERAL in 72 l 2 MEDICAL EX 29b. SIGNATURE AND TITLE OF CE BE 2

FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1991 2:00 WIRTZ HARRY Sept. A 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yber) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. Maryland 1894 1 X M 2 - F 96 705-05-2422 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore Cockeysville Maryland Masonic Homes 10c. CITY, TOWH OR LOCATION 10d. INS/DE CITY 1 YES 2 NO Cockeysville 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21030 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: Specify: White 16a, DECEDENT'S USUAL OCCUPATION 165. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) Chief Clerk B & O Railraod 18. MOTHER'S NAME (First, Middle, Maiden Surname) Johanna Harslig 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 211 Colette Lane Flossmoar, Ill. 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or Loudon Park Cemetery BALTIMORE, Maryland 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home, Inc. 21212 6500 York Rd. Baltimore. 23. PART I. Enter the diseases, or complications that causad the dath. Do not enter tha mode of dying, such as cardiac or respiratory errest, Approximate interval Between **Onset end Desth** DUE TO JOR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 34b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 XNO 1 TES 2 NO 26. PLACE OF DEATH (Check only one, OTHER: me 5 X Residence 6 🗆 Other (Specify) 28b. TIME OF 25c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28f. LOCATION (Street and Number or Rural Route Number 29d. DATE SIGNED (Month, Day, Year) ▶ Sept. 23, 1991 Rivas, M.D. 300 International Circle, Cockeysville, Md.. 21030 Paul M. 32. REGISTRAR'S SIGNATURE
Auria Davidson-Randalle SEP 26 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



1 - STATE REGISTRAR

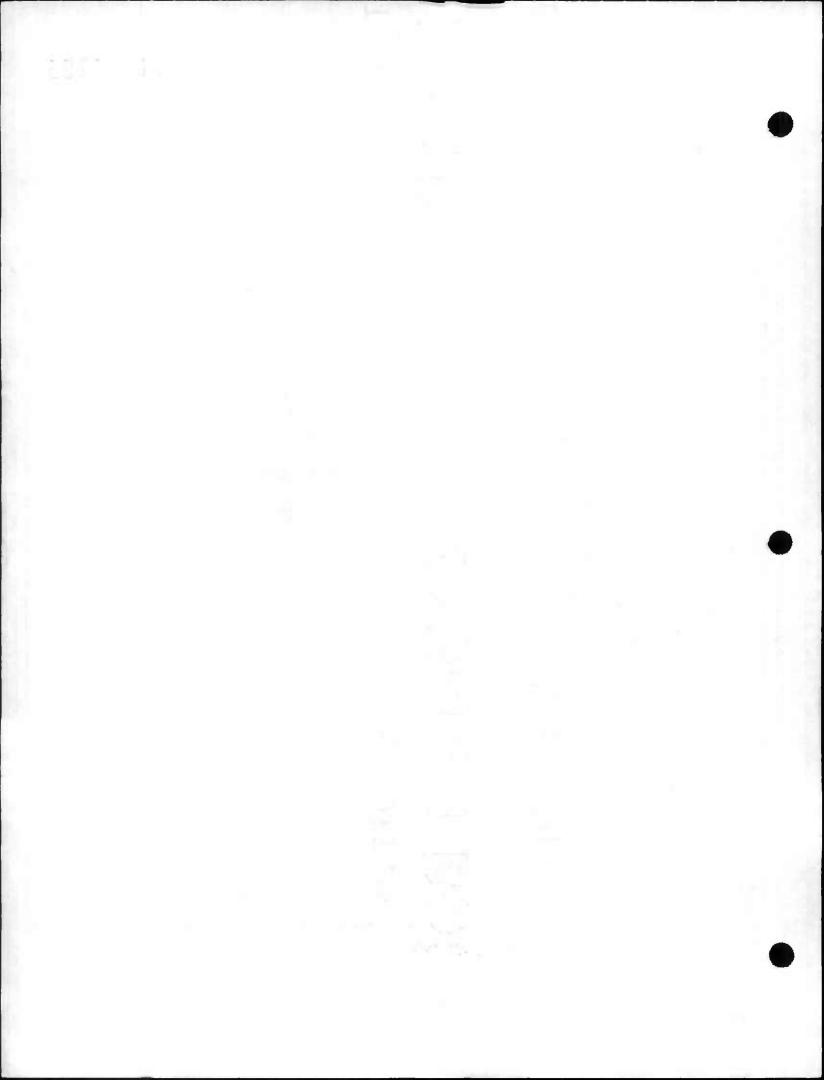
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las	(f)					0 0	OF DEATH	-	3 6	TIME APA
	Louis		arella				MONTH 9			EAR 3.	2:00
	4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yra.	last hirthday) IE II	MDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH			ACE (State or F
	162-14-2068D	1 M 2X F	88	YRS. MONT		HOURS MIN.	(Month	, Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give		00		CITY TOWN	OR LOCATION OF D		-26-1	90. COUNTY		<u>nsylv</u>
~	Meridian Cato			70.		onsvill					" imore
5	RESIDENCE OF DECEDENT	usvitte			Cat	OUSVIII	<u>.e</u>		1	Dal L	TIIIOT.e
DIRECTOR	10a. STATE 10b. COUR	YTY		10c. CITY, TO	WN OR LOCA	TION				10	d. INSIDE CIT
ā	Maryland B	altimore	9		Cat	onsvill	e			1	YES 2 X
A	10e. STREET AND NUMBER				10	H. ZIP COOE			10g. CITIZE	N OF WHA	T COUNTRY?
FUNERAL	16 Fusting.	Avenue				21228	3		U	ISA	
٥	11. MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S.			CENDENT OF HISPAI			a or No— 14	I. RACE — Black, W	American ind
BY	1 Never Married 2 Married 3 Widowed 4 Divorced		WAR OR DATES			S 2 NO Specif		, , , , , ,		Specify:	isTh = + a
	15. DECEDENT'S EI	DISCATION	160	OECEOENT'S USU/	AL OCCUPATI	ION	466	VINO OF BU	SINESS/INOUS		White
ETED.	(Specify only highest gra	ide completed)		(Give kind of work of life. Do NOT use retir	done during m		100	. KINO OF BO	SINESS/INOUS) INI	
7	Elementary/Secondary (0-12) 8th	College (1-4 or 5		Homemal	rer				Home		
COMPL	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	AME (First, I				
Ö	John Fee					Jenni					
0	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING ADD	RESS (Street	and Number or Rural			vn, State, Zip Ci	ode) 2	0902
2	Louis Zammere	lla				cticut					
	20a. METHOD OF DISPOSITION		20b. PLA	CE AND DATE OF	DISPOSITION	N (Name	DAT		OCATION — CI		
	1 XBurial 2 Cremation 3 X Re 4 Donation 5 Other (Specify)	amoval from State	of cameta	Ivan He	eight	S	9/	91 Un	ionto	wn.	PA
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	MIL			ND ADDRESS OF FA					
	Slot	-	- marc		MacN		nera.	l Hom	ne. P.	Α.	
George E. MacNabb MacNabb Funeral 301 Frederick Ro											
7	George E. 23. PART I. Enter the diseases, cehock, or heert feliur iMMEDIATE CAUSE (Final disease or condition resulting in death)	or complications the ce. Liet only one cer	et couced the	ine. Failu	301	Frederi	lck l	Rd.,		1	Approxim
LIFICATION	23. PART I. Enter the diseases, of ehock, or heert feliur immediate cause (Final disease or condition resulting in death) Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	s. DUE TO	et coused the use on each if	SEQUENCE OF):	301	Frederi	lck l	Rd.,		1	Approxim
CAL CERTIFICATION	23. PART I. Enter the diseases, on heert felium immediate CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO c. DUE TO d.	of coueed the use on each ii	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF):	301 onter the mo	Frederi	ck l	24s. WAS AI	N AUTOPSY RMED?	24b. W. A.	Approxininterval II Onset sr Lyce ERE AUTOPSY MILABLE PRIO
DICAL CE	23. PART I. Enter the diseases, on ehock, or heert felium immediate CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	of coueed the use on each ii	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF):	301 onter the mo	Frederi	ck l	Rd dlec or reep	N AUTOPSY RMED?	24b. W/A/A/A/CO	Approxininterval I Onset sr Onset sr ERE AUTOPSY MILABLE PRIO OF DEATH?
MEDICAL CE	23. PART I. Enter the diseases, on ehock, or heert felium immediate CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO c. DUE TO d.	of coueed the use on each ii	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF):	301 onter the mo	Frederi	ck l	24s. WAS AI	N AUTOPSY RMED?	24b. W/A/A/A/CO	Approxininterval E Onset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn
MEDICAL CE	23. PART I. Enter the diseases, on ehock, or heert feliur immediate cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent conditions of the conditions o	b. DUE TO d. Jone contributing to	of coueed the use on each ii	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF):	301 onter the mo	Frederiode of dying, suc	ch ae card	24a. WAS AI PERFO	N AUTOPSY RMED?	24b. W/A/A/A/CO	Approxin interval E Onset sn Superior Conset sn Sup
MEDICAL CE	23. PART I. Enter the diseases, on chock, or heert feliur immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitieted events resulting in death) LAST PART II. Other eignificent conditions and conditions in the conditions in	b. DUE TO c. DUE TO d. HOSPITAL:	of ceueed the use on each ii	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF):	301 onter the mo	Frederiode of dying, such	n Part I.	24a. WAS AI PERFO	N AUTOPSY RMED?	24b. W/A/A/A/CO	Approxininterval E Onset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn
MEDICAL CE	23. PART I. Enter the diseases, on chock, or heert fellur immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other eignificent conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	b. DUE TO c. DUE TO d. Contributing to	of ceueed the use on each ii	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): Ot resulting in the control of the c	26. F	Frederiode of dying, suc	n Part I.	24a. WAS AI PERFO 1 YES 109)	N AUTOPSY RMED?	24b. W. Al. CC. OO.	Approxininterval E Onset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn
PHYSICIAN: MEDICAL CE	23. PART I. Enter the diseases, on chock, or heert feliur immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitieted events resulting in death) LAST PART II. Other eignificent conditions and cause in the cause of the cause ind the cause in the cause in the cause in the cause in the cause i	b. DUE TO d. HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month, i	of ceueed the use on each ii	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF):	26. F	Frederiode of dying, such of dying, such of dying, such of dying, such of dying, such of dying cause given in the such of death (c) the such of dying and dy	n Part I.	24a. WAS AI PERFO 1 YES 109)	NAUTOPSY RMED?	24b. W. Al. CC. OO.	Approxininterval E Onset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn Conset sn
BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the diseases, on chock, or heert feliur immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent conditions and the cause of the cause	b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpution 2 28e. PLACE 0 28e. PLACE 0	of ceueed the use on each ii of on as a control of on as a control of one as a control	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): Ot resulting in the	26. F Nursing Hot	Frederiode of dying, such of dying, such of dying, such of dying, such of dying, such of dying and the dying of dying and the dying of dying and dying and dying of dying and dy	heck only or	24a. WAS AR PERFO 1 YES W (Specify) SCRIBE NOW	NAUTOPSY RMED? 2 NO INJURY OCCU and Number of	24b. W. All COI 1	Approxininterval E Onset an E Autopsy Millable Prior OMPLETION OF F DEATH?
BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the diseases, on chock, or heert feliur immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent conditions and the cause of the cause	b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient: 28e. PLACE: building 28e. PLACE: building	of coueed the use on each ii	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF):	26. F Nursing Hot	Frederiode of dying, such of dying, such of dying, such of dying, such of dying, such of dying and the dying of dying and the dying of dying and dying and dying of dying and dy	heck only or	24a. WAS AI PERFO 1 YES W (Specify)	NAUTOPSY RMED? 2 NO INJURY OCCU and Number of	24b. W. All COI 1	Approxininterval E Onset an E Autopsy Millable Prior OMPLETION OF F DEATH?
ETED BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the diseases, on chock, or heert fellur immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent conditions in the conditions of the conditions o	b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 28s. PLACE of building	of ceueed the use on each ii of (or as a continuous of continuous of continuous of continuous of central of c	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): Ot resulting in the sequence of the	26. F	Frederiode of dying, such of dying, such of dying, such of dying, such of dying, such of dying cause given in the such of dying the such of dying and dying and dying are such of dying and dying are such of dying and dying are such of dying and dying are such of dying and dying are such of dying and dying are such of dying are such of dying are such of dying are such of dying are such of dying are such of dying are such of dying, such of	heck only or 28d. DE:	24a. WAS AI PERFO 1 YES W (Specify) SCRIBE NOW	N AUTOPSY RMED? 2 NO INJURY OCCU	24b. W. All Co. Ol 1	Approxininterval E Onset an E Autopsy Millable Prior OMPLETION OF F DEATH?
ETED BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the diseases, one hock, or heert fellur immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other eignificent conditions and the cause of the conditions of the conditions of the cause of	b. DUE TO c. DUE TO d. DUE TO d. DUE TO d. DUE TO 28. DATE TO DUE	of coueed the use on each ii O (OR AS A CONIC	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): A 3 DOA OT STATE OF	26. F	Frederiode of dying, such of dying, such of dying, such of dying, such of dying, such of dying cause given in the such of district of the such of dying and dying and dying cause given in the such of district of dying and dying cause given in the such of dying cause given in the such of dying cause given in the such of dying cause given in the such of dying cause given in the such of dying cause given in the such of dying,	heck only or 28d. DE:	24a. WAS AI PERFO 1 YES W (Specify) SCRIBE NOW	N AUTOPSY RMED? 2 NO INJURY OCCU and Number or)	24b. WMAN COOOL 1	Approxininterval E Onset an E Autopsy MillaBle Priorio OF F DEATH? YES 2 the Number,
ETED BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the diseases, on chock, or heert feliur immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inliteted events resulting in death) LAST PART II. Other eignificent conditions and cause in the cause of	b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. PLACE be DUE TO C. DUE TO DU	of coueed the use on each ii O (OR AS A CONIC	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): A 3 DOA OT STATE OF	26. F	Frederiode of dying, such ode of	heck only or 28d. Des	24a. WAS AI PERFO 1 YES W (Specify) SCRIBE NOW	N AUTOPSY RMEO? 2 NO INJURY OCCU	24b. Wind All Color of Rural Routes (a) a cause (a) a	Approxininterval E Onset an Uniterval E Onset an Un
COMPLETED BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the diseases, one hock, or heert fellur immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other eignificent conditions and the cause of the conditions of the conditions of the cause of	b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. PLACE be DUE TO C. DUE TO DU	of coueed the use on each ii O (OR AS A CONIC	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): A 3 DOA OT STATE OF	26. F	Frederiode of dying, such of dying, such of dying, such of dying, such of dying, such of dying cause given in the such of district of the such of dying and dying and dying cause given in the such of district of dying and dying cause given in the such of dying cause given in the such of dying cause given in the such of dying cause given in the such of dying cause given in the such of dying cause given in the such of dying,	heck only or 28d. Des	24a. WAS AI PERFO 1 YES W (Specify) SCRIBE NOW	N AUTOPSY RMEO? 2 NO INJURY OCCU	24b. Wind All Color of Rural Routes (a) a cause (a) a	Approxininterval E Onset an E Autopsy MillaBle Priorio OF F DEATH? YES 2 the Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the diseases, on chock, or heert felium immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent conditions and investigated the cause of the cause	b. DUE TO b. DUE TO c. DUE TO d	of coueed the use on each ii O (OR AS A CON! O (OR AS A	SEOUENCE OF): SEOUENCE OF): SEOUENCE OF): Ot resulting in the country of the coun	26. F	Frederiode of dying, such ode of	heck only or 28d. Des	24a. WAS AI PERFO 1 YES W (Specify) SCRIBE NOW	N AUTOPSY RMEO? 2 NO INJURY OCCU	24b. Wind All Color of Rural Routes (a) a cause (a) a	Approxininterval E Onset an Uniterval E Onset an Un
COMPLETED BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the diseases, on chock, or heert feliur immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inliteted events resulting in death) LAST PART II. Other eignificent conditions and cause in the cause of	b. DUE TO b. DUE TO c. DUE TO d	of coueed the use on each ii O (OR AS A CON! O (OR AS A	SEOUENCE OF): SEOUENCE OF): SEOUENCE OF): Ot resulting in the country of the coun	26. F	Frederiode of dying, such ode of	heck only or 28d. Des	24a. WAS AI PERFO 1 YES W (Specify) SCRIBE NOW	N AUTOPSY RMEO? 2 NO INJURY OCCU	24b. Wind All Color of Rural Routes (a) a cause (a) a	Approxininterval E Onset an Uniterval E Onset an Un
BE COMPLETED BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the diseases, on chock, or heert feliur immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inliteted events resulting in death) LAST PART II. Other eignificent conditions and the cause of the cause	b. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month, in building to bu	of coueed the use on each ii of one as a control of one as a control of one as a control of one as a control of one as a control of one as a control of one as a control of one as a control of one as a control of one one of one one of	SEOUENCE OF): SEOUENCE OF): SEOUENCE OF): SEOUENCE OF): Ot resulting in the control of the contr	26. F	Frederiode of dying, such ode of	heck only or 28d. Des	24a. WAS AI PERFO 1 YES W (Specify) SCRIBE NOW	N AUTOPSY RMEO? 2 NO INJURY OCCU	24b. Wind All Color of Rural Routes (a) a cause (a) a	Approxininterval E Onset an Uniterval E Onset an Un
BE COMPLETED BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the diseases, on chock, or heert feliur immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inliteted events resulting in death) LAST PART II. Other eignificent conditions and the cause of the cause	b. DUE TO b. DUE TO c. DUE TO d	of coueed the use on each ii of one as a control of one as a control of one as a control of one as a control of one as a control of one as a control of one as a control of one as a control of one as a control of one one of one one of	SEOUENCE OF): SEOUENCE OF): SEOUENCE OF): SEOUENCE OF): Ot resulting in the control of the contr	26. F	Frederiode of dying, such ode of	heck only or 28d. Des	24a. WAS AI PERFO 1 YES W (Specify) SCRIBE NOW	N AUTOPSY RMEO? 2 NO INJURY OCCU	24b. Wind All Color of Rural Routes (a) a cause (a) a	Approxininterval E Onset an Uniterval E Onset an Un

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

63 75 11 , ,

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND	ARYLAND
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospin	tained by the hospi
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	should be detached
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	tiffed at once.

REGISTRAR DECEDENT'S NAME (First, Middle, Last)				FICATE			-	DATE OF	DEATH		T	3. TIME OF DEATH
The state of the s	John	E. Aye	are					MONTH	DAY		YEAR	J. TIME OF DEATH
. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.) IF UNDER 1	T VEAR OF	UNOER 24	HRS 7	DATE OF B	25 HRTH		991	PLACE (State or Foreign
	1 M 2 F	86	YRS.	MONTHS			MIN.	(Month, Day	y, Ybar)	1.	Country)
213 28 5201 a. FACILITY NAME (If not institution, give a				Oh CITY	TOWN OR LO	OCATION		2/22/		9c. COUNT		ryland
North Arundel					en Bur			П				Arundel
RESIDENCE OF DECEDENT	nospital			GIE	ell but	inte				An	me A	4T miget
Da. STATE 10b. COUNT	Y		10c. CI	TY, TOWN OF	R LOCATION						\top	10d. INSIDE CITY
Maryland Ann	e Arunde	1	Ba	altimo	ore							LIMITS?
De. STREET AND NUMBER	-		1		10f. ZIP	CODE				10g. CITIZI		HAT COUNTRY?
3 W. 11th Aven	116					212	25			11	J.S.	7
I. MARITAL STATUS ☐ Never Merried 2 ☑ Merried	12. WAS DECEDE	NT EVER IN U.S.		13. W	WAS DECEND yes, specify	DENT OF I	HISPANIC	ORIGIN? (S) Puerto Rican	pecify Yea o	_	14. RACE	— American Indien, White, etc.
☐ Widowed 4 ☐ Divorced	IF YES, GIVE	WAR OR DATES			☐ YES 2 €						Specify	White
15. DECEDENT'S EDU (Specify only highest grade	JCATION completed)	16a.	OECEDENT'	S USUAL OC	CUPATION	f working		16b. KIN	D OF BUSI	NESS/INDU	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5			f work done di use retired.)		as any						
12th Grade			Mail (Carrie	er			U.	S. G	overr	men	t
7. FATHER'S NAME (First, Middle, Last)				14	18.	. MOTHE	R'S NAME	(First, Middle	e, Maiden S	umame)		
Ū	John F. A	yers				M	lisso	uri	Rossi	man		
9e. INFORMANT'S NAME (Type/Print)			196, MAILIN	O ADDRESS	(Street and N	Number or	Rural Rou	rte Number, C	aty or Town,	State, Zip (Code)	
Maurice Tillery		March 1	412	Carve	el Bea	ach	Road	Pasa	dena	, Mar	ylan	nd 21122
0a. METHOD OF DISPOSITION	and to the		ACE AND DA	TE OF DISPO	OSITION (Na			DATE		ATION - C		
Burlel 2 Cremation 3 Rem	novel from Stata	of ceme	tary, cremato	ry or other pla	ace)			0 20	D-14	+ i mor	1	Maryland
☐ Donation 5 ☐ Other (Specify)		_ LEG	ar Hi	l cem	neterv	V			150111		P	via ru i ann
1. BIGNATURE OF FUNERAL SERVICE LI	DENGEE	- T Ceda	ar Hil	22. N	NAME AND A	ADDRESS	OF FACIL	ITY				
	complications th	Somet coused the	death. Do	Ge 40 not enter	eorge 001 Ri	J. itch	Gonc ie H	e Fun	eral altir	Home	P. A	Α.
23. PART I. Enter the diseases, or ehock, or heert feilure. MMEDIATE CAUSE (Final disease or condition esuiting in death) Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING AUSE (Disease or injury that initiated events resulting in death) LAST	complications the List only one call.	O (OR AS A COM	death. Do line.	on not enter to orb:	PAME AND A	J. itch of dying	Gonc ie H g, such	e Fun	eral altir	Home	P. A	A 21225 Approximate interval Betw
23. PART I. Enter the discess, or ehock, or heert feilure. MMEDIATE CAUSE (Final discess or condition resulting in death) Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Discess or Injury hat initiated events	complications the List only one call. a. DUE TO DUE TO DUE TO d. DUE TO d.	O (OR AS A COM	death. Do line.	on not enter to orb:	PAME AND A	J. itch of dying	Gonc ie H g, such	e Fun	eral altir	Home more atory srre	P.I	A 21225 Approximate interval Betw
23. PART I. Enter the diseases, or ehock, or heert fellure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	complications the List only one call. DUE TO DUE TO d. ne contributing to the call of th	O (OR AS A COM	death. Do line.	on not enter to oppose of the control of the contro	derlying ca	itch of dying	GONC GONC ie H g, such a	e Fun	eral laltir or respire	Home more atory srre	P.I	Approximate interval Betwooneat and Domest a
23. PART I. Enter the diseases, or shock, or heert feilure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, farry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	complications the List only one call. a. DUE TO DUE TO DUE TO d. DUE TO d.	o (OR AS A COMO O (OR AS A COMO O (OR AS A COMO O (OR AS A COMO O (OR AS A COMO O (OR AS A COMO O (OR AS A COMO O (OR AS A COMO O (OR AS A COMO O (OR AS A COMO O (OR AS A COMO O (OR AS A COMO O (OR AS A COMO O (OR AS A COM	death. Do line. SEQUENCE SEQUENCE OF reculting	ont enter to off: OF): OF): OTHER	derlying ca	itch of dying	or racii. Gonc ie H g, such a	e Fun wy Fas cardiec art i. 244 1 [altir or respired	Home more atory srre	P.I	Approximate interval Betwooneat and Domest a
23. PART I. Enter the diseases, or ehock, or heert fellure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, f any, leading to immediate scause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events resulting in death) LAST PART II. Other significant conditions.	complications the List only one categories. DUE TO	O (OR AS A COM	death. Do iline.	OF): OF): OTHER 4 Nurs	derlying ca	ause giv	ven in Pa	e Fun wy Fas cardiec art i. 244 1 [D. WAS AN A PERFORM YES 2 [Home more along street with the more along street with the more along the more al	P. Md.	Approximate interval Betwooneat and Domest a
23. PART I. Enter the diseases, or ehock, or heert fellure. MMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially list conditions, farry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in daeth) LAST PART II. Other significant conditions S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending	complications the List only one categories. DUE TO	o (OR AS A COMO O (OR AS A COM	death. Do iline.	OF): OTHER 4 Nurse	derlying ca	ause giv	GONC ie H g, such :	art i. 244 art i. 244 art i. 246 c only one)	D. WAS AN A PERFORM YES 2 [Home more along street	P. Md.	Approximate interval Betwooneat and Domest a
23. PART I. Enter the diseases, or ehock, or heert fellure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, farry, leading to immediate scause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH	complications the List only one call. B. DUE TO DU	O (OR AS A COM	death. Do line. SEQUENCE SEQUENCE of reculting	OF): OF):	derlying ca	ause giv	ven in Pa	art i. 244 art i. 244 from one other (Speed, Described, Location)	a. WAS AN A PERFORM YES 2 [Home more all the	24b.	Approximate interval Betwooneat and Domest a
23. PART I. Enter the diseases, prehock, or heert fellure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, farry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 8 Could not be determined	Complications the List only one can be as a DUE TO be TO DUE TO DUE TO d. HOSPITAL: 1 Department 2 28e. DATE C. (Month, 28e. PLACE building)	O (OR AS A COMO O (OR AS A COM	death. Do	OF): OF): OF): OF): OF): OFN:	derlying ca	ause giv	or FACE. GONC i.e. H g, such a ven in Pa ATH (Check Idence 8	art I. 24s art I. 24s tonly one) Other (Sp. 28st. DESCRII City or 7st.	a. WAS AN A PERFORM PERFORM VES 2 [Decity] BE HOW IN ON (Street ar. Wwn, State)	Home more, atory stre	24b.	Approximate interval Betwooneat and De Oneat and De
23. PART I. Enter the diseases, or ehock, or heert feilure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, of any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 8 Could not be	Complicatione th List only one ca a. DUE TO b. DUE TO d. DUE TO D. DUE TO d. DUE TO D. DUE TO D. DUE TO D. DUE TO D. DUE TO D. DUE TO D. DUE TO D. DUE TO D. DUE TO	O (OR AS A COMO O (OR AS A COM	death. Do line. ISEQUENCE ISEQUENCE ISEQUENCE Of regulting IN 3 DOA 28b, T	OF): OF): OF): OF): OF): OF): OF,:	deriying ca	ause giv	GONCA III GONCA	art I. 24s art I. 24s tonly one) Other (Spreed, DESCRIE Other City or R	a. WAS AN A PERFORM PERFORM VES 2 [DOCATION Street arrawn, State)	Home more, story stre	24b.	Approximate interval Betw Onest and Do Onest and Do Onest and Do Onest and Do Onest and Do Onest and Do Onest and Do Onest and Do Onest and Do Onest and Do Onest and Do Onest and Do Onest and Do Onest and Do Onest and Do
23. PART I. Enter the diseases, or ehock, or heert fellure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, and any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions. 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	complicatione th List only one ca a. DUE To b. DUE To c. DUE To d	O (OR AS A COMO O (OR AS A COM	death. Do line. ISEQUENCE ISEQUENCE ISEQUENCE Of regulting IN 3 DOA 28b, T	OF): OF): OF): OF): OF): OF): OF,:	deriying ca 26. PLACE 1 VES 26. PLACE 1 VES 27. Orlice	ause giv	wen in Pa	Rrt I. 24e se conflict A confly one) Other (Sp. 12ed, Description of the cause(se ma, date and ma, date an	a. WAS AN A PERFORM PERFORM VES 2 [DOCATION Street arrawn, State)	Home more attreet with the state of the total due to the	24b.	Approximate Interval Betw Oneat and Do Oneat and Do Oneat and Do Oneat and Do Oneat and Do Oneat and Do Oneat and Do Oneat and Do Oneat and Do Oneat and Do Oneat and Do Oneat and Do Oneat and Do Oneat and Do Oneat and Do
23. PART I. Enter the diseases, prehock, or heert feilure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, fany, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events esuiting in death) LAST PART II. Other significant conditions. The property of t	complicatione th List only one ca a. DUE To b. DUE To c. DUE To d	O (OR AS A COMO O (OR AS A COM	death. Do line. ISEQUENCE ISEQUENCE ISEQUENCE Of regulting IN 3 DOA 28b, T	OF): OF): OF): OF): OF): OF): OF,:	deriying ca 26. PLACE 1 VES 26. PLACE 1 VES 27. Orlice	ause giv	GONCA III GONCA	Rrt I. 24e se conflict A confly one) Other (Sp. 12ed, Description of the cause(se ma, date and ma, date an	a. WAS AN A PERFORM PERFORM VES 2 [DOCATION Street arrawn, State)	Home more attreet with the state of the total due to the	24b.	Approximate interval Betw Onest and Do Onest and Do Onest and Do Onest and Do Onest and Do Onest and Do Onest and Do Onest and Do Onest and Do Onest and Do Onest and Do Onest and Do Onest and Do Onest and Do Onest and Do
23. PART I. Enter the diseases, prehock, or heert feilure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, fany, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events esuiting in death) LAST PART II. Other significant conditions. The property of t	Complicatione th List only one ca a. DUE TO b. DUE TO d. DUE TO	O (OR AS A COMO O (OR AS A COM	death. Do line. #SEOUENCE #SEOUENCE Of reculting It home, ferm It home, ferm It home, ferm It home, ferm It home, ferm It home, ferm	OF): OF): OF): OF): OF): OF): OF): OF,:	derlying ca 26. PLACE 3: sing Home 5 28c. NJURY 1 U YES ory, office	ause give E OF DEA	ven in Particular and due to diet the tiese Number 2	art I. 24e art I. 24e location Other (Sp. Red. DESCRII othe cause(e me, date and ER 6 2 4	a. WAS AN A PERFORM PERFORM VES 2 [DOCTOR STORE AND A PERFORM VES 2 [DOCTOR STORE AND A PERFORM VES 2 [DOCTOR STORE AND A PERFORM VES 2 [DOCTOR STORE AND A PERFORM VES 2 [DOCTOR STORE AND A PERFORM VES 2 [DOCTOR STORE AND A PERFORM VES 2 [DOCTOR STORE AND A PERFORM VES 3 [DOCTOR STORE AND A PERFORM VES 4 [DOCTOR STORE AN	Home more atory stre	24b. 24b. URED or Rural R et cause(et signed)	Approximate Interval Betw Oneat and Do Oneat and Do Oneat and Do Oneat and Do Oneat and Do Oneat and Do Oneat and Do Oneat and Do Oneat and Do Oneat and Do Oneat and Do Oneat and Do Oneat and Do Oneat and Do Oneat and Do

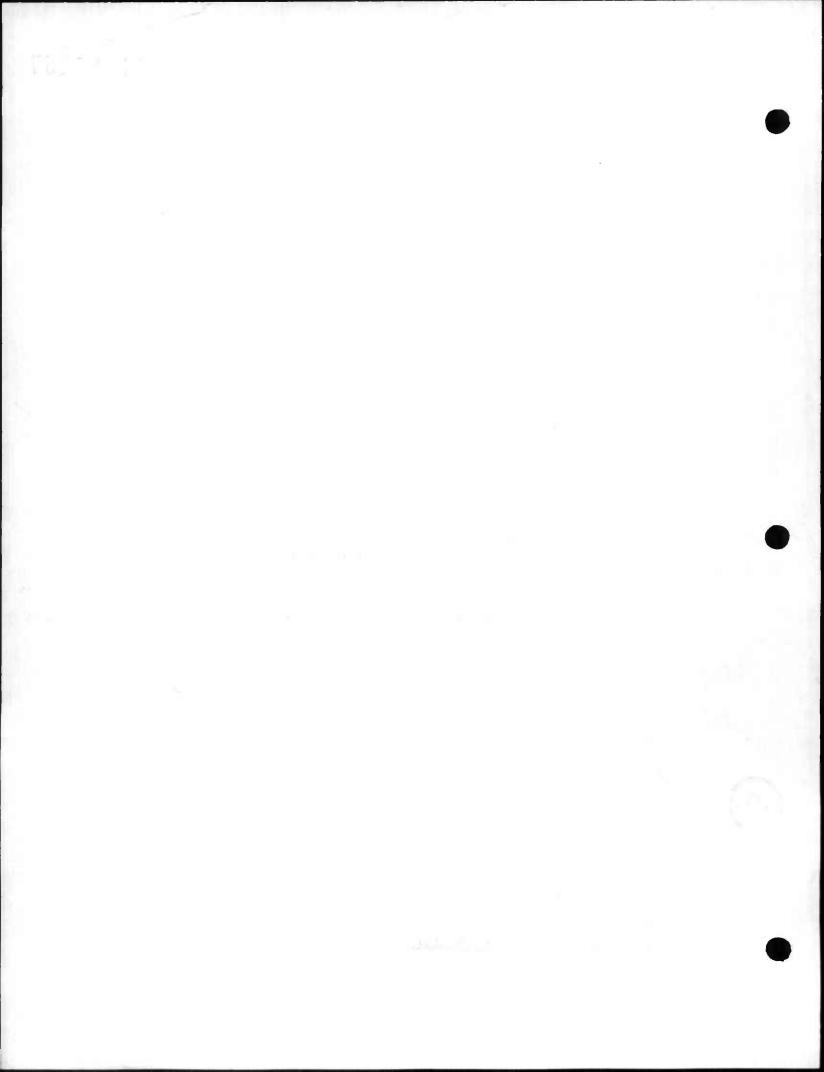


OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OF ATT TO THE FUNERAL DIFFERENCE BE filed within 72 house IMPORTANT: If I have 2

STATE OF MARYLAND / DEPARTMEN		HYGIENE
CERTIFICAT	E OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	TMENT OF H	EALTH AND DEATH	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH							
		LD C. ALLE			SEPT.22, 1991					
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIFTH (Month, Day, Year)	8. BIRT Coun	HPLACE (State or Foreign try)		
	213-44-9843	1xx M 2 □ F 4				AUG. 17,	1945 N			
Œ	9a. FACILITY NAME (If not institution, give :				A LOCATION OF DI		9c. COUNTY OF	DEATH		
16	ST. AGNES HOSPITAL BALTIMORE CITY BALTIMORE CITY									
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY		
1	MARYLAND ANNE ARUNDEL GLEN				EN B	URNIE		LIMITS?		
RAL	100. STREET AND NUMBER 101. ZIP CODE					C 1		WHAT COUNTRY?		
FUNERAL	1. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 12. WAS DECEDENT EVER IN U.S. ARMED 12. WAS DECEDENT EVER IN U.S. ARMED 12. WAS DECEDENT EVER IN U.S. ARMED 12. WAS DECEDENT EVER IN U.S. ARMED 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT EVER IN U.S. ARMED 14. WAS DECEDED 15. WAS DECEDED EVER IN U.S. ARMED 14. WAS DECEDED 15. WAS DECED 15. WAS DECEDED 15. WAS DECED 15. WAS DECED 15. WAS DECED 15. W					1061 U.S.A.				
	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specific				NDENT OF HISPANIC ORIGIN? (Specify Yea or No— tify Cuban, Maxican, Puerto Rican, etc.) If NO Specify: Specify: Specify:					
B	Widowed 4XXDivorced 1963 − 1967					у.	Spec	WHITE		
윤	15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a, OECEDENT'S I	JSUAL OCCUPATIO	N et of westing	16b. KIND OF BU	SINESS/INDUSTRY	WILLE		
1 9	Elementary/Secondary (8-12)	College (1-4 or 5+)	ine. Do NOT usa	retired.)						
COMPLET	12 th grade	ves	100 %	DISABI	ED VIE	T NAM VE	PERAN			
	17. FATHER'S NAME (First, Middle, Last) WILLARD		*****			NOTHER'S NAME (First, Middle, Maiden Surname)				
BE	19a. INFORMANT'S NAME (Type/Print)	-	HILI			ULINE (
2	LINDA MUNZNER,	932 11 th	STREET			ARYLAND	n, State, Zip Code) 21122			
	20a. METHOD OF DISPOSITION	200	. PLACE AND DATE OF		-		CATION — City or To	own State		
	1 Burtel 2 Cremetion 3 Rem	noval from State	netery, crematory or oth	N'S CEN	METERY,			VILLE, MD		
	21. SIGNATURE OF FUNERAL SERVICE LIC			22, NAME AN	O ADDRESS OF FA	CILITY				
	1 Shave	Zana	ge_			ERAL HOMI		SADENA ,MD 21122		
	23. PART i. Enter the disesses, or	complications that cause	the death. Do no	ot enter the mod	is of dying, suc	h es cardiec or respi	ratory srrest.	Approximate		
	shock, or heert failurs. iMMEDIATE CAUSE (Finsi	List only ons ceuse on s	ech iine.		^			intsrvai Batween Onset and Daath		
	disease or condition - a. Coronary Artery Disease. Sussal Year									
		OUE TO (OR AS A	CONSEQUENCE OF)		-			Sweat / Garg		
S	Sequentially liet conditions, Due TO (OR AS A CONSEQUENCE OF): Sucrel Year									
FA	if any, leading to immediets cause. Enter UNDERLYING	1/2010	CONSEQUENCE OF	151	P	I Disec		10		
음	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	CORa	ge hen	ix Usec	ise).	10 years		
CERTIFICATION	resulting in dasth) LAST	d.		,						
Ö	PART II. Other significent condition	ne contributing to death h	at not requision in	the rededicion	acusa chua la	Book I as also				
8		_ outling to death b	at not issuiting in	the underlying	csuse given in	PERFOR	IMEO?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC						1 TYES 2	NO	OF DEATH?		
						—		1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF OEATH (Che	ock only one)				
SIC	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp		OTHER: 1 Nursing Home	5 Residence	8 Other (Specify)				
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU	IRY AT	28d. DESCRIBE HOW II	NJURY OCCURED			
6	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 YI	ES 2 NO					
E	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
L	Man OFFICE AND ADDRESS OF THE PARTY OF THE P									
COMPL	29s. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner as stated, one)									
8	One) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
BE	29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)									
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALLES OF DE	ATH (ITEM 27) (To 1)	Print)	D228	70	9/2	7/71		
	Edward Soth Kraus MD- 9105 Franklin Square D. Baltinosis 70 Edward Soth Kraus MD- 9105 Franklin Square D. Baltinosis 70									
	SFP 2.7 1991 Suria Savidson-Ambles									
	SEP 27 1991	Fishia Davidson-R	indelle							



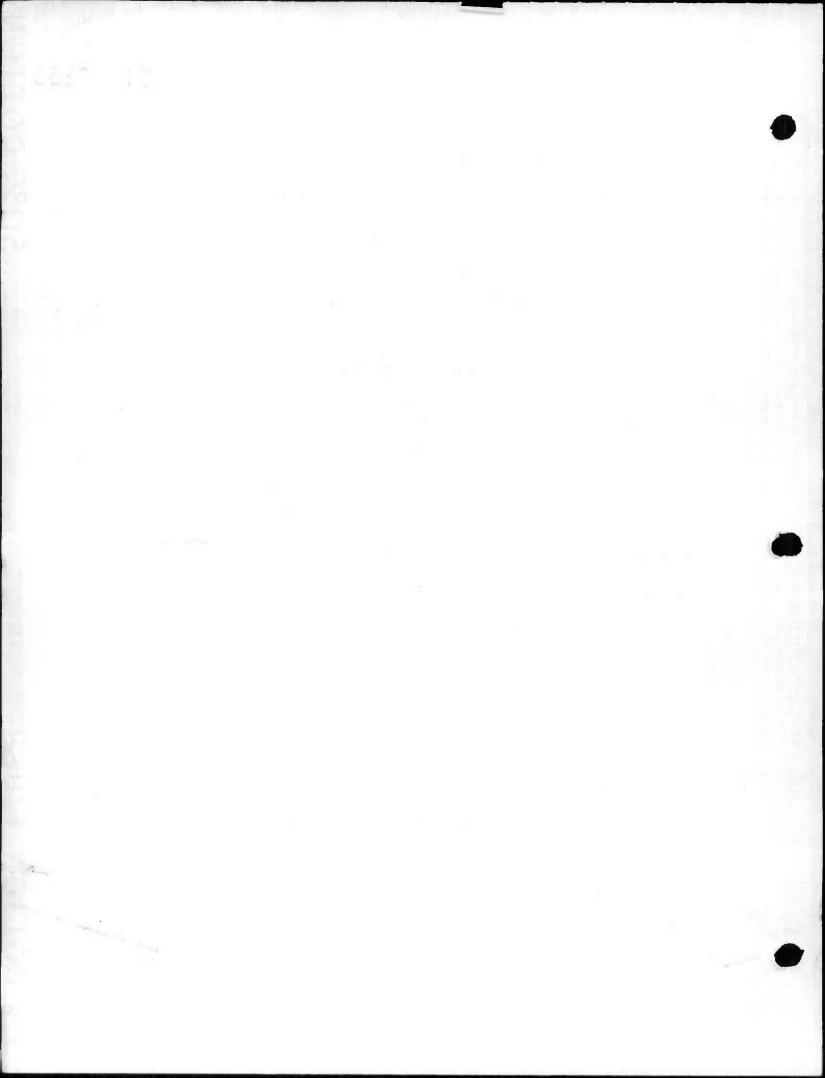
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician.

To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should like within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT	OF DEATH	WENTAL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)	April	D D	OI DEAIII	2. DATE OF DEATH	YEAR 3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In)	rs. lest birthday) IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRTHPLACE (State or Foreign Country)			
9a. FACILITY NAME (If not institution, give str			OWN OR LOCATION OF DE	1-6-25 241 Sc.	COUNTY OF DEATH			
RESIDENCE OF DECEDENT	Horas	•	prin	0.				
10a. STATEND 10b. COUNTY		10c. CITY, TOWN OR	Bablo.		10d. INSIDE CITY LIMITS? VES 2 NO			
100. STREET AND NUMBER	? Chan	les	101. ZIP CODE	230	CITIZEN OF WHAT COUNTRYS			
11. May ital status 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1- YES IF YES, GIVE WAR OR DATE	2 NO If	AS DECENDENT OF HISPAN yes, specify Caban, Maxica YES 2 NO Specify		14. RACE — American Indian Black, White, atc. Specify:			
15. DECEDENT'S EDUC (Specify only highest grade	College (1-4 or 5+)	6a. DECEDENT'S USUAL OCC (Give kind of work done du life, Do NOT use retired.)	SUPATION ring most of working	16b. KIND OF BUSINES	SS/INDUSTRY			
17. FATHER WANTED Marifie, Lest)		771301		ME (First, Middle, Maiden Sum	ame)			
190. INFORMANT'S NAME (Type/Print)	en m Agin	19b. MAILING ADDRESS	Street and Number or Flural	Route Number, City of Town, on	ate file code \$30			
204. METHOD OF DISPOSITION 1	1 20b. J	LACE OF DISPOSITION (Name	o ot comply, cromptony fr	Cem, 20c. LOCATION	in this mile me			
21. SIGNATURE OF FUNERAL SERVICE LICE	Mill	22. N.	AME AND ADDRESS OF FA	Ven F.H	N. Bearlow,			
23. PART I. Enter the diseases, or 5	omplications that caused to	he death. Do not antar t	ha moda of dying, auc	h as cardiac or respirato	ry arrest, Approximate Interval Between			
iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Cardin pr	moran	Arrest	-	Onset and Death			
Sequentially list conditions,	SLOSIS DUE TO FOR AS A C	/			Dougs			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
PART II. Other aignificent condition	s contributing to death but	not regulated to the und	lariving course given in	Part I. 24a, WAS AN AUT	OPSY 24b, WERE AUTOPSY FINDINGS			
PART II. Other argimoent condition	contributing to death but	not reading in the unc	enying cause given in	PERFORMED 1 YES 2	? AMILABLE PRIOR TO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER						
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpetient 2 ER/Outpet 28a. DATE OF INJURY (Month, Day, Year)		ng Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 26d. DESCRIBE HOW INJUI	RY OCCURED			
2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — building, etc. (Specify	At home, farm, street, facto		281. LOCATION (Street and I City or Town, State)	Number or Rural Route Number,			
- routi	CIAN: To the best of my knowled				as stated.			
296. SIGNATURE AND TITLE OF CERTIFIEF	Il-m		29c. LICENSE NU 038 (MBER 29	d. DATE SIGNED (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON WH JOEU MG9 1404M	302 Greens	H (ITEM 27) (Type, Print)	- Luster	ville Mo	21093.			
SEP 27 1991	ful a David Series States	(de)OCo						

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

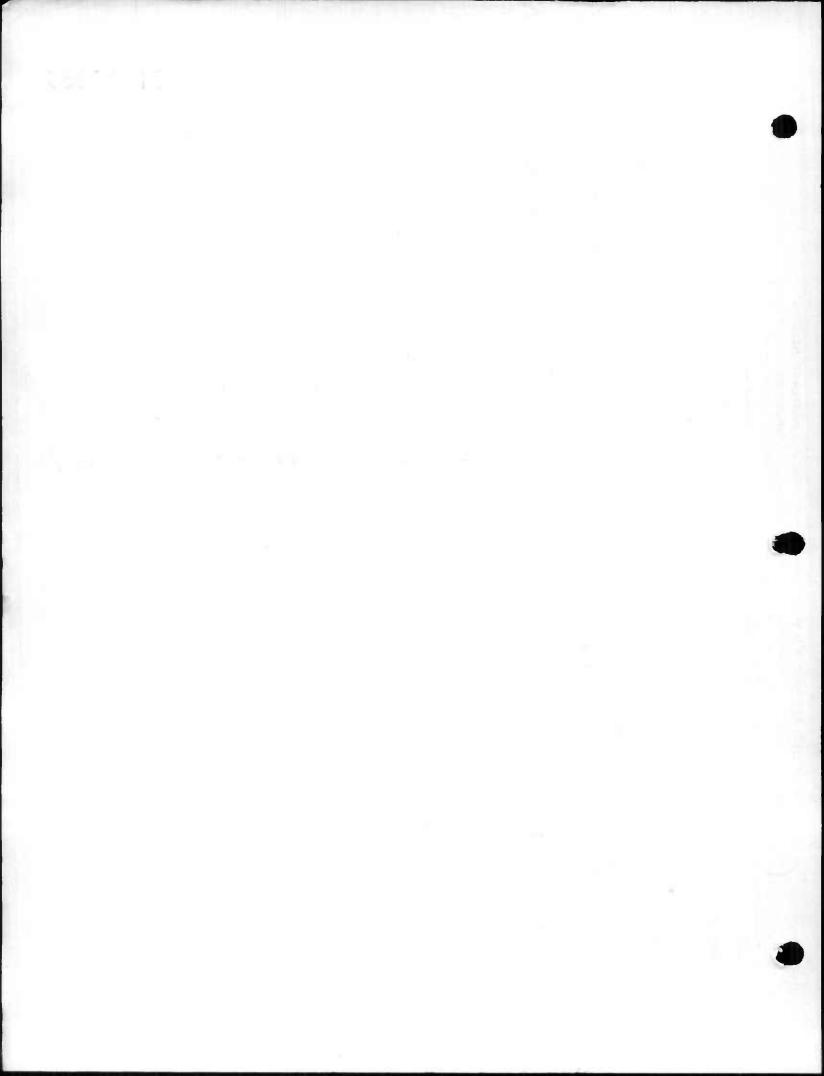


ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made to be state beat, of Health and Mental Hydiene prior to burial, cremation, or removal.	n 22 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
death. P	e funeral	examin
ours after	FETCH: After this certificate has been signed by the attending physician and completely miled in by the intermediate prior to buriet, cremation, or removal.	nedicai
	nation, o	t, the n
uted with	complet rial, cren	c even
be exec	cian and or to bu	aumati
ertificate	ng physical price pri	other to
death o	ental Hy	ITY, Or
that the	d by the	iny inju
requires	en signe of Healt	shows a
The law	e has be te Deot.	m 23
SICIAN:	certifical the Sta	, or ite
VG PHYS	fter this ath with	marked
TENDA	品品を	28 Is
100	Dell'	UCH DEL

BALTIMORE, MARYLAND 21203-3146

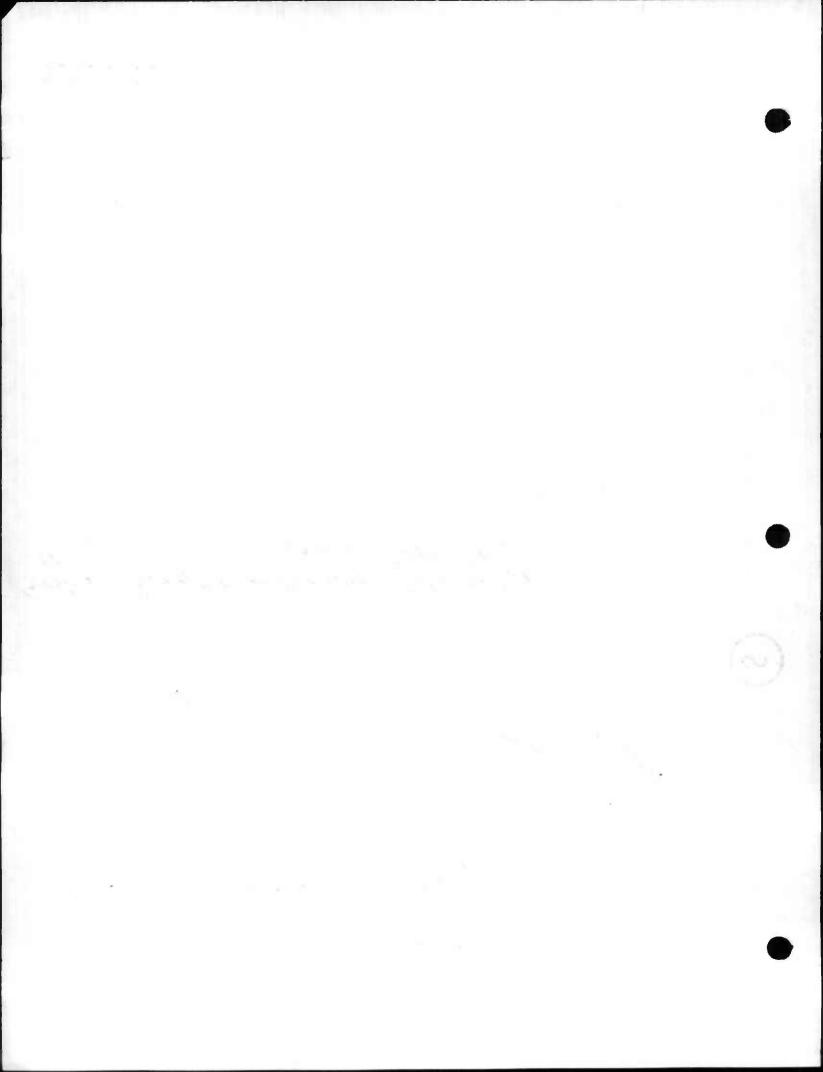
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First	MARY	France	s Bradi	lev					2. DATE OF MONTH SEPTI	D.	23.	YEAR 1991	3. TIME OF DEATH 8:05 P. M
	4. SOCIAL SECURITY NUMI 215-30-41		5. SEX 1 M 2 F	6. AGE (In yrs. les	t birthday)	IF UNDE	R 1 YEAR DAYS	IF UNDER 2	4 HRS. MIN.	7. DATE OF			8. BIRTH Country	IPLACE (State or Foreign
OR	9a. FACILITY NAME (If not in THE JOHNS I	HOPKIN		AL			Y, TOWN O	RE	N OF DE			9c. COUI	NTY OF DI	RE CITY
DIRECTOR	mesidence of dec too. state md.	10b. COUNT	Υ			ry TOWN								10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10a STREET AND NUMBER 2013 E. P		n St.				101	ZIP CODE 21	213			100	S.A	VHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 3 Dividence 4 Dividence 2		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S. AR YES 2 28 WAR OR DATES	MED 10	13.	If yes, sp		, Mexicen	IIC ORIGIN? (n, Puerto Ric		or No—	14. RACE Black Breek	E — American Indian, k, White, atc.
COMPLETED		CEDENT'S EDU ly highest grade 0-12)		(G	ive kind of Do NOT u	work done se retired.)	during mo	st of working			rfor			y Schools
BE COM	17. FATHER'S NAME (First, A Alva McCt									ME (First, Mideral E				
TO B	196. INFORMANT'S NAME (Robert M	,,	um		143	N.	Edg	ewoo	d S	oute Number t Ba				21229
L	20a. METHOD OF DISPOSITING Burlet 2 Grematic 4 Green Donation 5 Green	on 3 🗆 Rem	noval from State	20b. PLACE other place						A_ Cen		CATION -		myn, State
	21. SIGNATURE OF FUNERAL Betts													, Md.2121
CERTIFICATION	23. PART I. Enter the canock, or himmEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condition any, leading to immecuse. Enter UNDERLY CAUSE (Disease or injutat initiated events resulting in death) LAS	tions, dilate	a. Due to b. Due to c.		DUENCE C	L DF): S DF):					_			Approximate interval Between Onset and Death
EDICAL C	PART II. Other algorification of the second		ne contributing to	death but not i	reaulting	in the u	nderlyin	g cause gi	iven in i		PERFOI	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	25. WAS CASE REFERRED	TO MEDICAL	60				26. PI	ACE OF DE	ATH (Che	eck only one)				1 VES 2 NO
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE 4 Nu	R:			6 🗆 Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 6 2 Accident	Pending Investigation	28s. DATE OF		28b. Til		28c. IN.	IURY AT ORK? YES 2			RIBE HOW	INJURY OC	CURED	
B	• 🗆 • • • • • • • • • • • • • • • • • •	Could not be determined	28s. PLACE (building	OF INJURY — At he, etc. (Specify)	ome, farm,	atreat, fa	ctory, offic			26t. LOCAT City or	ION (Street Town, State)	and Numbe	r or Rural F	Route Number,
COMPLET	cost only	1701	ER: On the best of											a) and manner sa stated.
BE	29b. SHONATURE AND TITL	OF CENTIFIE	γ	D				29c. LICEI	NSE NUM	MBER		29d. DAT	9/2	(Month, Day, Year)
10	30. NAME AND ADDRESS O	F PERSON WI	HO COMPLETED CAU				MA	disor	υ,	BA	1710	neri	2	MS
	Broke was worked	Year) Ju	ha Barrista	ARIA SHANATURE					-				•	



OF VITAL RECORDS, NO. BOX 68760, BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been summany the branch of physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thit the State Dept. of Health and Mental to purial, cepnation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECOPOS, NO. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires on the Cache of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been supposed by the present physician and completely filled be filed within 72 hours after death with the State Dept, of Hours affer the prior to burial, cremation, s	IMPORTANT: It Item 28 is marked, or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once.

	for 1 - STATE REGISTRAR	STATE OF I	MARYLAND		TMENT OF			MENTA	L HYGIEN			26260	
3	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH			3. TIME OF OEATH	_
	SAMPSON	F]	BRASWEL	L		MONT 09	н 2	4	9I	4:50 PM	м
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 YEA	R IF UNDE	R 24 HRS.	7. DATE	OF BIRTH			PLACE (State or Foreign	_
	238-28-0468	1 💢 M 2 🗌 F	84	YRS.	MONTHS DAY	8 HOURS	MIN.	(Mont	h, Day, Year)	07	Countr	γ)	T 4
	9e. FACILITY NAME (If not Institution, give	street and number)			96. CITY, TOW	N OR LOCAT	ION OF DE			9c. COUN		TH CAROLIN	IA
DIRECTOR	NORTH ARUNDEL H	OSPITAL A	ASSOCIAT	TION		N BUR						COUNTY	
H.	10a. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY	
		TIMORE			BALTO.	HIGHLA	ANDS					LIMITS? 1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER					tof. ZIP COL	DE			10g. CITIZ	ZEN OF W	HAT COUNTRY?	
当	2907 FLORIDA AV	/ENUE				21227	7			115	SA		
ا ۾	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WAS I	ECENDENT	OF HISPAN	NIC ORIGIN	N? (Specify Ye		14. RACE	- American Indian,	_
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, OIVE V	VAR OR DATES	Jieo	1 🗆 1	specify Cub	Specify		Hican, etc.)		Speci		
					<u> </u>					1		WHITE	
COMPLETED	15. OECEDENT'S EDU (Specify only highest grad	e completed)	1	Give kind of the Do NOT us	USUAL OCCUP	MOSt of work	ing	16b	. KIND OF BU	SINESS/IND	USTRY		
٦	Elementary/Secondary (0-12)	Collega (1-4 or 5	+)										
M	17. FATHER'S NAME (First, Middle, Last)		- C	ARPEN	IEK				HENRY		c co	•	
	THOMAS BRASWELL								Middle, Meiden				
B	190. INFORMANT'S NAME (Type/Print)	-					INABE			MER			
2	GRACE E. BRASWEL	т	- '		ADDRESS (Stre								
	208, METHOD OF DISPOSITION	ıL			7 FLOR		E, BA	- 3				21227	
	t A Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	cemetery, ci	rematory or o	of disposition ther place) N MEMOF	(Name of		DAT	E 20c. LO	CATION (aty or To	wn, State	
. 1	21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE	- CRES	I LAW	N MEMOR	AND ADDRE	ARDE	NS9-	28 MAF	RIOTI	CSVI	LLE,MD	_
	1/11		_						FUNER	AT. HO	ME.	TNC	
-	1/7/	7			410	7 WII	KENS	AVE	. BALT	TMORE	T MT		
4	23. PART Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Re	t caused the dise on each lin	ie.	Jan	_						Approximate Interval Betwee Onset and Dea	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. Mex DUE TO	(OR AS A CONSE			M	mo	7 To	hy pl	csel	8	Sye	3
C	PART II. Other aignificent condition	ne contributing to	deeth but not	resulting i	n the underly	ina causa	aluan in	Post I	0.0 100.0 0.00		1		
				· · · · · · · · · · · · · · · · · · ·	the directly	mg couse	giveii iii	rant r.	24s, WAS AN PERFOR		240.	WERE AUTOPSY FINDING AMILABLE PRIOR TO	S
PHYSICIAN: MEDICA									1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?	
2								-	,			1 YES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL				20	DI ACE OF S	FATH (0)						_
8	EXAMINER?	HOSPITAL:	EB/Outpettant		OTHER:	PLACE OF D							\dashv
ž	27. MANNER OF DEATH	28e. DATE OF		28b, TIM	4 Nursing H	NJURY AT	esidence	_					4
<u>-</u>	1 Natural 5 Pending	(Month, D	ey, Year)	INJ	URY	WORK?	¬ NO	286. DEŞ	CRIBE HOW I	NJURY OCC	URED		
B	2 Accident Investigation 3 Suicide & Could get by	26e, PLACE O	F INJURY — At h	ome form s			NO	201 1 22	1710N (0)	4			_
COMPLETED	4 ☐ Homicide 6 € Could not be determined	building,	etc. (Specify)	ome, rerm, c	treet, factory, or	nce			ATION (Street a or Town, State)	ind Number o	or Runal Ri	oute Number,	
2	29e. CERTIFIER (Check only 1 CERTIFYINO PHYS	ICIAN: To the best of	my knowledge, d	eath occurre	d at the time, d	rta end place	end due	to the cau	se(e) end mar	par se steta	d		٦
S	one) 2 MEDICAL EXAMINE	R: On the basis of ex	camination end/or	Investigation	n, in my opinion	, death occur	red at the t	time, date	end place, en	d due to the	ceuse(s)	end manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE		7				ENSE NUM						4
BE		1/1	na	3		Dar		34	.	DATE	2	(Month, Day, Year)	
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type.	Print)	4		- 7			10	//7/	_
	SERGIO ALVAREZ,				IWAY, S	OUTH	#201,	/GLEI	N BURN	IE, M	ARYL	AND 21061	
	SEP 27 1991	Julia David	R'S SIGNATURE	00_									٦



BALTIMORE, MARYLAND 21215-0020

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMEN CERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGI	_	26261
	DECEDENT'S NAME (First, Middle, Leet) BABY B(SOCIAL SECURITY NUMBER	IZNN	yrs. last birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN	7. DATE OF BIRTH (Month, Day, Year	24	3. TIME OF OEATH 5 20 AM BIRTHPLACE (State or Foreign Country)
STOR	90. FACILITY NAME (II not institution, give str ST. AGNES HOSE RESIDENCE OF DECEDENT			Y, TOWN OR LOCATION OF	DEATH 8 124	9c. COUNT	Y OF DEATH
DIRECTOR		Ti more	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS? 1 PYES 2 NO
FUNERAL	408 NO LOU			101. ZIP CODE		2.0	N OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 NO	WAS DECENDENT OF HISPA II yen, specify Cuben, Mexic 1 YES 2 NO Spec	can, Puerto Rican, etc.)	Yee or No- 14	. RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL C (Give kind of work done life. Do NOT use retired.)	CCUPATION during most of working	16b, KIND OF	BUSINESS/INDUS	BLACK
BE COM	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	IAME (First, Middle, Maid	ten Surneme) INDY BE	NINT: TO
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AODRES	S (Street end Number or Ru.s.			
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetton 3 Remont	val from State cemel	PLACEAND DATE OF DISPOSED PLACE PLAC	SITION (Name of L CEMETERY		LOCATION — CIN	
	21. SIGNATURE OF FUNERAL SERVICE LICE	Reper	HU	NAME AND ADDRESS OF F IBBARD FUNER 07 WILKENS	ACILITY AL HOME TI	NC.	E, MD. 21229
CERTIFICATION	IMMEDIATE CAUSE (Final	PREMA	CONSEQUENCE OF):			apiratory arrest	, Approximate Interval Between Onaet and Death
PHYSICIAN: MEDICAL CEI	PART II. Other significent conditions	contributing to deeth but	not resulting in the ur	iderlying csuse given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA		HOSPITAL:	ent 3 DOA 4 Num	26. PLACE OF DEATH (C)			
ВУ РНУ	27. MANNER OF OEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOV	Y INJURY OCCUR	EO
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify,	Al home, lerm, street, lect		281. LOCATION (Street City or Town, Sta	te)	Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI.	AN: To the best of my knowled On the bests of examination e	ige, death occurred at the li	me, date end place, end du	to the cause(e) end m	nanner en stated.	tuse(e) end manner ee stated.
H	29b. SIGNATURE AND THE DE CERTIFIER	ni Pso	ONTRE. PEST	29c. LICENSE NU			GNEO (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO RAFAEL BO	COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, Print)		HAL B	ALT: Ma	Re Mo
	31. DATE FILEO (Month, Day, Near) 27	32 REGISTRAR'S SIGNATURE STUDIO					7410

17.517 17

122.5

3000

completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ria, cremation, or removal.

68760,
BOX
, P.O.
RECORDS
OF VITAL
DHVISION

executed

death certificate be

requires that the

The

ATTENDING PHYSICIAN:

certificate has been

Dept. MP

the State

with

ECTOR: After the after death v

een signed by the attending physician and com of Health and Mental Hygiene prior to bunal,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO I. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN WIN. STON 04 6:45 PM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTNPLACE (State Country) IF UNDER 24 HRS 220-36-58 1 M 2 | F 0 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN SINAL DIRECTOR HOS BALTIMORE BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MD BALTIMORE 1X YES 2 NO COMPLETED BY FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1014 W. HZND U 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried Specify: BLACK 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATNER'S NAME (First, Middle, Last) Arugunes 黄 inston BE lan lah notified 19b. MAILING ADDRESS 2 Zip Code 1a pe METNOD OF DISPOSITION
Burlel 2 | Knimetion 3 | Removal from State 20a: METNOD OF 1 Burlel 2 🗆 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE examiner 21. SIGNATURE OF FUR 22. NAME AND ADDRESS medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximata shock, or heart fellure. Liet only one cause on each line. intervai Batween IMMEDIATE CAUSE (Finel Onsat and Death the disease or condition AIDS event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): EPSIS traumatic SYNDROME CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): 10 injury, or other DUE TO (OR AS A CONSEQUENCE DF). resulting in deeth) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Item 23 shows any COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER 1 TYES 2 NO Inpetient 2 ER/Outpetient 3 DOA 28 is marked, or 4 🗌 Nursi 6 Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO Accident 28e. PLACE OF INJURY — building, etc. (Specify) 3 Sulcide At home, ferm, street, factory, office 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Nomicide 29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the baels of examination end/or investigation, in my opi TO THE LUNER Do find 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) literial Veluckan 9614 D 9 0 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) SINAL HOSP. OF BALTIMORE, DEPT. OF CHEM MEDICINE 31, DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Na Davidson-Randage SEP 1991 0

filled in by the funeral ion, or removal.

Hygiene prior to burial, cremation, or

completely

and

attending physician

has been signed by the atter-

this certificate the State

with

After 1 death

filed within 72 hours after

31. DATE FILED (Month, Day, Year) SEP 27

1991

	٠
	1
BOX 68760,	STATE OF STREET, STATE OF STREET, THE LAND STREET, STR
S, P.O. BOX	
0	4.00
S, P	Accept
RD	- 40
3ECO	And the same of
AL F	1
II	AL. The
OF	DI CHORDINA
DIVISION OF VITAL RECORDS,	Orace Contract
2	00
	No.T. B.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 21 1991 EAR Alma J. Bice 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign 1 M 2 F 76 N.C. 213-18-0414 7-6-1915 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR St Agnes Hospital Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD BALTIMORE 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4129 MOUNTWOOD RD. 21229 USA 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.)

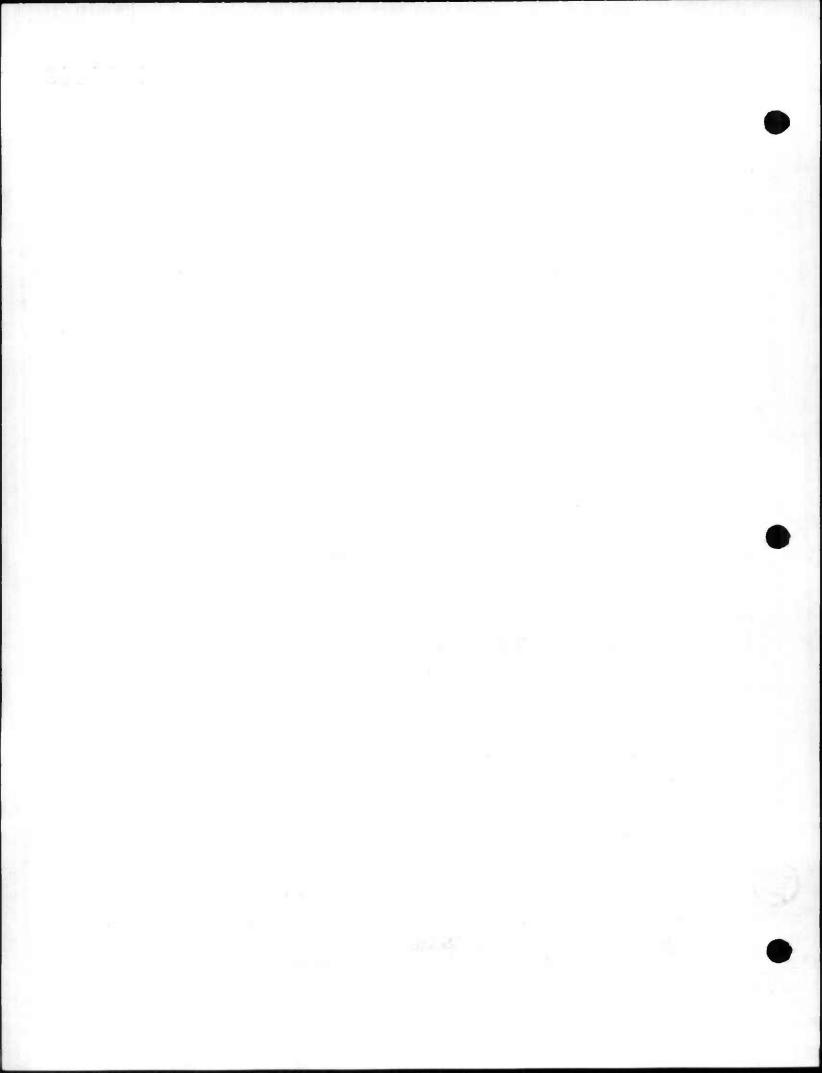
1 YES 2 NO Specify: BY 3 Widowed 4 Divorced B1ack COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) 4th College (1-4 or 5+) DOMESTIC 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) DAVE STURDIVANT To LULA STURDIVANT BE notified a TRE. INFORMANT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BEATRICE HARGROVE 4129 MOUNTWOOD RD. BALTO. MD 21229 Pe 26s METHOD OF DISPOSITION
1 X Burtal 2 C Cremition 3 C 1
4 C Donation 5 C Other (Specify) 20b. PLACEAND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must DATE MT AUBURN CEMETERY 9-27-91 BALTO. MD examiner 21. SIGNATURE OF FUREBAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue BN medical 23. PART I. Enter the diamses, or complications that caused the death. Do not anter tha mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Finsi Onset and Daath the disease or condition mocondial resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events or other BUE TO (OR AS A CONSEQUENCE OF). resulting in dasth) LAST Obec 23 shows any injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) tem OTHER:
4 □ Nursing Nome 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 I DOA marked, or 27. MANNER OF DEATN 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Hatural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 49 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 6 Could not be 4 Nomicide item 28 ET 29a. CERTIFIER

1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as attend. COMPL MPORTANT: H 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER Han 29d. DATE SIGNED (Mogth, Day, Year) 026880 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) m Harris

300 fromon

32. REGISTRAR'S SIGNATURE

Bald, mil



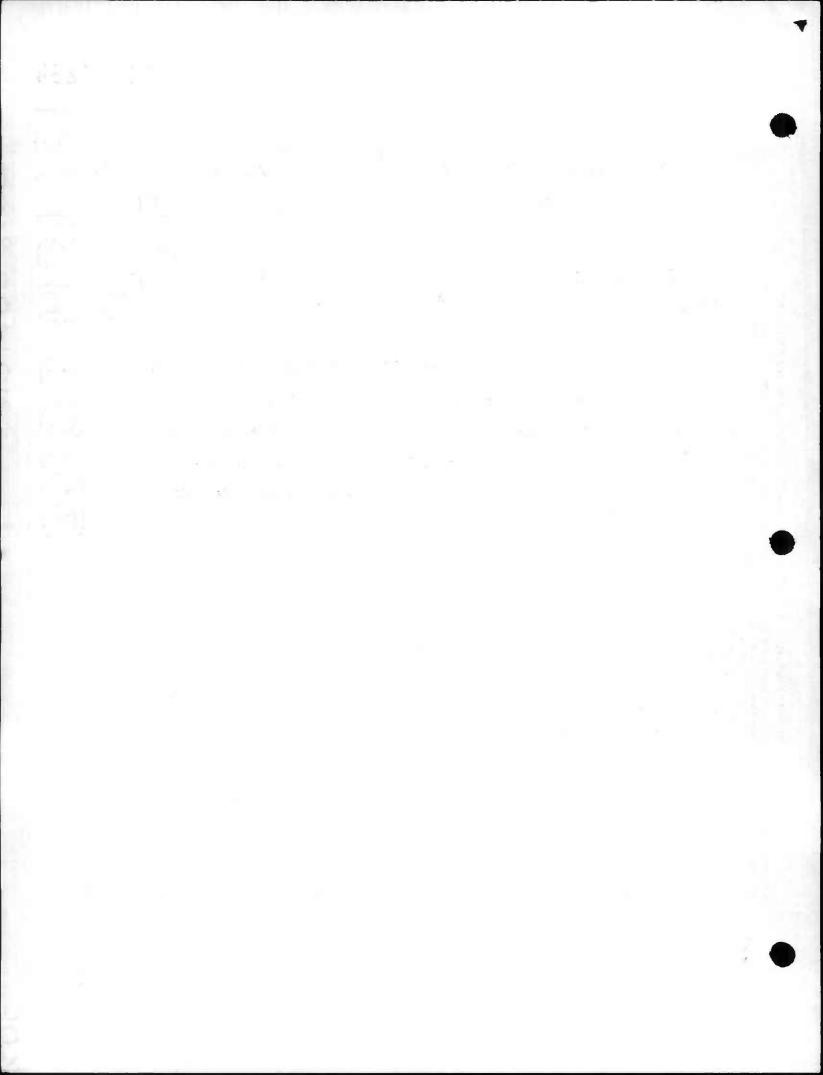
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020** IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION-OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYLAI		MENT OF HEAL		MENTAL HYGIEN		
1. OECEDENT'S NAME (First, Middle, Last)		0=::::::			2. DATE OF DEATN	AY YE	3. TIME OF DEATN
mabel L.	BEAN				09 2		1. 47
711 - 1 - 1	SEX 8. AGE (In		IF UNDER 1 YEAR IF L	INDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign country)
9a. FACILITY NAME (If not institution, give street			b. CITY, TOWN OR LO	CATION OF DE	12 -2-	9c. COUNTY	Md
	trie Cynter		BON TO	CATION OF DE	aln.	BA	1 TO
RESIDENCE OF DECEDENT	CIE CANTER		ioncio			084	
10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		10	101. ZIP	CODE		10a CITIZEN	1 2 YES 2 □ NO OF WHAT COUNTRY?
1516 h. Ru	10.0 D	0	2	121	3	11.	5.4
11. MARITAL STATUS	2. WAS DECEDENT EVER IN C				HC ORIGIN? (Specify Ye	or No- 14.	RACE - American Indian,
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES		1 TYES 2		n, Puerto Rican, etc.) /:		Black, White, atc. Specify: 2 1 1
15. OECEOENT'S EDUCA	rion I a	e- DECEDENTIO IN	CITAL COCURATION		465 WIND OF BU	CINICOS (INICISES	Diack
(Specify only highest grade co	mpleted)	6a. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during most of t	working	16b, KINO OF BU	SINESS/INOUS I	н
Secondary (0-12)	College (1-4 or 5 +)	Laborton	y Deshi	whin	Belon	19	10 Kenan
17. FATHER'S NAME (First, Middle, Last)	,	/	- 1/4	MOTHER'S NA	ME (First, Middle, Maider	Surname)	Note that I have a second
COLSON	EPPS			SAL	LIE TO	vcke	~
19a. INFORMANT'S NAME (Type/Print)	5000	19b. MAILING A	DDRESS (Street and No	Imber or Rural	Route Number, City or Tox	on, State, Zip Coo	h. / 2 12 17
110767 L.	KUPS	2 / /	7 12 1	MIL	no we h	10/10	INA ZIZIZ
20a. METNOD OF DISPOSITION 1		netary, comatory or	of oisposition (Name other place)	100	9/3c 53	CATION - City	or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICE	ISEE O	SCV/x.	22. NAME AND A	OORESS OF FA		01):	January 4
racial b	- Locks	A	Locks	Juni	enal / Home	1304	7 Cantral O
23. PART I. Enter the diseases, or co	molications that caused	he death. Do not	t enter the mode o	f dving, auc	h as cerdled or rear	iratory arrest	Approximate
ahock, or heart fallure. Li	st only one cause on each	h line.		. cynng, acc		matery arrest	interval Between Onset and Deeth
IMMEDIATE CAUSE (Fine)	CHF						Chiaet and Death
resulting in death) a.	DUE TO (OR AS A	ONSEQUENCE OF):	:				<u> </u>
S	DM						
Sequentially list conditions, if any, leeding to immediate	QUE TO (OR AS A	ONSEQUENCE OF):	Diana !	111.	DA Ana	100	-
cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (QR AS A C	CONSEQUENCE OF:	rusis /	pup.	receive	400	
that initiated events resulting in death) LAST	Pressure	ulce	W '				
C. Caber elections and the							
PART II. Other algnificant conditions WI - 1986	contributing to death bu	not resulting in	the underlying ca	use given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
may canalas	1901				1 TYES	2 00	OF DEATH?
100000000	- 1106						1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE	OF DEATH (C)	neck only one)		
	HOSPITAL:	lent 3 DOA	OTHER: Nursing Nome 5	Residence	6 Other (Specify)		
27. MANNER OF DEATN	28e. DATE OF INJURY	28b. TIME			28d. DESCRIBE NOW	INJURY OCCUR	ED
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	1000		2 NO			
3 Suicide 8 Could not be	28e. PLACE OF INJURY - building, atc. (Specif	- At home, farm, str	reet, factory, office		28f. LOCATION (Street City or Town, State		Rural Route Number,
4 Nomicide determined							
cont only	AN: To the beat of my knowle						
2 MEDICAL EXAMINER:	On the beals of examination	and/or investigation,	, in my opinion, death	occured at the	time, deta and place, a	nd due to the c	ause(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER		1111	29	LICENSE NU	MBER	29d. DATE S	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALIFE OF CT	H OTEN 27 Care	Period)	U 2 3	587	17/	019/
•	1940 Eastern A						,
31. DATE FILED (Month, Day, Year)	92. AEGISTRAR'S SIGNA Fulla Davidson	TURE 1 19	7,170				
SEP 27 1991	Julia Davidson-	Nathana					

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Just after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive be filed within 72 hours after death with the State Dept. of Health and Mental hygiene prior to burial, cremation, or enroyal.	BOX 13146, BALTIMORE, MARYLAND cate be executed within. July safer death. Page 6 may be retained by the host obhystician and completely filled in by the funeral director, page 5 should be detached prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, of tiem 23 shows any injury, or emed traumant event, the medical examiner must be notified at once.	of traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEI REG. NO		91	26265
	1. OECEDENT'S NAME (First, Middle, Lest) MICHAEL	EUGENE .	BUZGIE	RSK	ı	2. DATE OF OEATH	24 9	(EAR)	ZZO M
	4. SOCIAL SECURITY NUMBER 220-90-4236	12/□ M 2 □ F 2	21 YRS. MOH	UNDER 1 YEAR		7. DATE OF BIRTH (Morth, Day, Year) NOV . 9 , 196	9	MAr MAr	ce (State or Foreign yland
TOR	9a. FACILITY NAME (If not institution, give s 1407Clearstre		96.		R LOCATION OF DE	ATH	9c. COUNT	of DEATH	
DIRECTOR	10a. STATE 10b. COUNT	Altimore	10c. CITY, TO	OWN OR LOCAT	SSEX				. INSIDE CITY LIMITS?] YES 2 🔏 NO
ERAL	100. STREET AND NUMBER 1407Clearstrea	am Road		101.	ZIP CODE 212	21	10g. CITIZE	USA	COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN 0 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 X NO	If yes, spe		IIC ORIGIN? (Specify Yon, Puerto Ricen, etc.)	96 or No— 14	Slack, Wh	American Indian, lite, etc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of work life. Do NOT use re-	done during mot tired.)	st of working	16b. KIND OF B	USINESS/INOUS	STRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Ronald Buzgier	ski			16. MOTHER'S NA Kathl	ME (First, Middle, Maide een Sull			
TO B	196. INFORMANT'S NAME (Type/Print) Kathleen McConr	nell			nd Number or Rural I Ave. BAL	Route Number, City or To timore M	wn, State, Zip G Aryland		221
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	H	PLACE OF DISPOSITION OF THE PROPERTY HILL	Cemet	ery	В	Altimo:		1100000
	21. SIGNATURE OF FUNERAL SERVICE LI	unual t	lome		o address of fa 11yFunea	ilHome300M	AceAve	.2122	1
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO (OR AS A C	CONSEQUENCE OF):	har	de of dying, auc	h aa cardlac or ree	piratory arres	it,	Approximate Interval Batween Onset and Death
PHYSICIAN: MEDICAL CERT	PART II. Other aignificant condition	dns contributing to death bu	it not resulting in t	he underlying	g cause given in		ORMED?	CO OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETTION OF CAUSE DEATH? YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpe		THER:	ACE OF DEATH (Ch	6 Other (Specify)			
ВУ	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	266. DATE OF INJURY (Month, Day, Year) 266. PLACE OF INJURY building, etc. (Speci	fv1	M 1 🗆	YES 2 NO	28d. OESCRIBE HOV S. J. J. J. J. J. J. J. J. J. J. J. J. J.	ACEC +	anzi	
COMPLETED		SICIAN: To the best of my knowle IER: On the besis of examination							
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE T. CubHan C	Horan,	n.D.		29c. LICENSE NUI		29d. DATE	SIGNED (Mo	onth, Day, Year)
)	30. NAME AND ADDRESS OF PERSON W T. CROSS IN O	DONOVAN,	2112 Du		K AVE.	BALT	U., M	6.	21222
	SFP 9 7 1991 4	ha Davidson-Hand	TURE						

UDSIG II

.

H F S S	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2xxxiours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
---------	---

			91 26266
	E OF DEATH	REG. NO.	3. TIME OF DEATH
1. DECEDENT'S NAME (First, Middle, Lest) REXAL DE LANE COO!		MONTH DAY	9:30P M
4. SOCIAL SECURITY NUMBER 216 58 1439 5. SEX 6. AGE (In yrs. last birthdey) F UNDE 38 YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. 7. DAYS HOURS MIN.	DATE OF BIRTH (Month, Day, Year) 10-5-1952	8. BIRTHPLACE (State or Foreign Country) W. Virginia
	y, town or location of DEATI	1	9c. COUNTY OF DEATH AnneArundelCounty
436 Maple Lane NW Apt 2 Gl. RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN MD AnneArundel County Glen			10d, INSIDE CITY
	Burnie		1 YES 2 NO
10e. STREET AND NUMBER 436 Maple Lane NW Apt 2	101. ZIP CODE 21061		10g. CITIZEN OF WHAT COUNTRY? USA
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13	. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Mexican, F	ORIGIN? (Specify Year	
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	1 YES 2 NO Specify:	no	Specify: White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) SELF EMPL(17. FATHER'S NAME (First, Middle, Last)	during most of working	16b. KIND OF BUSI	NESS/INDUSTRY
9 SELF EMPL(Carpe	enter
OMAR C. COOK	DELPHA	WHI!	
196. INFORMANT S NAME (1/portini)	e Lane NW Ap		
20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (ATION — City or Town, State
4 Donation 5 □ Other (Specify) Maryland Anat			imore, MD
	NAME AND ADDRESS OF FACIL SINGLETON FUNE		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	Cell G	rcino	Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.	s to Sp	rive t	Bones
PART II. Other algnificant conditions contributing to death but not resulting in the case of the conditions contributing to death but not resulting in the case of	undariying cause given in Pa	PERFORI 1 YES 2	MEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 FR/Outpetient 3 DOA 4 N			
	28c. INJURY AT WORK? 1 YES 2 NO	LI Other (Specify)	JURY OCCURED
2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide determined	actory, office	cat. LOCATION (Street e City or Town, State)	nd Number or Rurel Route Number,
4 Homicide determined 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in m			
29b, SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMB	136	29d. DATE SIGNED (Month, Day, Year)
30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)		30	21061
La proper du partir de la company de la comp		Suite 201	, Glen Burnie,MD
31. DATE FILED (Month, Day, Year) 32. REGISTRIA'S SIGNATURE 32. REGISTRIA'S SIGNATURE 31. DATE FILED (Month, Day, Year)	2		

9c. COUNTY OF DEATH

3. TIME OF DEATH p.05P

timor

STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

215-01-6962

9s. FACILITY NAME /// not institution give sh

1. DECEDENT'S NAME (First, Middle, Last)

5. SEX

1 M 2

1 -

Section 1

	RECORD	
•	RE	
	3	
	OF V	
	NO	
	DIVISI	

permit. Pages 1, 2, 3 should ST Janes
RESIDENCE OF DECEDENT DIRECTOR 100 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MO Hi more 1 TYES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 32 2120 for use as the burial-transit S. A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yea, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16h. KIND OF BUSINESS/INDUSTRY (Specify only highest (Elementary/Secondary (0-12) College (1-4 or 5+) page 5 should be detached Kitchen Help MD Racing Commission 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Julius Pennington notified at BE Martha Knight 19a. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 21223 Robert Pennington 215 North Fulton Ave. Baltimore, MD 2 20a. METHOD OF DISPOSITION
1 M Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE must director, Veteran Cem/Garrison 9/30 Owings Mills, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 filled in by the funeral ollein 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or respiretory arrest, shock, or heart failure. List only one cause on such line. medical Approximate Interval Between IMMEDIATE CAUSE (Final the Onset and Death and completely filled burial, cremation, disease or condition reumone resulting in death) the death certificate be executed within traumatic event. DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. attending physician a DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other 1 DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in dasth) LAST 0 has been signed by the atter Dept. of Health and Mental injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? touch that PERFORMED? 23 shows any 1 YES 2 NO The Manual Jequilles 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL Item 26. PLACE OF DEATH (Check only one) State **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) ourlift ä 0 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? marked, 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED with 1 Natural 5 Pending After the death v BY 1 YES 2 NO 2 Accident Investigation OR ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) .09 3 Suicide L DIRECTOR: A hours after d 8 Could not be datarmined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 28 4 Homicide Hem 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the films, data and place, and due to the cause(s) and manner as stated. COMPL THE HOSPITAL O THE FUNERAL DI filed within 72 ho IMPORTANT: If 2 MEDICAL EXAMINER: On the Deals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day Your) 125044 2-1 P 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) hunde 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 27 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER I YEAR

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

6. AGE (In yrs. last birthday)

83

YRS

2. DATE OF DEATH

7. DATE OF BIRTH

th, Day, Yes

ALC: NOT

4. SOCIAL SECURITY NUMBER

9a. FACILITY NAME (If not i

North RESIDENCE OF DE

10e. STREET AND NUMBER

10a. STATE

MD

217-78-0469

IF UNDER 1 YEAR

CITY, TOWN OR LOCATION

GLEN BURNIE

DAYS

IF UNDER 24 HRS.

96. CITY, TOWN OR LOCATION OF DEATH

10f. ZIP CODE

6. AGE (In yrs. last birthday)

CHANDLER

1 M 2 | F

10b. COUNTY

ANNE ARUNDEL

permit, Pages 1, 2, 3 should

ours after death. Page 6 may be retained by the hospital or attending physician.

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

DIRECTOR

RAL

ing physician, the burial-tran	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	ENDENT OF HISPANIC Coeffy Cuban, Maxican, P	ORIGIN? (Specify) uerto Rican, atc.)	fee or No 14	Black, White, etc. Specify:
retained by the hospital or attending 5 should be detached for use as the notified at once.	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S I (Give kind of w life. Do NOT use	ork done during mo	DN st of working	16b. KIND OF B	BUSINESS/INDUS	WHITE
the hospit detached once.	COMPL	1 1 17. FATHER'S NAME (First, Middle, Last)	NONE	MACHIN	E OPERA	TOR			COMPANY
by the		THOMAS F. CHANDL	FD						
ould ban	BE	19e. INFORMANT'S NAME (Type/Print)	LK	19b. MAILING	ADDRESS (Street a	MARY LOU			ode)
be retained to ge 5 should e notified	2	THOMAS F. CHANDL	ER		AS 10		0.00		
may be		20a. METHOD OF DISPOSITION 1 W Burlel 2 Cremailon 3 Rem 4 Donation 5 Other (Specify)	oval from State	b. PLACE OF DISPOS other place)	ITION (Name of cer			LOCATION - CH	
death, Page e funeral dir ii, examiner		21. SIGNATURE OF FONERAL SERVICE LIC		EADOWRIDG	22. NAME AI SINGL	nd address of facili ETON FUNER	AL HOME		MARYLAND TE, MD 21061
within 25-rours spietely filled in t cremation, or re rent, the med			a. DUE TO (OR AS	each lina.		Twg =			it, Approximete interval Betwee Onset end Des
h certificate be ex ending physician a Hygiene prior to or other trauma	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	C	A CONSEQUENCE OF		twge	340	a')	
ilres that the c signed by the Health and Me ws any injui	MEDICAL	PART II. Other aignificant condition	na contributing to deeth	but not reaulting i	n the underlyin	g ceuse given in Pa	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	AN	25. WAS CASE REFERRED TO MEDICAL	i	<u> </u>	26 P	LACE OF DEATH (Check	onty one)		
N: The icate h State	SC	EXAMINER?	HOSPITAL:	netlant 3 004	OTHER:	ne 5 Realdence 8			
NG PHYSICIAN: The law requiter this certificate has been sath with the State Dept. of marked, or Item 23 sho	PHYSICIAN:	27. MANNER OF OEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. IN.		d. DESCRIBE HOV	W INJURY OCCU	RED
TENDI TOR: A after de 28 is	TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF INJUR building, etc. (Spe	Y — Al home, farm, a	treel, factory, offic	Ca 26	of LOCATION (Streetly or Town, Ste		Rural Route Number,
E 38 =	COMPLET	TOTAGE OTHY	ICIAN: To the best of my know ER: On the basis of examination						I. cause(a) and menner as stated
TO THE HOSPI TO THE FUNEF De filed within IMPORTANT:	TO BE C	296 GIGNATURE AND TITLE OF CERTIFIE	went	us De	puty	29c, LICENSE NUMBE	P54	29d. DATE 5	SIGNED (Month, Day, Mear)
		30. NAME AND AGORESS OF PERSON WI	P. JOM	25	Print)	Box	99	ā	20711
		31. DATE FILED (Month, Day, Year)	1991	NATURE Varidson-Par	della				

3. TIME OF DEATH 08181

10d. INSIDE CITY LIMITS?

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

21061 Approximete interval Between

Onset end Death

1 TYES 2 NO

8. BIRTHPLACE (State Country)

MARYI

10g. CITIZEN OF WHAT COUNTRY?

9c. COUNTY OF DEATH

2. DATE OF DEATH

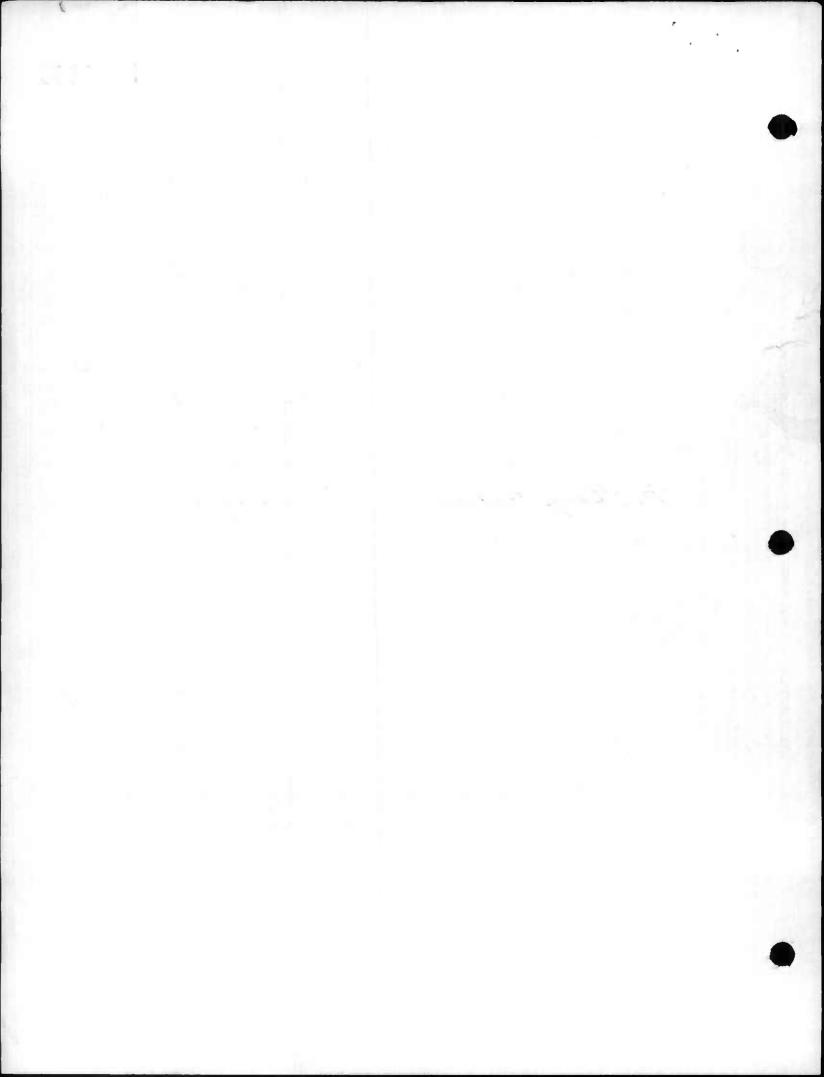
7. DATE OF BIRTH (Month, Day, Year

The state of the s Hamman Par Ventura

-	1
10.00	H
phys	
fing the	
e as	
or us	
spital	
etacl	nce
be d	at o
pino	Red
5 st	noti
ny be	pe
otor,	unst
direc	er n
ith.	min.
he fu	exa
by the	dica
nour ed in	E
n fill ation.	the
within plete	ent,
com rial,	0 0
and of	mat
e be siciar	Tage
phy ene p	her
nding Hygik	10 10
death atte	ď.
the day	를
that wed by	ашу
sign Heat	MIS
been been at. of	She
has be	n 23
N: T	=
SICIA certi	1, 0
PHY this	¥6
0 25	- 5
DIN Att	s mar
TTENDIN TOR: Aft	28 Is mar
DR ATTENDIN JIRECTOR: Afti Durs after dea	em 28 Is mar
TAL OR ATTENDIN VAL DIRECTOR: Aft 72 hours after dea	If Item 28 is mar
OSPITAL OR ATTENDIN UNERAL DIRECTOR: Afr ithin 72 hours after dea	ANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must by
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within showns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buring transfer filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146

1. DECEDENT'S NAME (Fire	A STATE OF THE STA	24420	DEE OF	4 2011				2. DATE OF MONTH	DAY		YEAR	3. TIME OF DEATH
BERTHA 4. SOCIAL SECURITY NUM		-	ARET CL		IF UNDER	4 MEAN	- Inner 44 i= 6	9	37		91	PLACE (State or Foreign
215-14-	9383	1 🗆 M 2 🕟 🗗	AGE (In yrs. less	YRS.	MONTHS	DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, po		دا	Countr	
9a. FACILITY NAME (II not Stelle	M	eris Ho	ospi	بعا	9b. CITY,	TOWN	DR LOCATION OF D	EATH M	9	9c. COUN	-	culto.
RESIDENCE OF DE	10b. COUNT	Υ		10c, CIT	Y, TOWN O	R LOCAT	TON					10d. INSIDE CITY
Maryland				BA	LTIM							1 X YES 2 NO
100. STREET AND NUMBER 5935 BELAI						101	21206			-	ZEN OF V	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 2 Dh] Married	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 XN		1	f yes, sp	ENDENT OF HISPA ecity Cuban, Mexic 2 2 NO Spec	an, Puerto Rica			14. RACE	E — American indian, c, White, etc. fly: WHITE
	CEDENT'S EDI		16a. DE	CEOENT'S	USUAL O	CCUPATIO	ON et of working	16b. Kil	ND OF BUSI	NESS/IND	USTRY	MUTIE
Elementary/Secondary 11th		College (1-4 or 5+) NONE			EADE		et of working	GC	OULD :	ITT		
17. FATHER'S NAME (First,	Middle, Last)						18. MOTHER'S N	AME (First, Midd	fle, Maiden S	Surname)		
WILLIAM MC		ERY BEALL					AUGUST			RKMAI		
19s. INFORMANT'S NAME		···aen					and Number or Rura					
JANICE M.		DUSER	T				E AVE.	-		MD 2		Dist-
	ion 3 🗆 Ren	noval from State	other pla	ece)								LE, MD
4 Donation 5 Othe	r (Specify)		BALDW	IN M	LEMOK.	LAL	U.M CHU	COLL OLL	III.	LLLLA		
4 Donation 5 Other 21. SIGNATURE OF FUNER 23. PART I. Enter the	AL SERVICE LI	complications that control con	coused the decorate on each line	eth. Do	not enter	NAME AI SING 1 SE	DE ADDRESS OF FULL TON FULL COND AVI	UNERAL E. S.W.	HOME GLE	N BUI	RNIE	, MD 2106 Approximate Interval Betw
23. PART I. Enter the shock, or IMMEDIATE CAUSE (Issues or condition resulting in death) Sequentially list cond if any, leading to imm	AL SERVICE LI	complications that control that	coused the de	DUENCE O	not enter	NAME AI SING 1 SE	LETON FU	UNERAL E. S.W.	HOME GLE	N BUI	RNIE	Approximate Interval Betw
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentisliy list cond	diseases, of heart feliure.	complications that c List only one cause a. DUE TO (0 b. DUE TO (0	coused the de on each line	DUENCE O	not enter	NAME AI SING 1 SE	DE ADDRESS OF FULL TON FULL COND AVI	UNERAL E. S.W.	HOME GLE	N BUI	RNIE	Approximate Interval Betw
23. PART I. Enter the shock, or iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLI CAUSE (Disease or in that initiated events	diseases, of theory folium.	a. DUE TO (O DUE TO (O DUE TO (O	coused the de on each line R AS A CONSEC	DUENCE O	not enter	NAME AI SING 1 SE the mo	DECOND AVIOLE OF BUILDING AVIOLE OF THE BUILDING AVIOLE OF THE BUILDING AVIOLE OF THE BUILDING AVIOLE OF THE BUILDING AVIOLE OF THE BUILDING AVIOLE OF THE BUILDING AVIOLE OF THE BUILDING AVIOLE OF THE BUILDING AVIOLE OF T	ACRLITY UNERAL E. S.W. ch as cerdisc	HOME GLE	N BUI	RNIE	Approximate Interval Betw
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLI CAUSE (Disease or in that initiated events resulting in death) LA	diseeses, of the service Lines titions, ediete // ING ury ST	a. DUE TO (O DUE TO (O DUE TO (O	coused the de on each line R AS A CONSEC	DUENCE O	not enter	NAME AI NO SING 1 SE the mo	BY ADDRESS OF FILETON	ACRLITY UNERAL E. S.W. ch as cerdisc	HOME GLE: or respir	N BUI	RNIE	Approximate Interval Betw Onset and D Onse
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLI CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations.	diseeses, of the service Lines titions, ediete // ING ury ST	a. DUE TO (O DUE TO (O DUE TO (O	coused the de on each line R AS A CONSECURAS A CONSE	DUENCE O	22. not enter OFF): In the un	NAME AING SING 1 SE the mc	DECOND AVIOLE OF BUILDING AVIOLE OF THE BUILDING AVIOLE OF THE BUILDING AVIOLE OF THE BUILDING AVIOLE OF THE BUILDING AVIOLE OF THE BUILDING AVIOLE OF THE BUILDING AVIOLE OF THE BUILDING AVIOLE OF THE BUILDING AVIOLE OF T	DR CL. 1 Part I. 24 theck only one)	HOME GLE: cor respir	N BUI	RNIE 24b	Approximate Interval Betwood Donest and Done
23. PART I. Enter the shock, or iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLI CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signification of the cause of the ca	diseases, in the ent feliume. In the ent feliu	a. DUE TO (D C. DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O	R AS A CONSECUTION OF THE PROPERTY OF THE PROP	DUENCE O	not enter OFF): In the un OTHEE 4 □ Nun	NAME AI SE ING I SE THE MCC I S	BY ADDRESS OF FILETON	DR CL. 1 Part I. 24 theck only one)	HOME GLE: cor respir	N BUI	RNIE 24b	Approximate Interval Betwood Donest and Done
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLICAUSE (Disease or intert initiated events resulting in death) LA PART II. Other signification of the sequential in death in the signification of the sequential in the signification of the sequential in the sequen	diseases, Management follure. Inal Itions, ediete / Iring lury ST TO MEDICAL	complications that c List only one cause a. DUE TO (O b. DUE TO (O d. DUE TO (O d. DUE TO (O d. DUE TO (O d. DUE TO (O d. DUE TO (O DUE	R AS A CONSECURA AS A	DUENCE O	orher	NAME AI SE ING I SE THE MCC I SE THE MCC I SE PI SE ING HONDE I SE	g cause given in LACE OF OEATH (C) THE S Residence SURTY AT THE S LACE OF DEATH (C) THE S LACE OF OEATH (C)	DR CLITY UNERAL E. S.W. ch as cerdisc Part I. 24 1 heck only one) 5 Orthor (S 28d. DESCR	HOME GLE cor respir	N BUI	24b	Approximate Interval Betwood Donest and Done
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentisity list cond if any, leading to immediate. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signification of the condition of the cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signification of the cause of the caus	diseases, Meert fellure. Inal Itions, ediete / ING Iury ST Pending Investigation Could not be determined	complications that c List only one cause a. DUE TO (O b. DUE TO (O d.	eased the dep on each line R AS A CONSECT R	DUENCE O	OTHES 4 Num NE DF JURY M street, fact	NAME AI NG SING 1 SE the model of the model	BY ADDRESS OF FILETON	DR CLITY UNERAL E. S.W. ch as cerdisc Part I. 24 1 heck only one) 5 Vother (S 2ed. DESCR	HOME GLE cor respir	N BUI	24b	Approximate Interval Betw Onset and D Onse
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to immediate CAUSE. (F disease or International CAUSE (F disease or International CAUSE (Disease or CAUSE (Disease or CAUSE (Disease or CAUSE (Disease or CAUSE (Disease or CAUSE (Disease or CAUSE (Disease or CAUSE (Disease or CAUSE (Disease or CAUSE (Disease or CAUSE (Disease or CAUSE (Disease or CAUSE (Disease or CAUSE (Disease or CAUSE (Disease or CAUSE (Disease or CAUSE (Disease or International CAUSE (Disease or CAUSE (Disease or International CAUSE (Disease or Inte	diseases, in the ent feliume. In the ent feliu	complications that c List only one cause a. DUE TO (O b. DUE TO (O c. DUE TO (O d.	eased the dep on each line R AS A CONSECT R	DUENCE O	OTHES 4 Num NE DF JURY M street, fact	NAME AI NG SING 1 SE the model of the model	BY ADDRESS OF FILETON	Part I. 24 Theck only one) 28d. DESCR 28f. LOCATICOLOGY of 1	HOME GLE cor respir	M BUI	24b CURED or Rural interesting to the course of the cour	Approximate Interval Betw Onset and D Onse

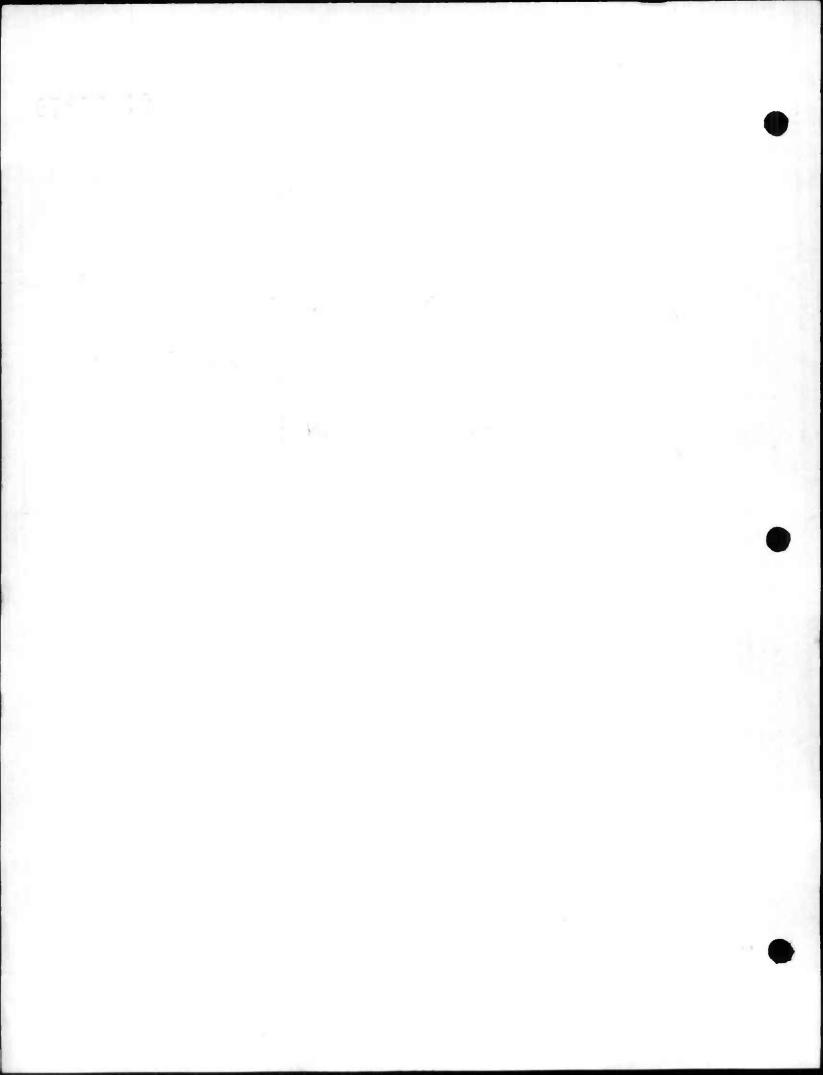


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYLAND / DEF	PARTMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	91 25270
1. DECEDENT'S NAME (First, MI Bernice Che			2. DATE OF DEATH 25, MONTH DAY September 24,	3. TIME OF DEATH 1991 2:05 P
4. SOCIAL SECURITY NUMBER 2 14-24-22		MONTHS DAVE HOUSE SAME	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
90. FACILITY NAME (If not institute Maryland Gen	eral Hospital	96. CITY, TOWN OR LOCATION OF I Baltimore City		UNITY OF DEATH
MARHAND	A Parket Comment of the Comment of t	CITY, TOWN OR LOCATION BALFIMORE		10d. INSIDE CITY LIMITS? 1 YES 2 NO
	osedAle st	101. ZIP CODE 2/2	16 10g. CIT	US, A
3 Widowed 4 Divorce	IE VEC CIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yee, specify Cuben, Mexic 1 YES 2 NO Spec		14. RACE — American Indian, Black, White, etc. Specify: R/AAK
15. DECEDE (Specify only his Elementary/Secondary (0-12)	gnest grade completed) (Give kind	IT'S USUAL OCCUPATION If of work done during most of working If use retired.)	16b. KIND OF BUSINESS/IN	DUSTRY AL HOSP.
DEKNAR	d Smith	FloR	AME (First, Middle, Maiden Surname) ENCE	l'Illiams
MR Decale	ey Chesley 340	ING ADDRESS (Street and Number or Rurel	Route Number, City or Town, State, Zi	Code)
20a, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 4 Donetion 5 Other (Sp. 21. SIGNATURE OF FUNERAL SI	3 Removal from State cemetery, cremator		DATE 206. LOCATION -	City or Town, Stats
- Joseph	LRuss	22. NAME AND ADDRESS OF F	Russ fru	rual Home
23. PARI/I. Enter the disershock, or heer IMMEDIATE CAUSE (Final disease or condition resulting in death)	sees, or complications that caused the death. Detailure. List only one cause on each line. Respiratory Failure. Due to (or as a consequence)	ıre	th as cardlac or reapiretory ar	rest, Approximata Interval Betwee Onset and Dea
Sequentially list conditions If any, leading to immediat cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated eventa resulting in death) LAST	Chronic Renal Fai	lure out internal blee	eding	
	conditions contributing to death but not resulting	ng in the underlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
			1 TYES 2 2 NO	COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	EDICAL HOSPITAL: 1 Synpatient 2 ER/Outpetient 3 DOA	28. PLACE OF DEATH (C)		
1 (2) MIREURN 5 Perio	28e. DATE OF INJURY (Month Day Year)	TIME OF INJURY AT WORK? M 1 YES 2 NO	8 U Other (Specify) 28d. DESCRIBE HOW INJURY OC	CURED
3 Suicide 8 Coul	28a PLACE OF IN HIDY AL home has	m, street, factory, office	281. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYII MEDICAL	NG PHYSICIAN: To the best of my knowledge, death occurrence.	urred at the lime, date and place, and due ation, in my opinion, death occured at the	to the cause(a) and manner as atal	ed.
296. SIGNATURE AND TITLE OF	NAZNY MD	29c. LICENSE NUI	ABER 29d. DAT	E SIGNED (Month, Day, Year) 9/25/91
H. Honainy, M	rson who completed cause of death (ITEM 27) (5) .D. c/o Maryland Genera	nospital 1 Hospital		
SFP 9 7 1001				



The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be attended for use as the burlal-transit permit. Pages 1, 2, 3 should be less that the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

BOX 68760,

-	3	등		60
DIVISION OF VITAL RECORDS, P.O. E	ij.	D	Jien	中
Ö.	90	ndi	F	70
-	eath	afte	Ital	χ,
S	9	a	Mer	直
2	5	N T	B	=
5	tha	5	h ai	È
ö	S	gue	Balt	90
ĬĬ.	ig.	S	Ĭ	8
	9	Dee	0	#
_	8	as.	Dept	23
A	he	e h	le [E
1	-	23	13	ع
>	3	Œ	ž	Э
H	Ē	8	ē	ai.
0	俇	₹	3	5
Z	k	ä	Ħ	2
0	8	٧ï,	3	4
S	18	FO	fte	00
>	A	53	. 60	2
0	R	DIR	DOL	ten
_	AL	T	2	Ξ
	2	EB	5	$\stackrel{\sim}{=}$
	Š	5	With	K
	TO THE HOSPITAL OR ATTEMPORT THE NAME: The law requires that the death certifical	TO THE FUNERAL DIRECTOR Than the complete has been signed by the attending phy	pg ,	IMPORTANT: If item 28 in manual, or item 23 shows any injury, or other
	1	=	1	F
	5	2	2	

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGIE			2621
	1. DECEDENT'S NAME (First, Middle, Las			CHADDE		2. DATE OF DEATH MONTH	DAY)	EAR 3	TIME OF OEATH
	JOANN 4. SOCIAL SECURITY NUMBER	BEATRICE 5. SEX 6. AGE		CHAPPEL			7 9		6:49 P
	212-84-2967	1 🗆 M 2 💢 F	(In yrs. last birthday)	MONTHS DAYE	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-9-19	62	BIRTHPL Country)	ACE (State or Foreign
OB	9a. FACILITY NAME (If not institution, give WOODED AREA) HI RESIDENCE OF DECEMENT	N 0-13 150	SDALE		OR LOCATION OF D		9c. COUNTY	OF DEA	тн
DIRECTOR	100. STATE 10b. COUN	TY		TY, TOWN OR LOCA	TION			10	Dd. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		Dai		H. ZIP CODE		10g. CITIZE	N OF WH	YES 2 NO
FUNERAL	819 Gilrubin Cou				21212		U	SA	
BY FU	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	If yes, a	CENDENT OF HISPAI becity Cuben, Mexica 3 2 X NO Specifi	NIC ORIGIN? (Specify) an, Puerto Ricen, etc.) y:	es or No — 14	RACE - Black, V Specify:	- American Indian, White, etc. Black
COMPLETED	15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12) 12th	OUCATION do compliend) College (1-4 or 5 +)	16e. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATI work done during ma se retired.)	ON ost of working	16b. KIND OF B	USINESS/INDUS	TRY	
	17. FATHER'S NAME (First, MOON, Last) John Lucus				18. MOTHER'S NA	ME (First, Middle, Maide CE COPPEY	on Sumeme)		
TO BE	Beatrice B. Lucus		19b. MAILING 819	Gilrubin (Baltimore	wn. State, Zip Co	12	
	20a, METHOD OF DISPOSITION 1 (X Surfat 2 Crampflin 3 Place 4 Donation 5 Dither/Tipoch)	movel from State 20	b. PLACE AND DATE	OF DISPOSITION (N		DATE 20c. L	ocation — cir. Lansdown	or Town	, State
	21. SIGNATURE OF FORERAL SERVICE L		m	22. NAME A	ND ADDRESS OF FA 1 F/H West Wabash A	CILITY		,	
	23. PART I. Enter the diseases, of ehock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. A I CLUBY DUE TO (OR AS	OBSTR A CONSEQUENCE O	uetto		h as cerdiec or ree	piratory arrest	,	Approximete Intervel Betwee Onset and Deat
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	b. DUE TO OR AS C. DUE TO (OR AS	A CONSEQUENCE OF						
BY PHYSICIAN: MEDICAL C	PART II. Other significent condition	ene contributing to deeth	but not resulting	in the underlying	g ceuse given in	Part I. 24s. WAS A PERFC	RMED?	CC OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
IAN	25. WAS CASE REFERRED TO MEDICAL	- 19-11		26 PI	ACE OF DEATH (Che	ack only one)			
Sic	1 XYES 2 NO	HOSPITAL: 1 Inputient 2 ER/Out	patient 3 DOA	OTHER:		Other (Specify)	OODED	ARE	Α
Y PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c. INJ URY WO		28d. DESCRIBE HOW			
	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y At home, term, s	street, factory, offic	•	28t. LOCATION (Street City or Town, State	and Number or F	Bural Flout	e Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the beat of my know	riedge, death occurre	ed at the time, date	end place, and due	to the ceuse(e) and mo	onner ee stated.	nues/el s	
- 11	256. SEMATURE AND TITLE OF CERTIFIE			,	29c. LICENSE NUM				
TO BE	30. NAME AND ADDRESS OF PERSON W	Mare	ATL ATT	0.10	O.C.M.		08/0		onth, Day, Year)
	HDRYDNION D	· KO roce	111 PE		EET, BAL	TIMORE,	MARYLA	ND	21201
	31. DATE FILED (Month, Day, Year) SFD 9 7 1001	32 REGISTRAR'S SIGN	1- handell						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Degr. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	91-5534-510] FOR STATE PET ME G-680		ARYLAND / DEPAR		EALTH AND	MENTAL HYGIEI	NE)	11 20212
	REGISTRAR 1()/15/91 1. OECEDENT'S NAME (First, Middle, Last,	reb	CERTIF	ICATE OF	DEATH	REG. NO	D	3. TIME OF OEATH
	Sheron		Carte	er		09 24	199	EAR
	246-68-5654	1 M 2 - F	AGE (In yrs. last birthday) 48 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	43	BIRTHPLACE (State or Foreign Country) N. CAROLINA
œ	9a. FACILITY NAME (If not institution, give				OR LOCATION OF D	DEATH	9c. COUNTY	
DIRECTOR	Church Home RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Hospital	1.0		imore			
	10e. STREET AND NUMBER		B	4 Himd	RE			10d. INSIDE CITY UMITS? 1 YES 2 NO
FUNERAL	A	HIMORE	Street	101	2123	1	10g. CITIZEN	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 [IF YES, GIVE WAR	YES 2 NO	If yes, sp	ENDENT OF NISPA ocity Ouban, Mexic 2 NO Speci	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	8 or No — 14.	RACE — American Indian, Black, White, etc.
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION Work done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUS	TRY
BE COMPL	17. FATNER'S NAME (First, Middle, Lest)	ARPIN	LCARPE	- NAEK/I	18. MOTHER'S N	AME (First, Middle, Meider	Surname)	
TO B	SAMORA (AP)	R	19b. MAILING	ADORESS (Street a	10.1	Route Number, City or To	vn, State, Zip Co	71224
	20a METNOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DATE CONSTRUCTION OF OR CONTROL OT OR CONTROL OF OR CONTROL OF OR CONTROL OF OR CONTROL OF OR CONTROL OF OR CONTROL OF OR CONTROL OF OR CONTROL OF OR CONTROL OF OR CONTROL OF OR CONTROL OF OR CONTROL OF OR CONTROL OF OR CONTR	OF DISPOSITION (Na	me of	OATE 20c. L	OCATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	1.2.		D ADDRESS OF F	101 S. C	reste	R 51.
	23. PART i. Enter tha diseasea, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Sepsis	auaad the death. Do non aach iina.		da of dying, suc	ch as cardiac or resp	iratory arraat	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. Due to N	Pyelonephri R AS A CONSEQUENCE OF ROCKLING THE ROCKLING THE POSTA POST Prosta	n: erplasia n:		state		
1	PART II. Other algnificant condition	ns contributing to de	ath but not resulting	n the underlying	cause given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDICA	<u>Hypertensive</u>	Artheroscl	erotic Car	diovascu	lar Dise	1200	NO NO	COMPLETION DF CAUSE OF DEATN? YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
HYS	1 XYES 2 NO 27. MANNER OF DEATN	1 A Inpatient 2 El	R/Outpetlent 3 DOA	4 - Nursing Home		6 Other (Specify) 26d. DESCRIBE NOW	N III IBY OCCUP	FO.
B	1 Natural Spanding 2 Accident Iquestigation	(Month, Day,	(bar) INJ	M 1 Y	RK? ES 2 NO	0.1100.000.000		
ETED	3 Suicide 8 Could not be 4 Nomicide datermined	building, atc.	IJURY — Al home, farm, s (Specify)	Rreet, factory, office		281. LOCATION (Street City or Town, State,	and Number or F	Rurel Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of my ER: On the basis of exam	knowledge, death occurre ination and/or investigation	od at the time, date n, in my opinion, de	and place, end due eith occured at the	to the cause(s) end me	nner as atsted.	ruse(a) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	2 Chesto	MOD		29c. LICENSE NUI	WBER	29d. DATE SIG	GNED (Month, Day, Year)
0,3	0. NAME AND ADDRESS OF PERSON AND	O COMPLETEO CAUSE O	OF DEATH (ITEM 27) (Type,	Print)	0.C.M	I.E.	09	25 1991
1	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S	111 Pe	nn Stre	eet, Ba	ltimore	Maryl	and 21201

House a Habitania in the American American American Security Secur

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTÉNDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 be filled within 72 hours after death with the State Dept, of Health and Memal Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	SIAIL OF IV	IARYLAND /				EALTH DEAT			YGIENE REG. NO.		1	26273
1. DECEDENT'S NAME (First, Middle, Last)	7	Cocci						2. DATE OF MONTH	DAY		EAR	IME OF DEATH
4. SOCIAL SECURITY NUMBER	A.	6. AGE (In yrs. les		IF UNDER	t YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	9.		E (State or Foreign
213-07-3305	X M 2 D F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	4-28-	1917		Country)	
Se. FACILITY NAME (If not institution, give stre	set and number)	Geriat	ric	9b. CITY	TOWN O	R LOCATIO	ON OF DE	ATH		9c. COUNTY		
Francis Scott I	Key M.C	. Cen	ter	Ва	alt:	Lmor	е					
RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	•		10c, CIT	Y, TOWN C	OR LOCAT	ION					100	. INSIDE CITY
Maryland			Ва	alti	mor	е					15	LIMITS?
10e. STREET AND NUMBER					101.	ZIP CODE				10g. CITIZEI		
3902 Claremont							224				U.S.	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2 T			If yes, spe	city_Cuban	n, Mexica	NC ORIGIN? (S in, Puerto Rice y:	specify Yee o n, etc.)	r No- 14	Black, WI	American Indien, lite, etc. ite
15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DE	CEDENT'S	USUAL O	CCUPATIO	IN at undia	~	16b. KII	ND OF BUSIN	NESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)				at of working			n - 4 h '	1 ab a=	- CL	1
8th		T	ln H	ouse	e En	ploy			Beth.		II St	eeı
17. FATHER'S NAME (First, Middle, Last) Amadeo C	Coccia						CQU	ME (First, Midd ela	lle, Malden St		ulia	no
19a, INFORMANT'S NAME (Type/Print)	,00014	19	b. MAILING	ADDRES:	S (Street a			Route Number,	City or Town,			
Joseph and Fran	ik Cocc							eet B				224
23. PART I. Enter the diseases, or co shock, or heart fellure. L MMEDIATE CAUSE (Final disease or condition resulting in death)	list only one cau	t caused tha dise on each line	n.						10110	atory erres	it,	Approximate interval Betwee Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		(OR AS A CONSE										
PART II. Other aignificant conditions	entributing to	douth but not	resulting	In the us	nderlyin	g cause g	given in		a. WAS AN A PERFORM	NED?	CO OF	RE AUTOPSY FINDING ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
7	2001).	2050			_		_ [123 2 10
	HOSPITAL					ACE OF D	EATH (Ch	neck only one)				
25. WAS CASE REFERRED TO MEDICAL.	HOSPITAL:	ER/Outpetient	DOA	OTHE		e 5 🗆 Re	esidence	6 🗆 Other (S	(pecify)			
EXAMINER?	1 Inpatient 2				204 IN	URY AT		28d. DESCR	IBE HOW IN	JURY OCCU	RED	
EXAMINER? 1 YES 2 00 27. MANNES OF SEATH 1 Manual 6 Pending			28b. TII	ME OF JURY M	WC	PRK? YES 2	NO					
EXAMINER? 1 YES 2 O	26e. DATE OF (Month, D		IN	JURY M	1 🗆	YES 2	NO		ON (Street an Town, State)	nd Number or	r Rural Rout	Number,
EXAMINER? 1 YES 2 OO 27. MANNER OF SEATH 1 Manual 6 Pending Investigation 3 Suicide 6 Could not be	1 Inpatient 2 Inpa	P INJURY — Al hetc. (Specify)	ome, ferm,	M street, fec	time, date	e and place	, and due	City or 1	lown, State)	ner as stated	1.	

	U	1/2	Du	enu	VW	
. NAME	AND AS	ORESS/	OF PERSON	WHO COMPLETED	CAUSE OF OEATH	(ITEM 27) (Type,

21224

BURTON 32. REGISTRAR'S SIGNATURE

who Davidson Randoll

at the burial-transit permit. Pages 1, 2, 3 should

ling physician.

BALTIMORE, MARYLA

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	SIAIE UF N	MAHYLANU / CE	UEPAH ERTIF	ICAT	I UF H	DEAT	ANU I	MENTA	AL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)									TE OF DEATH		YEAR	3. TIME OF D	EATH
	Jane	W.		Cā	Campbell					09 24 199			3:36	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDE	R 1 YEAR	IF UNDER		7. DAT	E OF BIRTH		8. BIRTI	HPLACE (State of	r Foreign
	220-44-2994	1 [] M 2 X F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	OC	T.16,1	906	Count		
~	9a. FACILITY NAME (If not institution, give s	lreet and number)			9b. CIT	Y, TOWN C	OR LOCATE	ON OF DE				INTY OF D		
OF	3915 Beech Ave	nue-Apa	rtment	311	Ва	lti	more	. C.	i + v					
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				1000	OR LOCAT								
DIRECTOR	MD.							TMV					10d. INSIDE C	
	10e. STREET AND NUMBER		BALTIMORE, CITY							I as our	771 05 1	MXYES 2		
FUNERAL	3925 BEECH A				,,,,		- 2121	1 1		10g. Gri		WHAT COUNTRY	77	
N	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U. AR	T EVER IN U. ARMED 13.			. WAS DECENDENT OF HISPAN			INT /Concilly Var	- or Mo_		S . A .	44
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced		S 2 NO It yes, spellify Cuban, Maxic				in, Maxica	in, Puerto	Rican, etc.)	l or Ho		k, White, etc.	es.	
6	15. DECEDENT'S EDUC	CATION	16a. DE	ECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF BUSINESS/INDUSTRY					To .
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(G/	live kind of a Do NOT us	work done	during mos	st of workin	g	Total Kind of Dodiness/Model Ki					
P	12	1	HOMEMAKER			3			OWN HO					
00	17. FATHER'S NAME (First, Middle, Last)	17. FATHER'S NAME (First, Middle, Last)					16. MOTH	HER'S NA	AME (First, Middle, Meiden Surname)					
BE	A. CHARLES WIL	SON					ETF	HEL	MES	SSERSM	ттн			
TO B	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRES	S (Street a	nd Number	or Rural I	Route Nur	mber, City or Tow	n, State, Zip	Code)		
-	WILLIAM DENGLE	R		3925	BE	ECH	AVE	E. E	BALT	TIMORE	, MD.	21	211	
	10a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rame	oval from Stata	20b. PLACE A	AND DATE O	OF DISPOS	SITION /Ne					CATION -			
	4 Donation 5 Other (Specify)		DRUI	DRI				9/2	28/9	PIK	ESVI	LLE	, MD. 2	1208
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD 21212										12			
1	William R. Paus III HENRY W. JENKINS AND SONS. BALTO, MD.													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirators extent													
	shock, or heert fellure. List pnly one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSCOURNCE OF):													
ATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING													
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):													
- 11	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
PHYSICIAN: MEDICAL	PERFORMED? 1 YES 2 NO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO													
O O	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	R:	ACE OF DE							
14S	1 XYES 2 ND 27. MANNER OF DEATH	1 Inputient 2		-	4 🗆 Nun	sing Home		sidence	8 Other (Specify)					
	1 Natural 5 Pending	28m. DATE OF (Month, Da		28b. TIME	E OF URY	28c. INJU WOF	RK?		28d. DESCRIBE HOW INJURY OCCURED					
B	2 Accident Investigation	2 Accident Investigation 28s PLACE OF IN HIPV As				M 1 YES 2 NO			281 LOCATION /Street and Number or Burni Bode Number					
ETED	4 Homicide determined building, atc. (Specify) City or Town, State)										*			
COMPLETED	(Check only 1 CERTITYING PATSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2X MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.													
H H	SHE SUBJECT OF CHARGES			29c, LICENSE NO			NSE NUM	IBER		29d. DATE	29d. DATE SIGNED (Month, Day, Year)			
၉	AND YOURSE OF SERVIN WAY	I wanter in			O.C.M.					E. 1 09 25 199				
	111 Penn Street, Baltimore Maryland 21201													
	SEP 2 7 1991	Fishia Davids	R'S SIGNATURE											

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be intained by its attending physician and completely filled in by the funeral director, page 5 should be defined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND	ours after death. Page 6 may be retained by the hosp	I in by the funeral director, page 5 should be detache or removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the host	PRINCENT. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache in min in the state Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	MINNT II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISIONO	HOSPITAL OR ATTENDING PHY	HUNGAN, DIRECTOR: After this	HTANT II item 28 is marked

	1 - STATE REGISTRAR	SIAIE UF I			ICATE O			MENIAL HIGIE				
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH									3. TIME OF DEATH		
DIRECTOR	MATTHEW J. CURLEY O9 24 91									0930 AM		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs, ti			IF UNDER 1 YEA	R IF UNDE	R 24 HRS.	7. DATE OF BIRTH		6. BIRTH	IPLACE (State or Foreign	
	212 07 9699	1 X M 2 🗆 F	82	YRS.	MONTHS DAY	HOURS MIN.		Feb. 12,	1909 Mar		yland	
	9a. FACILITY NAME (If not institution, g	ive street and number)			9b. CITY, TOWN OR LOCA				9c, COUNTY OF DEATH		_	
	UNION MEMORIAL HOSPITAL BALTIMORE CITY Baltimore Cit									more City		
	10e. STATE 10b. CO			10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY	
	Maryland Anne Arundel					Baltir	nore				LIMITS?	
	10e. STREET AND NUMBER					10f. ZIP COE			WHAT COUNTRY?			
TO BE COMPLETED BY FUNERAL	8102 Holly Rd.				212	United States						
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARIFORCES? 1 YES 2 W/N 15. WAS DECEDENT EVER IN U.S. ARIFORCES? 1 YES 2 W/N 16. WAS DECEDENT EVER IN U.S. ARIFORCES? 1 YES 2 W/N 17. WAS DECEDENT EVER IN U.S. ARIFORCES? 1 YES 2 W/N 18. WAS DECEDENT EVER IN U.S. ARIFORCES? 1 YES 2 W/N 19. WAS DECEDENT EVER IN U.S. AR											
	(Specify only highest grade completed) (G				usual occup work done during se retired.)	most of work	Pavern					
	17. FATHER'S NAME (First, Middle, Last) Joseph Curle					16. MOT		AME (First, Middle, Melden Surname) Clark				
	19e. INFORMANT'S NAME (Type/Print) Matthew H. Curley 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8102 Holly Rd., Baltimore, MD 21226)	
	1 Burial 2 Cremation 3 Removal from State of cemetary				E OF DISPOSIT	ON (Name		OATE 28c. LOCATION — City or Town, State				
	4 Donetion 5 Other (Specify) Metro Crematory, Inc. 9/25/91 Catonsville, MI 21. SIGNATURE OF FUNERAL SERGICE LICENSES 1								MD			
3	McCully Funeral Home of Pasadena 3204 Mountain Rd., Pasadena, MD 21122											
ERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death											
H	resulting in death) LAST . d											
BY PHYSICIAN: MEDICAL C	COPD Covonary tracvy Disease Performede 1 yes 2 No OF DEATH? 1 yes 2 No									b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
₹	Atrial Pibrillation leading to Acute Myocardial Infarction 28. MAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Chock only one)											
ᅙ	EXAMINER?	EXAMINER? HOSPITAL:										
Ë	27. MANNER OF DEATH	26a. DATE O	F INJURY	28b. Til		INJURY AT WORK?						
٥	1 Natural 8 Pending (Month, Day, Year)			IN d		WORK? /		N	4			
COMPLETED BY	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At he building, etc. (Specify)							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	TO G											
	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
	296. SIGNATURE AND TITUE OF CERT	96. SIGNATURE AND TITYS OF CERTUIN				29c. LI	CENSE NU				O (Month, Day, Year)	
H	J. wi werne					m	2984 > 9/			24/91		
임	30. NAME AND ADDRESS OF PERSON Barbara Buch		USE OF DEATH (ITE					LTIMORE	MD	21	218	
	31. DATE FILEO (Month, Day, Year)		AR'S SIGNATURE		.,,	_	5.7		, , ,			
	SEP 27 1991 Like Savidson-Randelle											

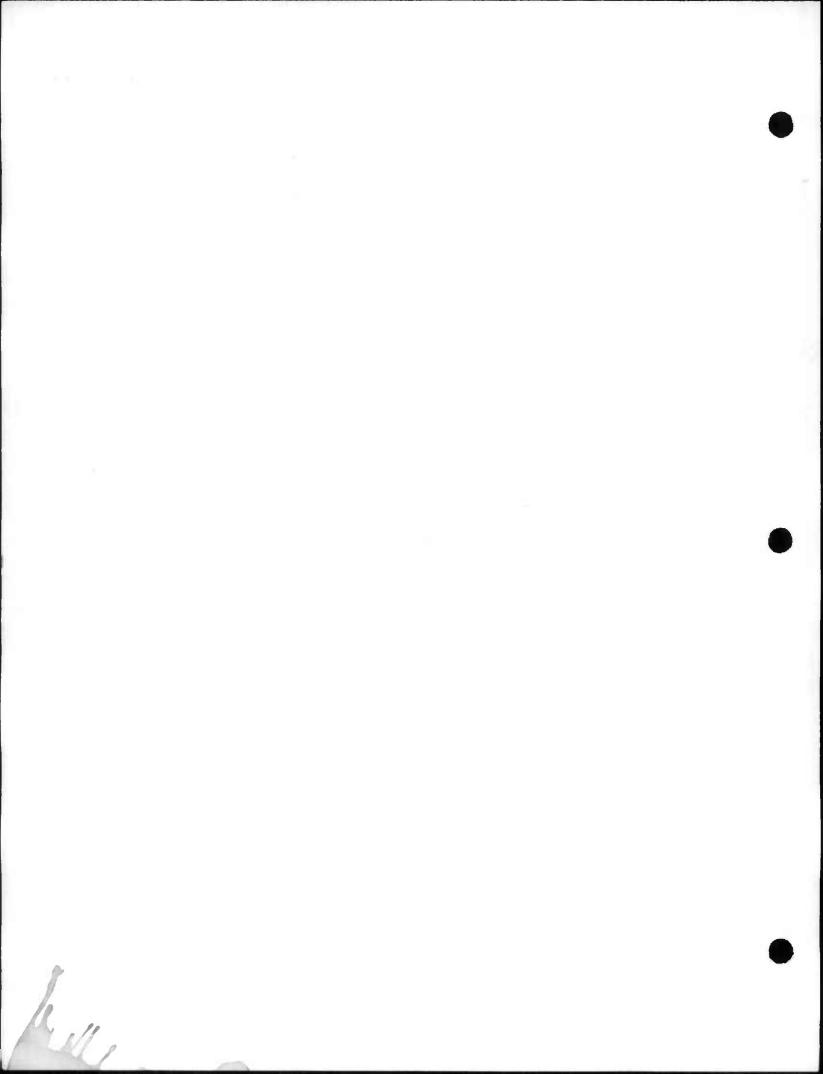
BALTIMORE, MARYLAND 21203-3146

examiner medicai the event, 1 traumatic other 6 shows any 23 OR ATTENDING PHYSICIAN: The I DIRECTOR: After this certificate ha hours after death with the State Dr item ŏ marked, 69 28 item THE HOSPITAL (
THE FUNERAL C TO THE HOSPITAL (
TO THE FUNERAL C
Be filed within 72 h
IMPORTANT: If II

P.O.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME 100-50pm Davis September 21, 1991 Baby Boy 4. SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 9(1/9/11/19/19/19/1) ночтв DAYS MD(VIII newborn ro 1 🔯 M 2 🗀 F YRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Maryland General Hospital Baltimore City DIRECTOR na RESIDENCE OF DECEDENT Baltimore City 10b. COUNTY 10d. INSIDE CITY 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3320 Presstman Street 21216 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2X NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced black tee. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEOENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18, MOTHER'S NAME (First, Middle, Maiden Surname) Barbara Davis BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Medical Records Department Md. Gen'l Hospital 827 Linden Ave. 21201 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 28c. LOCATION - City or Town State 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 21. SIGNATURE OF FUNERAL SERVICE LIC Ronald Wade, Dir 9/27/91 655 W. Baltimore St, Balto., MD 21201 coul L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate shock, or heert fallure. List only one cause on each line. Interval Between Onset end Death 20 weeks non viable fetus IMMEDIATE CAUSE (Finel diseese or condition non much resulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly liet conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE 1 YES 2 NO DE DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 THO 1 - Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Realdance 8 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 🔲 Could not be 4 🔲 Homicide determined Щ 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. COMPL (Check only one) 2 MEDICAL EXAMINER: On the basis of examiner nation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 14 urio 1 9/23/91 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CHASE OF DEATH (ITEM 27) (New Prince Mario GOnzelez, M.D. c/o Maryland General Hospital 32. REGISTRAR'S SIGNATURE 31, OATE FILED (Month, Day, Year) ulia Devider 1



	TO TH	THE PA	IMPO
6	+	1	
		ت	3

20. NAME AND TED PLANS

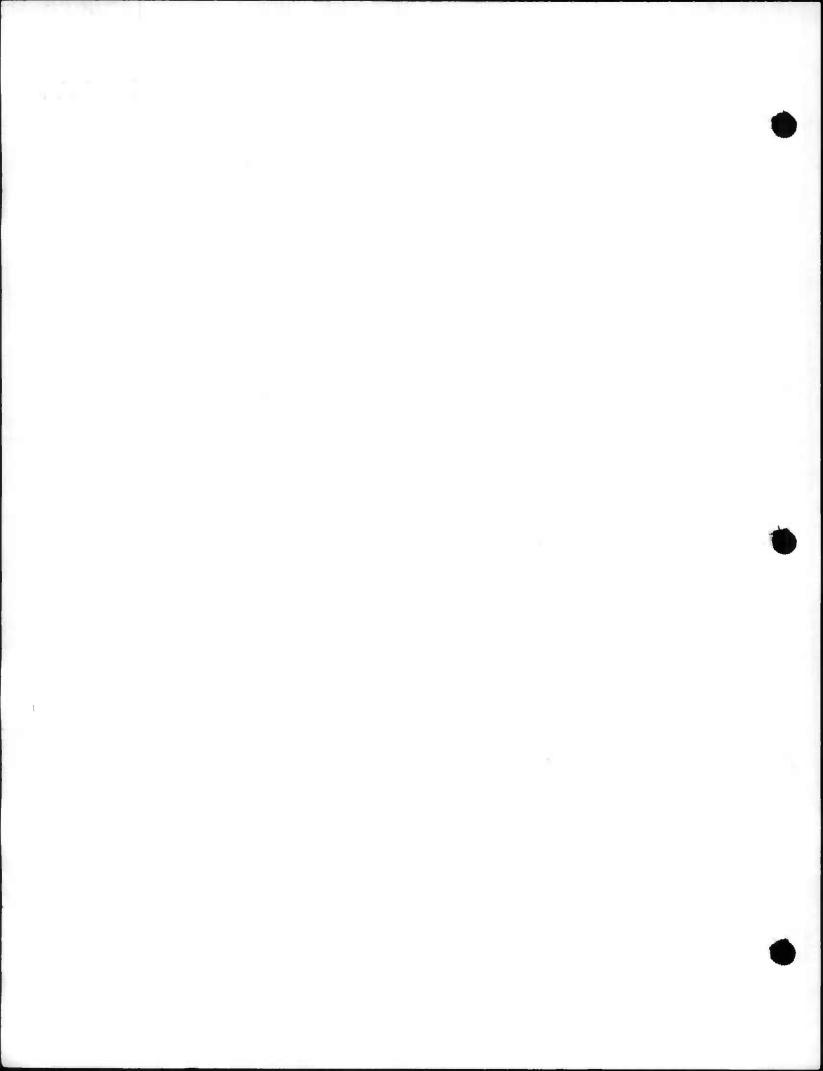
AND TE FILED (Month, Day, Year)

1. DATE FILED (Month, Day, Year)

1991

	1	FOR STATE REGISTRAR	STATE OF MARYLAND		RTMENT OF			YGIEN EG. NO.		91	262	77
		1. DECEDENT'S NAME (First, Middle, Last)	DMAR	Dos	261		2. DATE OF D	EATH D	-4 0	YEAR	3. TIME OF DEAT	н Р м
		2 2 2007	SEX 6. AGE (In yrs.	lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day,	Year)		8. BIRTH Country		
		9s. FACILITY NAME (If not institution, give street	and number)		96. CITY, TOWN	OR LOCATION OF DE	4-	9 1	9c. COUN		Maryla:	10
TOR		Loch Raven VA Medi	cal Center		BALT	IMORE						
DIRECTOR		10s. STATE 10b. COUNTY			y, town or Localtimore	ATION					10d. INSIDE CITY LIMITS? 1 TV YES 2	
1	- 18.	10e. STREET AND NUMBER				Of, ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?	
FUNERAL		1657 Ralworth I				21218			Ų	· ~	. A .	
BY FU	19	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	P. WAS DECEDENT, EVER IN U.S., FORCES? 1 X YES 2 FIF YES, GIVE WAR OR DATES		If yes, s	CENDENT OF HISPAN pecify Cubsn, Mexics S 2 NO Specify	n, Pusrio Rican,	ecify Yes	or No—	14. RACE Black Speci	- American India , White, stc. by: Blac	
8		15. OECEDENT'S EDUCATION (Specify only highest grade com	ON 16a.	DECEDENT'S	USUAL OCCUPAT	ION	16b. KINI	OF BU	SINESS/IND	USTRY	<i>D</i> <u>1</u> <u>4</u> <u>C</u>)	
COMPLETED			College (1-4 or 5+)	ille. Do NOT u	work done duning it se retired.)	lost or working						
I de			llege 5+ R	esear	ch Sci	entist	De	pt	of D	efe:	nse (A	cmy)
Ö		17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle	, Maiden	Surname)			
HE (. 1	Hasson Doali					a Stu					
2	- 11	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural I	Route Number, Ci	ity or Tow	n, State, Zip	Code)		
-	. 1	Ana Doali				th Road	Bal:					3
		20s. METHOD OF DISPOSITION 1 X Burisl 2 Cremation 3 Removal	I from State 20b. PLAC	CE OF DISPO place)	SITION (Name of o	emetery, crematory or			CATION —			
		4 Donetion 5 Other (Specify)		utus	Memori	al Park		Bal	timo	re,	MD	
		21. SIGNATURE OF FUNERAL SERVICE LICENS	0 11		25. NAME	GWYDDS	Fall	ter	Fun	era.	1 Homes	3
_	4	sary h	tollens			Gwynns imore,						
		23. PARTA. Enter the disesses, or com shock, or heert fellure. List IMMEDIATE CAUSE (Final			not sater the m	oda of dying, suc	h ss cardisc	or resp	iratory arr	est,	Approximation interval Bridge Onset and	stween
		disease or condition resulting in death)	DUE TO (OR AS A CONS			rtic Aneur	ysm					
Z		Sequentially list conditions, b										
CERTIFICATION		If eny, isading to immediate causs. Enter UNDERLYING	DUE TO (OR AS A CON	SEOUENCE C	PF):							
Ē		CAUSE (Disesse or Injury that initieted events	DUE TO (OR AS A CON	SEOUENCE C	P):							
		resulting in dasth) LAST										
н	. 11	PART II. Other significant conditions of	contributing to death but no	ot resulting	In the underly	ng ceuse given in	Part I. 24s.	. WAS AN	AUTOPSY	24b	. WERE AUTOPSY F	INDINGS
MEDICAL							() X	PERFO			AVAILABLE PRIOR COMPLETION OF	
E							' <i>F</i>	1,50	NO I		OF DEATH?	NO
							-					
A		25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	eck only one)					
Sic		EXAMINER?	OSPITAL:	3 🗆 DOA	OTHER:	me 5 - Residence	6 Other (Spi	ectfv)				
PHYSICIAN		27. MANNER OF OEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TII	WE OF 26c. II	NJURY AT	26d. DESCRIE		INJURY OCC	URED		
BY F		1 Systumi 5 Pending 2 Accident Investigation	(month, bay, rout)			YES 2 NO						
9		3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At building, atc. (Specify)	home, farm,	street, factory, of	fcs	26f. LOCATION City or Tox			or Rural I	Route Number,	
		29s. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowledge,	death accur	red at the time de	te and place, and due	to the cause(e)	and me	nner sa sist	ed.		
COMPLET		one)	On the basis of examination and								a) and manner as a	tated.
- 1	- 11	295. SIGNATURE AND TITLE OF DERTIFIED		- Jan 10.00		29c, LICENSE NU			29d, DATI	-	(Month, Day, Year)	
H.	,	Joseph Case M	ROYSE						19	24	1	
E P	2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITEM 27) (Typ	e, Print)	1				1 1		

32. REGISTRAR'S SIGNATURE. Fundamental Sunia Davidson-Random



BALTIMORE, MARYLAND 21215-0020	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death continous be recuted within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	E FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-h
), (ithin 24	etely fills
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	cuted w	р сотр
K	8.	cian an
B.	1	physic
8	art core	tendin
DS,	the de	the a
OR	s that	ned by
REC	require	een sig
AL	he law	has b
VIT.	IAN: T	rtificate
OF	PHYSIC	this ce
ON	MOING	After
VIS	ATTEN	ECTOR
	AL OR	AL DIR
	HOSPIT	FUNER
	ш	w.

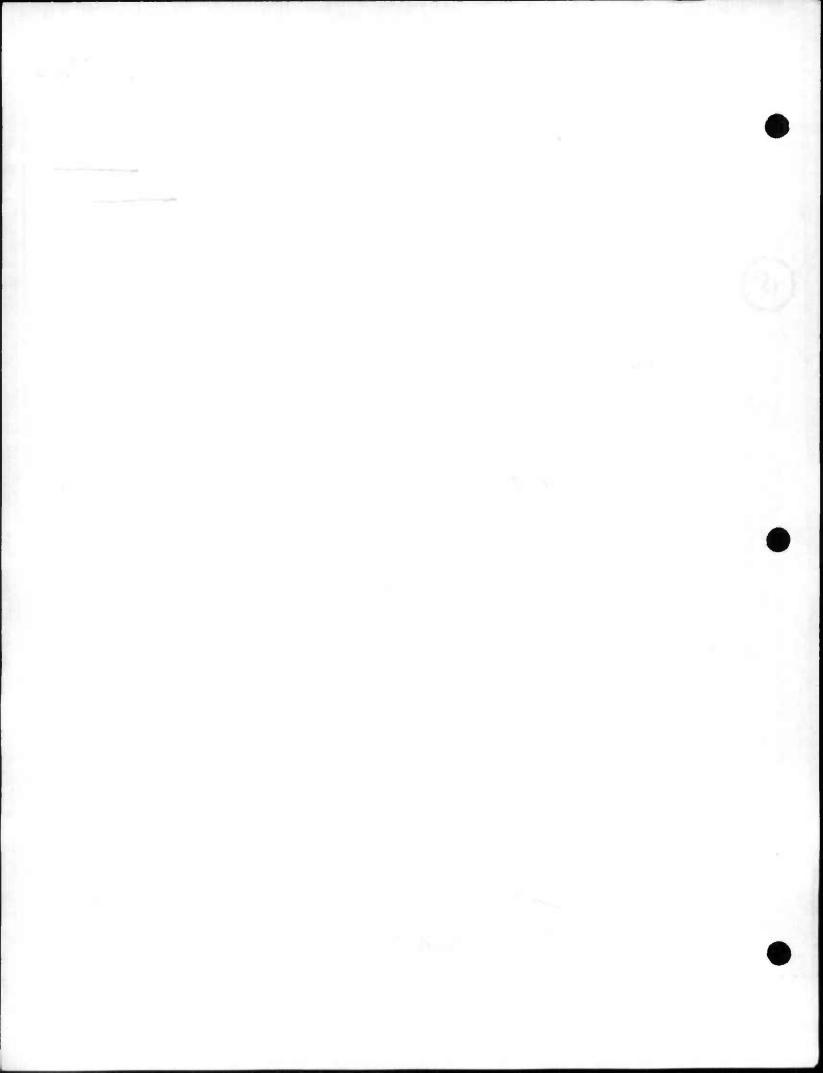
1 - STATE REGISTRAR	STATE OF MARY		RICATE OF		MENT	AL HYGIEN REG. NO	_	Com	0210	
1. DECEDENT'S NAME (First, Middle, La	FRANK G	.EMERIN	E JR.	jr	2. DAT MON	E OF DEATH D	3,199	YEAR	TIME OF DEATH 5:20	
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRTH hth, Day, Year)	0.	. BIRTHPLA Country)	CE (State or Foreign	
219-18-8598	MXM 2 □ F	69 YRS.				22/19				
9e. FACILITY NAME (If not institution, give street and number) 9e. COUNTY OF DEATH 9e. COUNTY OF DEATH 9e. COUNTY OF DEATH 9e. COUNTY OF DEATH										
RESIDENCE OF DECEDENT			DALITI	TORE CI	. 1 I					
10a. STATE 10b. COU	INTY								. INSIDE CITY	
MD.			BALTI	MORE, C	ITY			1)	LIMITS?	
10e. STREET AND NUMBER 48	05 OLD YORK RO	DAD	10	101. ZIP CODE			10g. CITIZE		COUNTRY?	
6856 OLD YO	RK ROAD	ROAD			1212			U.S.A.		
11, MARITAL STATUS Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED 2 NO DATES	f If yes, a	ENDENT OF HISPA City Cuban, Maxie 2 1 NO Spec	an, Puerto	IN? (Specify Yes Rican, atc.)	or No-	Black, WI	American Indian, hite, atc.	
15. DECEDENT'S E	DUCATION	16a. DECEDENT'S	USUAL OCCUPATI	ON	16	b. KIND OF BU	SINESS/INDUS			
(Specify only highest gr Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of a	work done during mose retired.)	est of working		3, 30				
12		U.S.PO	ST OFF	ICE			MAIL			
17. FATHER'S NAME (First, Middle, Last)				18, MOTHER'S N	AME (First,	Middle, Maiden	Sumame)			
FRANK EMERI	NE			ROSE	KRE	BS				
19e. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street	and Number or Rura	Route Nur	nber, City or Tow	n, State, Zip Co	ode)		
FRANK TERVEE		6856	QUEENS	FERRY	ROA	D. BA	LTIMO	RE, N	4D.2123	
20e. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 R	emoval from State	b. PLACE AND DATE		ama of	DA	TE 20c. LO	CATION — CH	y or Town,	State	
4 Donation 8 Other (Specify)	D	IILANEY	VALLEY	MEM.9	/30/	91 TI	MONIU	JM, MI	21093	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			ND ADDRESS OF F					21212	
E dison	Milonk	sun la	HEND	V M TI	ד אווא ד				ALTO, M	
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE OF	F): F):			1 10				
PART II. Other significant condit	dions contributing to death i	out not resulting l	In the underlyin	g causa given ir	Part i.	24a. WAS AN PERFOR	MED?	AWAI CON DF I	RE AUTOPSY FINDINGILABLE PRIOR TO APLETION DF CAUSE DEATH? YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C	hack only o	ne)				
1 XYES 2 NO	1 Inpatient 2 ER/Out	patient 3 🗆 DOA	OTHER: 4 Nursing Horn	e 5 XResidence	S 🗆 Oth	er (Specify)				
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	E OF 28c. INJ	URY AT RK?	28d. DE	SCRIBE HOW I	JURY OCCUR	IED		
2 Accident investigation				ES 2 NO						
3 Suicide S Could not I 4 Homicide determined		/ — A1 home, farm, a cify)	stree1, fectory, offic		28f. LO	CATION (Street a or Town, State)	nd Number or	Rural Route	Number,	
3 Sulcide 4 Homicide 5 Could not be determined 29a. CERTIFIER (Check only one) 29b. CERTIFIER (Check only one) 29c. CERTIFI									manner as stated.	
296. SIGNATURE AND TITLE OF CERTIF	PER () ()	h		29c. LICENSE NU	MBER		29d. DATE SI	IGNED (Mor	oth, Day, Year)	
1xun to	TOUL-	HI M	人	O C M	E			24-1		
30. NAME AND ADDRESS OF PERSON OF	WE, JR, N	111 N				LTIMO			AND 212	
31. DATE FILED (Month, Day, Year) SEP 27 1991	Julia Davidson	andell								

Ä	8	d	pe
E	00,		nst
ge 6	irect		E
S.	o le		Ž.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2xours after death. Page 6 mg his	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, ways		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
ffer	#	Ova	19
S S	in b	ren	edic
2	100	9, 0	E
2 1	aly fi	atio	Ē
with	bjet	Creft	ent
red	COM	ia.	6
xecu	and	ğ	igi
De e	E .	or to	E P
ate	MySic	bd	T
rtific	d De	jene	the
h ce	ndi	Ť	0
deat	atte	ental	Š
the	the	ž	를
that	P.	an L	iny
Sa	igne	ealt	90
edni	en s	of H	ğ
WE	s be	ept.	23 8
The	e ha	D a	E
- N	ficat	Sta	He
SICIA	certi	the the	
PHY	this	With	rked
NG	fter	Bath	E
ON	R. A	er d	-
ATT	8	aft.	28
OR.	DIRE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Te T
A	RAL	72	=
dSO	UNE	rithin	ANT
부	1 9	w pe	DRT
U T	E	e fil	MP
-	-	-	_

	STATE REGISTRAR	E OF MARYLAND / CE		ICATE C			NIAL HYGIENI REG. NO.	Ė	91	20219
1	1. DECEDENT'S NAME (First, Middle, Last)						DATE OF DEATH			TIME OF DEATH
р		HELEN	T. 1	EICKEI	BERG	s		,19	91. 9	7:45 P m
	4. SOCIAL SECURITY NUMBER 5. SEX	. AGE (In yrs. lest	birthday)	IF UNDER 1 YEA		24 HRS. 7.	DATE OF BIRTH, (Monthy Day, Year)		8. BIRTHPLA	CE (State or Foreign
	220-44-1157 · 1□M	2KF 97	YRS.	MONTHS	HOURS	E	EC. 12,1	893		RYLAND
	9e. FACILITY NAME If not institution, give street and no	mber)		9b. CITY, TOV	N OR LOCATION	ON OF DEATH	н /	9c. COU	NTY OF DEAT	н
O. I		VICK HOME		. B <i>I</i>	LTIM	ORE, C	CITY			
Б	RESIDENCE OF DECEDENT 10e, STATF 10b, COUNTY		10c. CIT	Y, TOWN OR LO	CATION				104	I. INSIDE CITY
DIRECTOR	MD. BALTI	MORE			SON					LIMITS?
	10e. STREET AND NUMBER				10f. ZIP CODE	E		10g. CIT	IZEN OF WHAT	
ER/	125 SWATHMORE DE	RIVE				21204	l l		U.S.A	
FUNERAL	11. MARITAL STATUS 12. WAS	DECEOENT EVER IN U.S. ARI	WED	13. WAS	PECENDENT C	F HISPANIC	ORIGIN? (Specify Yee			American Indian
B										WHITE
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DE	CEDENT'S	USUAL OCCUP	ATION most of working	og.	16b. KIND OF BUS	SINESS/INI	DUSTRY	
9	Elementary/Secondery (0-12) College	(1-4 or 5+)	Do NOT us	se retired.)		•				
COMPL	12		HON	1EMAKE					HOME	
용	17. FATHER'S NAME (First, Middle, Last)	7110340031					(First, Middle, Maiden	,		
BE	WILLIAM NELSON T						KOEHLER	_		
2	190. INFORMANT'S NAME (Type/Print) WILLIAM T. EICKEI						te Number, City or Town			0.4
1	WILLIAM I. EICKEL			SITION (Name of			TOWSO		City or Town,	
ro'	1 Buriel 2 □ Cremetion 3 □ Removal from 4 □ Donation 5 □ Other (Specify)	State other pla	ice)	I CEME		natory or				. 21207
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		DWMI	22. NAM	AND ADDRE	SS OF FACIL	[™] 4905 Y	ODK	WIN AND	21207
N	My lilliam ex	Parks III								
	23. PART I. Enter the diseases, or complicat	100	ath Do							ALTO, MD.
	shock, or heart failure. List only			not untar tru	moda or dy	mg, acon a	ia daranad bir respi	recory or	i out,	Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	010	Ace							Onset and Death
	resulting in death)	OUE TO (OR AS A CONSEC		F):						
z	C b	ASCYD								
윤	Sequentially list conditions, if sny, lesding to immediate	DUE TO (OR AS A CONSEC	OUENCE O	F):						
\2	cause. Enter UNDERLYING CAUSE (Disesse or Injury									
Ë	that initieted events resulting in death) LAST	DUE TO (OR AS A CONSEC	JUENCE O	r):						
CERTIFICATION	d									
CAL	PART II. Other significant conditions contrib				ying ceuse	givan in Pa	rt I. 24a. WAS AN			RE AUTOPSY FINDINGS
	MULT. IN:	me Dene	× , A				1 TES 2	NO		OMPLETION OF CAUSE DEATH?
MED							_		1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			OTHER:	B. PLACE OF C					
1YS		itlent 2 ER/Outpatient 3	DOA 28b. TIR		Home 8 R		Other (Specify) 8d. DESCRIBE HOW I	N IIIDV OV	CCURED	
	1 Netural 5 Pending	(Month, Day, Year)	IN	JURY	WORK?		ed. DEŞCRIBE NOW I	NJUNT O	CONED	
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	. PLACE OF INJURY At ho	me, farm,				8f. LOCATION (Street	and Numbe	er or Rural Rout	e Number,
	4 Homicide determined	building, atc. (Specify)					City or Town, State)			
빌	29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To 1	he best of my knowledge, de	ath occur	red at the time,	date and place	, and due to	the cause(e) and me	nner as st	ated.	
COMPLETED	one) 2 MEDICAL EXAMINER: On the									nd menner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	- mg AT	PH	rscal		ENSE NUMBE			TE SIGNED (M	/
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED OF THE STATE	ETED CAUSE OF DEATH (ITE	M 27) (Type	e, Print)	700	13.40	on st	BALT	ingle	mg 21211
	31. DATE FILED (Month, Day, Year) 32.	REGISTRAR'S SIGNATURE	00		•				,	
	SEP 27 1991 94 10	-Davidson-Manda	مالم							

		1. DECEDENT'S NAME (First, Middle, Last Elizabeth M	Finne					2. DATE MONTH	9/25/5		YEAR	3. TIME OF DEATH 12:15 A
	L	4. SOCIAL SECURITY NUMBER 215-10-6230 9a. FACILITY NAME (If not institution, give	5. SEX	8. AGE (In y	rs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	(Month)	14/14		Ma	rylana— more
TOR	-	Stella Maris	subst and number)			Towso	OR LOCATION OF D	EATH		Balt		
DIRECTOR			timore		10c. CITY	Town on Loca						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL		2300 Dulaney	Valley Rd			16	21204				SA	HAT COUNTRY?
BY	-	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	D(10	If yea, a	CENDENT OF HISPA pecify Cuben, Maxic S 2 (Specific Specific en, Puerlo A	(Specify Yes Ican, etc.)	or No 1	4. RACE Black, Specifi	- American Indian, White, atc. White	
COMPLETED	-	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	OUCATION ide completed) College (1-4 or 5 -		(Give kind of w life. Do NOT use		ost of working	1.50	KIND OF BUS		STRY	
COMP	-	12 VILAYS			Но	usewife	16. MOTHER'S NA		Homen			
BE	-	George Edgar N 19a. INFORMANT'S NAME (Type/Print)	AcGuirk		19h MAILING	ADDRESS /Cross	Catheria and Number or Rural					
5		Mary P. Scott			IVO. WAILING		Markoe F					21111
		Real METHOD OF DISPOSITION Description		cemeters St.	Mary's	F DISPOSITION (N. ner place) Churc	_{ame of} h Cemete	DATE		eation - cit		Maryland
	2	11. SIGNATURE OF FUNERAL SERVICE	Martin D.	Lawso	ואפרט	Lemn	non-Mitch	hell-V	Viedef	eld		
	10 1	23. PART I. Enter the diseasee, o	r complications tha	and the second	-0.01	110 W.	Padonia	Rd.	, Time	onium	, M	
EHTIFICATION		23. PART I. Enter the disease, o shock, or heart feilure immediate condition resulting in death) Sequentially liet conditions, if any, leading to immediate reuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Cere BUE TO Canoer DUE TO	t coused the	a death. Do no line. Vascula	r Accid	oda of dying, suc	h as cerdi	ec or raepir	onium	st,	Approximate Interval Betwe
MEDICAL CERTIFICATION		IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, f any, leading to immediate seuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Cere a. Due to c. Cancer bue to c. Oue to	t coused the	a death. Do not line. Vascula	r Accid	ent Metastat	ic Di	ec or raepir	AUTOPSY	240.1	Approximate Interval Betwee Onset and De Ons
MEDICAL	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Cere a. Due to b. Cancer but to c. Due to d. Due to h. Cancer but to d. Due to d. Due to h. Cancer	t ceused thise on each bral OR AS A COR OR AS A COR OR AS A COR death but n	a death. Do not line. Vascula: Vas	t with	ent Metastat. g cause given in	ic Di	SCASC	AUTOPSY	240.1	Approximate Interval Betwee Onset and De Ons
PHYSICIAN: MEDICAL		IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions are conditionally the condition of the condition of the conditional conditions are conditionally that in the condition of the conditional conditions are conditionally that it is a conditional	a. Cere a. DUE TO b. Cancer DUE TO c. DUE TO d. Done contributing to	t ceused the se on each bral V (OH AS A COM OF The OH AS A COM OH OH AS A COM OH OH AS A COM OH OH OH OH OH OH OH OH OH OH OH OH OH	a death. Do not line. Vascula: Vas	t With	ent Metastat. General given in AGE OF DEATH (Chi	ic Di	SCASC	NUTOPSY	240.	Approximate interval Betwee Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and
BY PHYSICIAN: MEDICAL		IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported to the conditions of the cause	B. Cancer B. Cancer DUE TO C. OUE TO C. OUE TO DUE t ceused thise on each bral V OR AS A COR OR AS A COR OR AS A COR OR AS A COR INJURY	Asculation of the second of th	t With	ent Metastat. General Grand	IC Di	SCASC SCASC NAS AN A PERFORM T VES 2	MITOPSY MEDT NO	240. 1	Approximate Interval Betwee Onset and De Ons	
BY PHYSICIAN: MEDICAL		IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate leaves. Enter UNDERLYING ZAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported by the conditions of the c	B. Cancer B. Cancer DUE TO C. OUE TO C. OUE TO DUE TO TO TO DUE TO TO DUE TO TO TO TO TO TO TO TO TO TO	t ceused thise on each bral (OR AS A COR OF the OF the OR AS A COR	ASCULATION OF THE POLY OF THE	at the underlying the	ent Metastat. G CALLER GIVEN IN ACE OF DEATH (Ch. B C Residence UNY AT REY YES 2 NO and place, and due	Part I	SCASC SCASC SAL WAS AN A PERFORM TO YES 2 Specify Rose HOW IN.	MATOPSY MEDT MEDT MO MO MO MO MO MO MO MO MO MO MO MO MO	24b, 1	Approximate Interval Betwee Onset and De Ons
PHYSICIAN: MEDICAL	1	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are sufficient to the condition of t	B. Carcar DUE TO b. Carcar DUE TO c. OUE TO d. HOSPITAL: 1 Impatient 2 28s. DATE OF (Movin, O) 28s. PLACE OF building, of set ER	t ceused the se on each bral V (OR AS A COR OR OR AS A COR OR	a death. Do not line. Vascula: Vas	t with the underlying the un	ent Metastat. G CALLER GIVEN IN ACE OF DEATH (Ch. B C Residence UNY AT REY YES 2 NO and place, and due	Part L Other Did Other To the ceus firms, data a	SCASC SCASC SAL WAS AN A PERFORM TO YES 2 Specify Rose HOW IN.	AUTOPSY AEDY JURY OCCUP of Alamber or as stated, due to the c	24b, 1	Approximate Interval Betwee Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and Topo Onset

DHMH-16 Rev 1

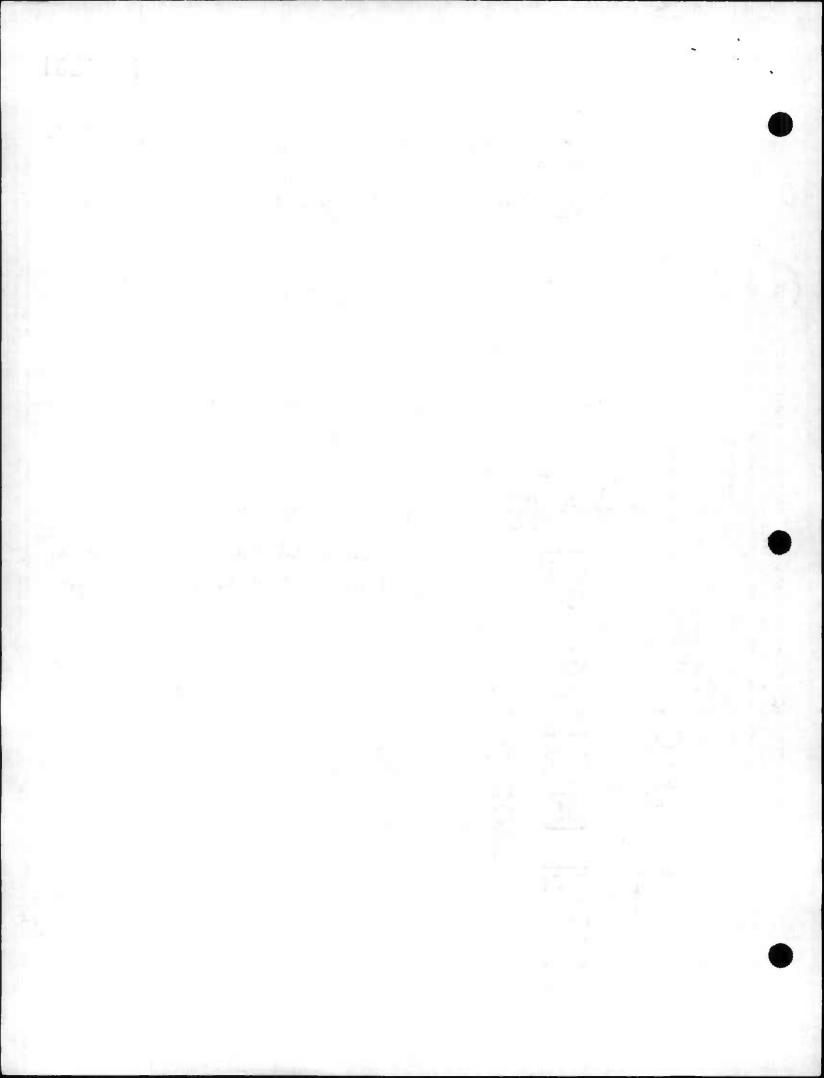


permit. Pages 1, 2, 3 should

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGISTHAN	CENTI	FICALE OF DEA	In	HEG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)		291	2. DATE	OF DEATH DAY	3. TIME OF OEATH
	FRYFOGLE		7	- 23 -	7/ / A M
4. SOCIAL SECURITY NUMBER 5. SEX 217 - 01 - 5142 1 € M 2	6. AGE (In-yes, lest birthday)	MONTHS DAYS HOURS		OF BIRTH o, Day, Year)	BIRTHPLACE (State or Foreign Country)
7//	00		04	18 1905	MARYLAND
9a. FACILITY NAME (If not institution, give street and num	1 4	9b. CITY, TOWN OR LOCAT	ION OF OEATH		NTY OF OEATH
Anne Arundel M.	edical Center	- Amapo	115	1940	ne Arundel
RESIDENCE OF DECEDENT					
10a. STATE 10b. COUNTY	10c. C	ITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
MD ANNE ARUND	EL A	RNOLD			1 TYES 2 NO
100. STREET AND NUMBER Dogwood Tr	ailer Park	10f. ZIP COD	E	10g. CIT	IZEN OF WHAT COUNTRY?
1277 RITCHIE HWY. # 1	92	21012	2	U.	S.A.
The second secon	S? 1 YES 2 YNO	13. WAS OECENDENT	OF HISPANIC ORIGIN on, Mexican, Puerto I	? (Specify Yea or No-	14. RACE — American Indian, Black, White, atc.
IF YES.	GIVE WAR OR DATES	1 TES 2 XNO		nicent, etc.)	Specify:
3 Widowed 4 Divorced					WHITE
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT	'S USUAL OCCUPATION of work done during most of work	16b	KIND OF BUSINESS/IN	DUSTRY
Elementary/Secondary (0-12) College (1	-4 or 5+) life. Do NOT	of work done during most of work use retired.)	H	loward Bern	stein
4th none	APARTM	ENT MANAGER	H	& M Enter	prises
17. FATHER'S NAME (First, Middle, Last)		18. MOT	HER'S NAME (First,	Middle, Maiden Sumame)	
HENRY B Fryfogle		Mai	C V	C.	Byers
19a. INFORMANT'S NAME (Type/Print)	19b. MAILII	NG ADDRESS (Street and Number			
Geneva L. Fryfogle	Sa	me as # 10			
20g. METHOD OF DISPOSITION		TE OF DISPOSITION (Name	DAT	E 20c LOCATION —	City or Town, State
1 N Burial 2 Cremation 3 Removal from S		dge Memorial			•
21. SIGNATURE OF FUNERAL SERVICE LICENSES	Ineadowi IC				01, 110
1 4/ 1/		SINGLETON	N FUNERAL	HOME	
1) Novallo	•	1 SECOND	AVE S W	CIEN BI	JRNIE,MD 21061
23. PART I. Enter the diseeses, or complication	ons that coused the dasth. Dr				
ahock, or heart failure. List only o	na ceuse on asch line.				Interval Betwee
IMMEDIATE CAUSE (Finel disease or condition		101	PI W.)	M. 6 ^
resulting in death) a		· cohrence	recount	^	Mendy
	DUE TO (OR AS A CONSEQUENCE	Ventreuter OFF: 1 ochemi	P. 1.	0	2
Sequentielly list conditions, b.	DUE TO (OR AS A CONSEQUENCE		May 1	resease	3900
If any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE	OF):			
CAUSE (Disease or Injury C.	DUE TO (OR AS A CONSEQUENCE	20.			
that initiated events reaulting in death) LAST	DUE TO (OH AS A CONSEQUENCE	OF):			
d.					
PART II. Other significant conditions contribu	ting to death but not resulting	a in the underlying cause	given in Part I.	24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDING
				PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
				1 TYES 2 NO	OF DEATH?
					1 TES 2 NO
Land of the same					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			OEATH (Check only or	ne)	
	ant 2 ER/Outpatient 3 DOA	OTHER:	Residence S - Other	or (Specify)	
27, MANNER OF DEATH 28s. I	DATE OF INJURY 266. T	TIME OF 28c. INJURY AT	28d. DE	SCRIBE HOW INJURY OF	CCURED
1 Natural 5 Pending	(Month, Day, Year)	INJURY WORK? M 1 TYES 2	□ NO		
2 Accident Investigation 3 Suicide 6 Could not be	PLACE OF INJURY — At home, fern		28f. LOC	ATION (Street and Number	er or Rural Route Number,
4 Homicide 6 Could not be	building, etc. (Specify)		City	or Town, State)	
29e. CERTIFIER					-
(Check only 1) CERTIFTING PHYSICIAN: 16 Inc	e best of my knowledge, death occ				
one) 2 MEDICAL EXAMINER: On the b	eals of examination and/or investiga	ntion, in my opinion, death occ	ured at the time, date	a and place, and due to	the cause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER		29c. Li	CENSE NUMBER	29d. DA	TE SIGNED (Month, Day, Year)
General Elever	(mn	120	1861	•	4/25/91
30. NAME AND ADDRESS OF PERSON WHO COMPLET	11111	ype, Print)			4-1-1
(a com	SL-VEAN	A PANK MD 211
[- (-) (1) () ()	SULVAND III X	A 12 11 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
21 DATE EILED (Month One Voor) 22 B	MAGNI & E	vengale en	10000		. 4 111112 17/1) 12/1
	EGISTRAPIS SIGNATURE	Randelle	10000		7 11100 1777 111



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

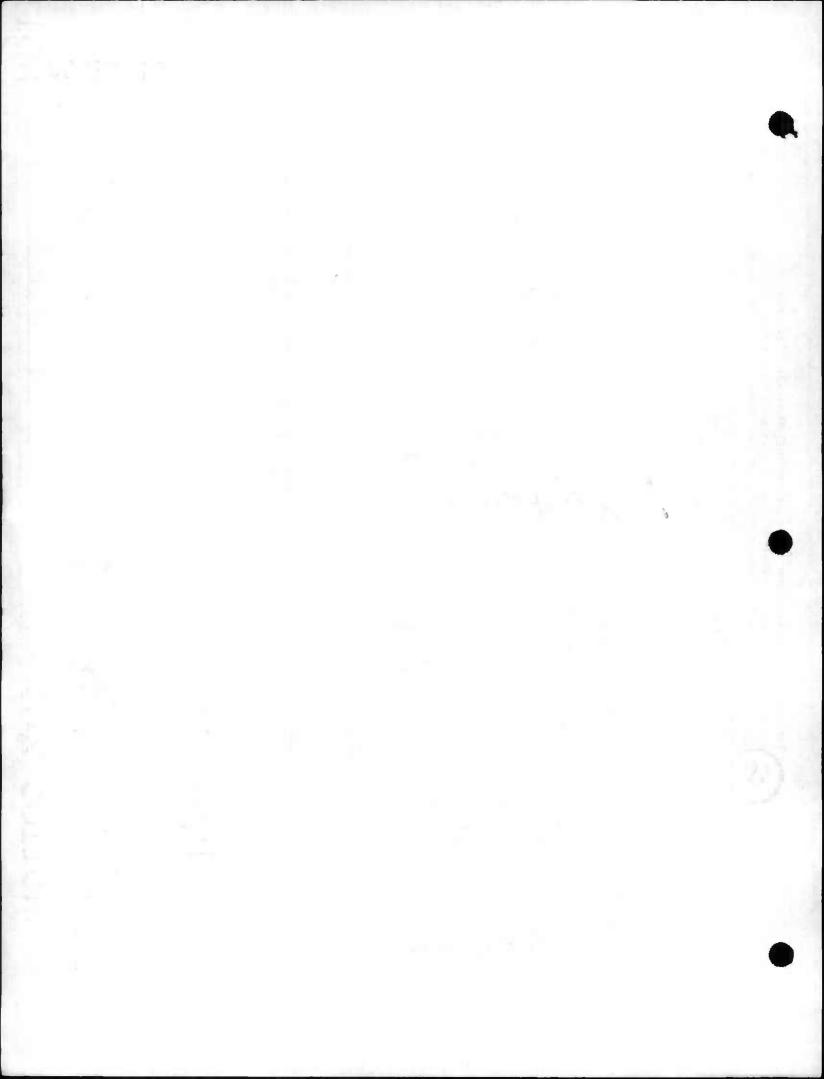
BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. S certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should bit the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. d, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transi be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1. DECEDENT'S NAME (First, Middle, Last)	11						TE OF DEATH			3. TIME OF DEATH
	SHARON	H.		FUL	LER		9	итн ди 23		YEAR	2:09 P M
9	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday) IF UI	IDER 1 YEAR	IF UNDER 24 HF	s. 7, DAT	E OF BIRTH	_ ' _	- '	IPLACE (State or Foreign
	220-64-8766	1 M 2 A-F	37	YRS. MONT	HS DAYS	HOURS MI	· (Mg	1-20-5	rel	Count	(1)
	9e. FACILITY NAME (If not institution, give st	reet and number)		9b. (CITY, TOWN O	OR LOCATION O	F DEATH	20-3	9c COU	NTY OF D	PEATH /
R	4308 LIBERTY	HGHTS	AVE			MORE C			St. 000.		- CAITTY
5	RESIDENCE OF DECEDENT										
DIRECTOR	100. STATE 10b. COUNTY			10c. CITY, TOW	1 4						10d. INSIDE CITY
	MARYLAM			DA	lin	ore					LIMITS?
AL	104. STREET AND NUMBER	+ ,	11 1			. ZIP CODE			10g. CITI	ZĘN OF V	WHAT COUNTRY?
H	4308 Liber	14. Hgt	its Av	e.		212	15		/	11.5	5.A
FUNERAL	11. MARITAL STATUS	JE. WAS DECEDEN	T EVER IN U.S. ARM	JEQ J	13. WAS DEC	ENDENT OF HIS	PANIC ORIG	GIN? (Specify Yee	or No —	14. BAC	E — American Indian,
	1 Never Married 2 Married	FORCES? 1	YES 2 MINO	·	If yes, sp-	ecify Cuban, Ma	xican, Puart	o Rican, etc.)		Black	k, White, etc.
ВУ	3 Widowed 4 Divorced						cony			B	Port
ETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DEC	EDENT'S USUA	L OCCUPATIO	ON .	-10	6b. KIND OF BUS	INESS/IND	USTRY	m Gr
9	Elementary/Secondary (0-12)	College (1-4 or 5		Do NOT use retire	id.)	ist of working		44	To		7
AP			BU	15 W	ERAI	er	1	MASS	IRI	9115	7/
COMPL	17. FATHER'S NAME (First, Middle, Last)	11		1		18. MOTHER'S	NAME (First	t, Middle, Maiden	Surnamp)		
BE (Cedric 1	44NS	on			Fd	1/6	101	K		
	19e. INFORMANT'S NAME (Type/Print)	1.1	19b.	MAILING ADDR	ESS (Street a	and Number or Ru	ral Route Nu	mber, City or Town	, State, Zip	Code	
5	Mr. Codric	HUBY	mo 1	81111	. 5m	0.1/1.	and.	CTBI	2//2	Gn	1 21216
	20a. METHOD OF DISPOSITION	/	20b. PLACE AN	NO DATE OF DISI	POSITION (Na	me of	CBS	TE 20c, LOC	ATION —	City or To	NYO. SHOW
	1 Buriel 2 Cremation 3 Remo	val from State	Somorous oresis	arery or other pla	in (em	1/2	7 B	a/15	10	Smd.
	21 SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			ZZ. NAME AN	D AODRESS OF	FADILITY	101	1101	rai	Home
	Hoseph J.	Pina	1		1959	PHI	EU:	53 PU	NO	170	. 1101110
\rightarrow	7 - 7 - 7	Rusi		- 4	100	2011	104/1	1 AUC.	DA	10.71	nd. 21216
	23. PART I. Enter the disessee, or c shock, or heert failure. I	omplications the list only one cau	t ceused the deal	th, Do not en	ter the mo	de of dying, a	uch es ce	erdiac or reepir	story err	est,	Approximate
	IMMEDIATE CAUSE (Finel										Interval Between Onset and Death
	diseese or condition resulting in death)	CUT	ting u	JOUND	SO	F LE	SPT	WRIST	AND) AR	cah
		OUE TO	(OR AS A CONSEQU	JENCE OF):							
7 1	Sequentially liet conditions,										
5 II		DUE TO	(OR AS A CONSEQU	JENCE OF):							
ATIO	if sny, leading to immediate										
CATIO	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Due To									
TIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEQU	JENCE OF):							
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	(OR AS A CONSEQU	JENCE OF):							
L CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST				underlying	1 Cause given	in Pert i.	24a. WAS AN /	WAGOTU	24h	WEDE AUTORY EMORICO
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events				underlying	ceuse given	in Pert i.	24a. WAS AN A		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST				underlying) ceuse given	in Pert i.		MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST				underlying	j ceuse given	in Pert i.	PERFORI	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significent conditions							1 YES 2	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	contributing to	death but not rec	euiting in the	26. PL	g cause given		1 YES 2	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? LIYES 2 \(\subseteq NO	HOSPITAL:	death but not rec	euiting in the	26. PL		(Check only (1 YES 2	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in deeth) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? LEXAMINER? 1. YES 2 — NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 25e. DATE OF (Month, D.	death but not red	euiting in the	26. PL IER: Nursing Home 28c. INJU	ACE OF DEATH ■ 🌠 Resident URY AT RK?	(Check only c	1 YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Netural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D.)	DEP/Outpatient 3 INJURY	DOA OTH 4 PINJURY PM	26. PL IER: Nursing Home 28c. INJU WOI	ACE OF DEATH MY Resident NRY AT RK?	(Check only of	PERFORI 1 YES 2	JURY OCC	URED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D. ? 28e. PLACE O	death but not red	DOA OTH 4 PINJURY PM	26. PL IER: Nursing Home 28c. INJU WOI	ACE OF DEATH MY Resident NRY AT RK?	(Check only of the SUE SUE 281, LO	PERFORI 1 YES 2 THE SECRETARY IN THE SECRETARY IN THE SECRETARY IN THE SECRETARY IN THE SECRETARY IN THE SECRETARY IN THE SECRETARY IN THE SECRETARY IN THE SECRETARY IN THE SECRETARY IN THE SECRETARY IN THE SECRETARY IN	MED? NO JURY OCC CUT Ind Number	URED SEL	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? LEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D. ? 28e. PLACE O	DER/Outpatient 3 INJURY Start (Specify)	DOA OTH 4 PINJURY PM	26. PL IER: Nursing Home 28c. INJU WOI	ACE OF DEATH MY Resident NRY AT RK?	(Check only of the SUE SUE 281, LO	PERFORI 1 YES 2 THE SECRETARY IN THE SECRETARY IN THE SECRETARY IN THE SECRETARY IN THE SECRETARY IN THE SECRETARY IN THE SECRETARY IN THE SECRETARY IN THE SECRETARY IN THE SECRETARY IN THE SECRETARY IN THE SECRETARY IN	MED? NO JURY OCC CUT Ind Number	URED SEL	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? LYSES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC)	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D. 2) 28e. PLACE O building,	DER/Outpatient 3 INJURY ay, Year) F INJURY — At home atc. (Specify)	DOA OTH 4 PROPERTY OF MALE OF FARM, atreet, 1	26. PL. IER: Nursing Home 28c. INJ WOI 1 Y	ACE OF DEATH NEW AT RK7 RS 2 NO	(Check only of the SUE SUE SUE 430	PERFORI 1 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 3 10 YES 4 10 YES 4 10 YES 5	JURY OCC CUT Id Number of RTY	SEL or Bural B	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions to the conditions of the con	HOSPITAL: Inpetient 2 28e. DATE (Month, D.) 28e. PLACE Olbuffding,	death but not reconstruction of the second o	DOA OTH 4 28b. TIME OF TIME OF MALE A STREET, 18 DME	26. PL EER: Nursing Home 28c. INJU 1	ACE OF DEATH Will Resident URY AT RRY (ES 2 NO	(Check only of the B Other SUE 281. LO City 4 3 (PERFORI 1 YES 2 THE (Specify) ESCRIBE HOW IN BJECT CATION (Street er y or Town, State) 9 8 LIB:	JURY OCC CUT Ind Number of ERTY	SEL or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions to the conditions of the con	HOSPITAL: Inpetient 2 28e. DATE (Month, D.) 28e. PLACE Olbuffding,	death but not reconstruction of the second o	DOA OTH 4 28b. TIME OF TIME OF MALE A STREET, 18 DME	26. PL EER: Nursing Home 28c. INJU 1	ACE OF DEATH William Action ACE OF DEATH Resident Re	(Check only to be a 8 Oth 28d, Di SUE 28d, Di Ct. Ct. Ct. Ct. Ct. Ct. Ct. Ct. Ct. Ct.	PERFORI 1 YES 2 THE (Specify) ESCRIBE HOW IN BJECT CATION (Street er fown, State) 9 8 LIB Buse(a) and mannata and place, and	JURY OCC CUT Id Number of RTY Term as state due to the	SEL or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO AF F Bute Number, TS AVE
BE COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Netural 5 Pending Investigation 2 Accident Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	HOSPITAL: Inpetient 2 28e. DATE (Month, D.) 28e. PLACE Olbuffding,	deeth but not reconstruction of the second o	DOA OTH 4 28b. TIME OF TIME OF MALE A STREET, 18 DME	26. PL EER: Nursing Home 28c. INJU 1	ACE OF DEATH Will Resident RY7 RES 2 NO and place, and coeff occurred at 129c. LICENSE 1	Check only of the control of the con	PERFORI 1 YES 2 THE (Specify) ESCRIBE HOW IN BJECT CATION (Street er fown, State) 9 8 LIB Buse(a) and mannata and place, and	JURY OCC CUT Id Number ERTY Her as state dua to the	SEL or Rural R HG	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO F Ended Number, TS AVE and menner as stated. (Month, Day, Year)
COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? LEXAMINER? LEXAMINER? LEXAMINER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIES	HOSPITAL: 1 Inpetion 2 28e. PLACE Of building, IAN: To the best of control of the busis of control of control of the busis of control of	ER/Outpatient 3 INJURY At home stc. (Specify) Try knowledge, deatt comments and/or inv	DOA OTH 4 28b. TIME OF INJURY M. M. E. farm, street, to M.E. h occurred at the restigation, in m.	26. PL EER: Nursing Home 28c. INJU 1	ACE OF DEATH Will Resident RY7 RES 2 NO and place, and coeff occurred at 129c. LICENSE 1	(Check only to be a 8 Oth 28d, Di SUE 28d, Di Ct. Ct. Ct. Ct. Ct. Ct. Ct. Ct. Ct. Ct.	PERFORI 1 YES 2 THE (Specify) ESCRIBE HOW IN BJECT CATION (Street er fown, State) 9 8 LIB Buse(a) and mannata and place, and	JURY OCC CUT Id Number ERTY Her as state dua to the	SEL or Rural R HG	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO AF F Bute Number, TS AVE
BE COMPLETED BY PHYSICIAN: MEDICAL	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions to the conditions of the con	HOSPITAL: 1 Inpetion 2 28e. PLACE Of building, IAN: To the best of control of the busis of control of control of the busis of control of	ER/Outpatient 3 INJURY At home stc. (Specify) Try knowledge, deatt comments and/or inv	DOA OTH 4 28b. TIME OF INJURY 9 ME h occurred at the restigation, in m	26. PL IER: tursing Home 28c. INJU WOI 1 Y extra y etime, data y opinion, de	ACE OF DEATH ACE OF DEATH RY AT RK? ES 2 NO and place, and coeff occured at 129c. LICENSE F	Check only of the County of th	PERFORI 1 YES 2 THE SECRET HOW IN BURNEY (Specify) CATION (Street or fown, State) 8 LIB Buse(e) and mannata and placa, and	JURY OCC CUT Ind Number of RTY FRTY Her has state due to the 29d. DATE	SEL or Rural R od. cause(a) SIGNED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO TS AVE and manner as stated. (Month, Day, Year) - 1991
BE COMPLETED BY PHYSICIAN: MEDICAL	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in deeth) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Inpetient 2 28e. DATE (Month, D.) 28e. PLACE Olbufiding, IAN: To the best of example of e	DER/Outpatient 3 INJURY — At home atc. (Specify) HC	DOA OTH 4 28b. TIME OF INJURY 9 ME h occurred at the restigation, in m	26. PL IER: tursing Home 28c. INJU WOI 1 Y extra y etime, data y opinion, de	ACE OF DEATH ACE OF DEATH RY AT RK? ES 2 NO and place, and coeff occured at 129c. LICENSE F	Check only of the County of th	PERFORI 1 YES 2 THE SECRET HOW IN BURNEY (Specify) CATION (Street or fown, State) 8 LIB Buse(e) and mannata and placa, and	JURY OCC CUT Ind Number of RTY FRTY Her has state due to the 29d. DATE	SEL or Rural R od. cause(a) SIGNED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO F Ended Number, TS AVE and menner as stated. (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions to the conditions of the con	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D. 2) 28e. PLACE O building, IAN: To the best of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of completed cause of cause	ER/Outpatient 3 INJURY At home stc. (Specify) Try knowledge, deatt comments and/or inv	DOA OTH 4 0 P P P P P P P P P P P P P P P P P P	26. PL IER: tursing Home 28c. INJU WOI 1 Y extra y etime, data y opinion, de	ACE OF DEATH ACE OF DEATH RY AT RK? ES 2 NO and place, and coeff occured at 129c. LICENSE F	Check only of the County of th	PERFORI 1 YES 2 THE SECRET HOW IN BURNEY (Specify) CATION (Street or fown, State) 8 LIB Buse(e) and mannata and placa, and	JURY OCC CUT Ind Number of RTY FRTY Her has state due to the 29d. DATE	SEL or Rural R od. cause(a) SIGNED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO TS AVE and manner as stated. (Month, Day, Year) - 1991



BALTIMORE, MARYLAND 21215-0020	The inversion of the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	Things has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the season of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HE HIGHTIAL OF ATTENDING PERSONAL THE DW INQUIRES that the death certificate be executed within 24	HE FLAETRAL DIRECTOR. The Complete has been signed by the attending physician and completely filled in by the fur- ent within 72 hours after once with the best of Health and Mental Hygiene prior to burial, cremation, or removal.	OFTANT. If them 28 is minited, of them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MENTA	L HYGIEN		1	26283	
	1. DECEDENT'S NAME (First, Middle, Last)	nce	Gribs	65					2. DATE MONT	OF DEATH	SAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 219-32-5765	5. SEX	8. AGE (In yrs. les		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.		OF BIRTH h, Day, Year)	927	Country	PLACE (State or Fbreign th Carolin	
	9e. FACILITY NAME (If not institution, give st	9b. CITY	TOWN C	R LOCATI	ON OF D		11 1		NTY OF DE					
OR	Baltimore Cou		neral										ltimore	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c. CI1	ry, town o	OR LOCAT	ION						10d. INSIDE CITY	
	Maryland		- 1		Ва	lti	more	9					1 X YES 2 NO	
FUNERAL	10e. STREET AND NUMBER	55.5					ZIP COD						HAT COUNTRY?	
N N	6820 Alter St						2120				U.		Α.	
BY FU	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AF I YES 2 WAR OR DATES			If yes, sp	ecify Cube	m, Mexica	en, Puerto	N? (Specify Yo Rican, atc.)	s or No	14. RACE Black Specif		
03	15. DECEDENT'S EDUC	CATION	16a, DI	CEDENT'S	S USUAL O	CCUPATIO	ON		168	. KIND OF BI	USINESS/INC	DUSTRY	Black	
COMPLETE	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	+)	ive kind of . Do NOT u	work done ise retired.)	during mo	st of world	ng						
WC	17, FATHER'S NAME (First, Middle, Last)	orrede	4	nou	sewi	re	18. MOT	HER'S NA	AME (First.	Middle, Maide	n Surnama)	_		
	Manley Slade									Clar				
) BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	G ADDRESS	S (Street e		-		ber, City or To		Code)		
5	Sampson R. Gi	bbs, Si	r.	682	0 A1	ter	Sti	reet	: B	altin	nore,	MD	21207	
	20e, METHOD OF DISPOSITION 1 N Burlel 2 □ Cremetion 3 □ Reme	oval from State	20b. PLACE of cemetary	cremator	v or other o	alace)				7E 20c. L				
	4 Donetion 5 Other (Specify)	A	MD Ve	tera	n Ce	m/G	arr	sor	1 19/2	27 Ow	ings	Mil	ls, MD	
	22. NAME AND ADDRESS OF FACILITY Nutter Funeral 1 2501 Gwynns Falls Parkway Baltimore, Maryland 21216										. Homes Inc			
	23. First I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiec or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (OR AS A CONSEQUENCE OF):									reet,	Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL C	D Savera pen'p	s contributing to	death but not		in the u	ear	g ceuse	given ir	Part I.	PERF	IN AUTOPSY ORMED?	24b.	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME	3 Multiple in	ceited	Decu	lut	Cu	ic	13						1 YES 2 NO	
Ä	25. WAS CASE REFERRED TO MEDICAL	le bus	(4)	Cer	af	pa	stu	se			_			
C	EXAMINER?	HOSPITAL:	☐ ER/Outpatient		OTHE	R:		Jan .	heck only o	10-10-0				
¥	27. MANNER OF DEATH	28a. DATE O		28b. TI	_		JURY AT	lesidence	_	er (Specify) SCRIBE HOW	/ INJURY OC	CURED		
	1 Natural 5 Pending Investigation		Day, Year)		IJURY M	1 🗆	YES 2	□ NO						
TED BY	2 Accident 3 Suicide 6 Could not be determined	28e. PLACE building	OF INJURY — At h g, etc. (Specify)	ome, farm	, street, fac	tory, offic	:0			CATION (Streety or Town, State		er or Rural F	Route Number,	
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE	The second											e) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	o Ho	use Pl	y Si	in		29c. LIC	36	IMBER 45	1	29d. DA	7/2	(Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WH Sie Kiem One	o COMPLETED CA	USE OF DEATH (IT	EM 27) (Tyr	restry (Gen	and	Hoz	faited	O. Ra	dalls	torm	mD21/33	
	31. DATE FILED (Month, Day, Year) SEP 2 7 1991		don-Rand	02	1	-	1	-						



TO THE HOSPITAL OF ALTHOUGHY: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

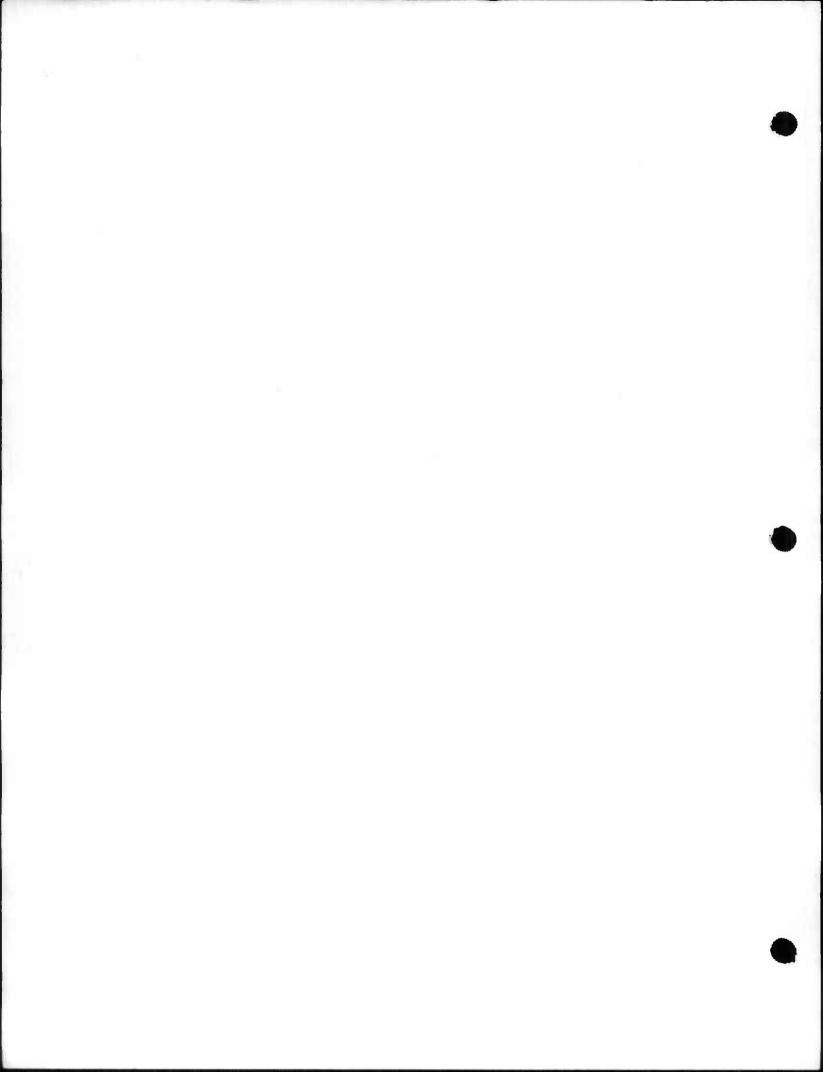
TO THE FUNERAL DIFFERM AND THE CONTINUE AND THE ALTHOUGH SPINION OF THE PROPERTY AND THE FUNERAL DIFFERM THE STATE OF HOSPITAL AND THE PROPERTY AND TH

	FOR STATE	STATE OF MARYL				MENTAL HYGIEI	9 NE	1 26284		
_	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)					2. OATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH		
		EVERETT I	GARDI	NER		09 2	5 9	1 1055 A H		
		SEX 6. AGE (in yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-14-05		BIRTHPLACE (State or Foreign Country) HODE ISLAND		
	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN	OR LOCATION OF OR					
DIRECTOR	ANNE ARUNDEL MEDIO			ANNAPO			ANNE	ARUNDEL		
S S	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION		10d. INSIDE CITY			
<u>۳</u>	MARYLAND ANNE	ARUNDEL		ANNAP	OLIC			LIMITS?		
1 1	10a. STREET AND NUMBER	пконын			f. ZIP CODE		10g CITIZEN	OF WHAT COUNTRY?		
A A		DACE		"			1			
y	2108 BAY FRONT TERM				21401		US			
BY FUNERAL	11. MARITAL STATUS 1	WAS DECEOENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	If yes, sp		IIC ORIGIN? (Specify Y n, Puerto Rican, etc.)	en or No— 14.	RACE — American Indian, Black, White, atc. Specify: WHITE		
	15. DECEDENT'S EDUCATION	WW II	16. DECEDENT'S	USUAL OCCUPATI	ON	16h KIND OF B	JSINESS/INDUST			
COMPLETED	(Specify only highest grade com	opleted)	(Give kind of	work done during me se retired.)	ost of working	IOU. KIND OF B	J3111E33/111003			
	Elementary/Secondary (0-12)	College (1-4 or 5+)				NELIGI	DED			
Σ		3 YRS	SYNDICA	red colu		NEWSPA				
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maide				
m	EZEKIEL GARDNI	ER			EDITE	H PERI	CINS			
B	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street	and Number or Rural I	Route Number, City or To	wn, State, Zip Co	de)		
임	VERA R. GARDNER		210	O8 BAY F	RONT TERI	RACE, ANNAI	OLIS M	D 21401		
	20a. METHOD OF DISPOSITION	201	. PLACE OF DISPO		metery, crematory or		OCATION — City			
	1 X Burisi 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from Stata	OUDON P	ARK CEME	TERV	R/	TTTMOR	E, MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LICENS		JOODON 17		ND ADDRESS OF FA		LLITTOR	E TAKI LAND		
	10 N m	10	/			BARD FUNE	RAL HOM	E INC.		
	1. Tleaf	deran		4107	WILKENS A	AVE, BALT	MORE,	MD. 21229		
	23. PART I. Enter the diseases, or com			not antar the me	oda of dying, suc	h sa cardiac or rea	piratory arrea			
	ahock, or haart fallure. List	t only one cause on e	ach line.					interval Between Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition	nin	I Far	1,,0						
	reaulting in death)		A CONSEQUENCE O					3 days		
					000			1. da		
Z	Sequentially list conditions, b.	Staph	A CONSEQUENCE O		1) sus			Guarys		
Ĕ	If any, laading to immediata	DUE TO (OH AS	A CONSEQUENCE (л-):						
2	cause. Enter UNDERLYING CAUSE (Disease or injury									
쁘	that initiated events	DUE TO (OR AS	A CONSEQUENCE (OF):						
CERTIFICATION	reaulting in death) LAST									
i - I	PART il. Other eignificant conditione c	contribution to death I	aut not requising	in the underlyis	a course chan in	Port i Dan uno i	N AUTOPSY	24b. WERE AUTOPSY FINDINGS		
MEDICAL				4.4			ORMED?	AVAILABLE PRIOR TO		
	Dementia	Madan C	aucer,	aut	utes	1 [] YES	Z/ NO	OF DEATH?		
	GOUT						~	1 YES 2 NO		
-										
1	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (Ch	neck only one)				
PHYSICIAN:		OSPITAL:	nationt 3 DOA	OTHER:	me 5 Peelder-	6 Other (Specify)				
1 2	27, MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TI		JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	RED		
	1 Natural 5 Pending	ORK? YES 2 NO								
B	2 Accident Investigation	200 01 405 05 141 515	V - At 5 f			28f. LOCATION (Street and Number or Rural Route Number,				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe	ocify)	atreet, factory, offi	ce	City or Town, Sta	te)	Hurai Houte Number,		
COMPLETED	Crisck Only	N: To the best of my know	viedge, death occur	red at the time, dat	a and place, and dus	to the cause(a) and n	nanner as stated.			
8	one) 2 MEDICAL EXAMINER: (On the basis of exeminati	on and/or investigat	lon, in my opinion,	death occured at the	time, date and place,	and due to the o	cause(a) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day, Year)		
8	Thomas of m	(D)			D310		D 9	125/91		
<u></u> 2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF D	FATH /ITEM 270 /5-	na Print)	20.0		1	, , , , ,		
1 '	WHO C	OMPLETED CAUSE OF D	⊑⇔in (i16#i2/) (/)/;	ra, runj						

31. DATE FILED (Month, Day, Year)
SEP 2.7 1991

27

Julia Davidson-Kandell



BALTIMORE, MARYLAND 21203-3146

BOX 13146, DIVISION OF VITAL RECORDS, T.

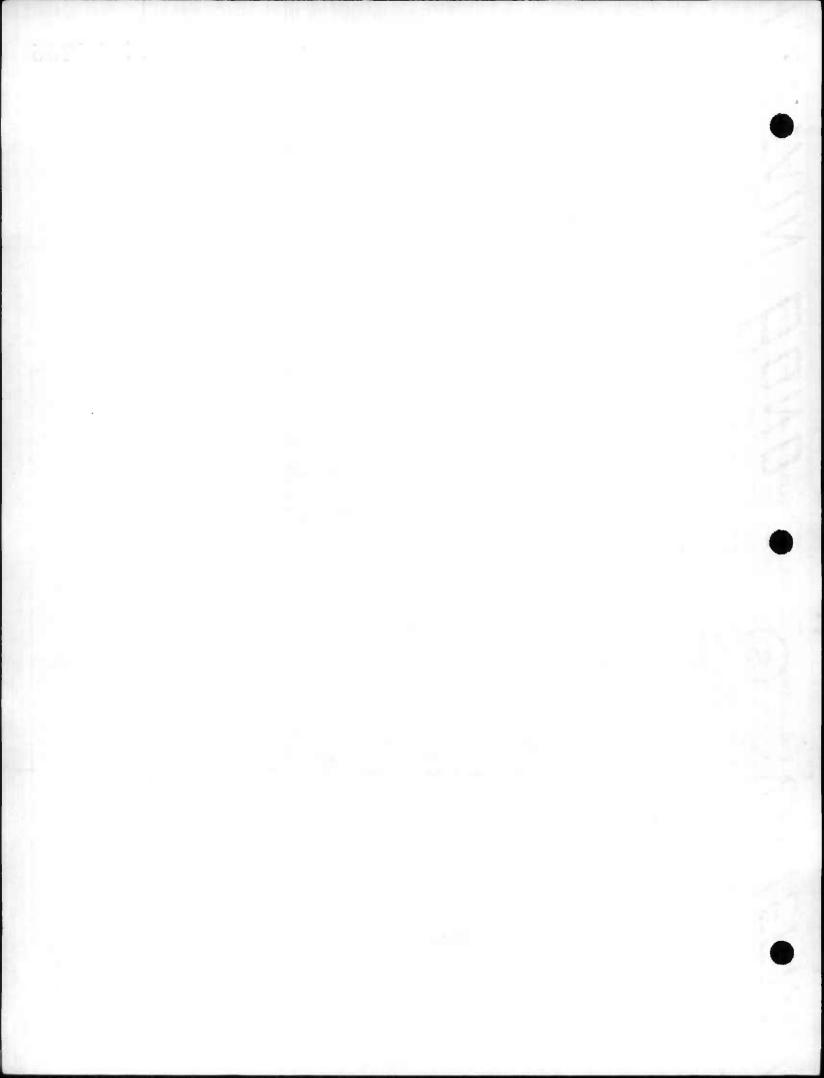
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the case centracted within 2-flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the amedican and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merial Hydre prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury of other traumatic event, the medical examiner must be notified at once.

1.3	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	50 m
First, Middle, Last)		2. DATE OF DEATH	Ŧ

FOR STATE REGISTRAR	STATE OF MA		PARTMENT	OF HEALTH AND	MENTAL	HYGIENE REG. NO.	AV		1 80		
. DECEDENT'S NAME (First, Middle, Las)				2. DATE O	OF DEATH DAY	170	YEAR	3. TIME OF DEATH		
MARY J.	HARRIS		mental in		Sep		, 1	991	2/=		
I. SOCIAL SECURITY NUMBER	5. SEX 8.	. AGE (In yrs. lest birth	day) IF UNDER 1	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.		Day, Year)		Country	· ·		
212-16-8604 De. FACILITY NAME (If not institution, give	-	77 "	100	TOWN OR LOCATION OF D		2 191		Vort	h Carolin		
				ltimore	LAIN		DC. COO!	111 01 01	LAIN		
Sinai Hospit											
IOA. STATE 10b. COUN	TY	100	CITY, TOWN O						10d. INSIDE CITY LIMITS?		
Maryland			Balti	I MOLE			10a. CITI	ZEN OF W	1 X YES 2 NO		
3002 Belmont	ATTO			21216			U.				
1. MARITAL STATUS	12. WAS DECEDENT &		13. W	WAS DECENDENT OF HISPA	NIC ORIGIN?	(Specify Yes o		14, RACE	- American Indian.		
Never Married 2 Married Widowed 4 Divorced	IF YES, GIVE WAR	YES 2 XNO		yes, specify Cuben, Mexic YES 2 NO Specific		ican, etc.)		Specif			
16. DECEDENT'S EI	<u> </u>				122				Black		
(Specify only highest gra	de completed)	(Give kir	NT'S USUAL OC d of work done d IOT use retired.)	CUPATION luring most of working	165.	KIND OF BUSIN	NESS/IND	USTRY			
Elementary/Secondary (0-12)	College (1-4 or 6+)	Nu	rse		Pr	ivate	Du	t.v			
7. FATHER'S NAME (First, Middle, Last)		1, 1, 0		16. MOTHER'S NA							
Gib Thornton				Emily	y Rob	inson	ı				
Se. INFORMANT'S NAME (Type/Print)				(Street and Number or Rural			or Town, State, Zip Code)				
John Gee	2321 West North Ave. Baltimo								ore, MD 21216		
		_									
the, METHOD OF DISPOSITION X Burlal 2 Cremation 3 Re 0 Donation 5 Other (Specify) 11, SIGNATURE OF FUNERAL SERVICE	R Bau	20b. PLACE OF D other place) Arbutu	S Memo	orial Parl NAME AND ADDRESS OF FI 501 GWynns altimore,	k ACILITY N S Fal	Balt Utter 1s Pa 21216	imc Fu	re ner ay	wn, State		
eq. METHOD OF DISPOSITION District 2 Cremetton 3 Ri Donetton 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE DISTRICT CREMETAL SERVICE DISTRICT CREMETAL SERVICE	r complications that ce. List Dniy one ceuse	20b. PLACE OF Dother place) Arbutu	SPOSITION (Name of State of St	orial Parl NAME AND ADDRESS OF FI 501 GWynns altimore,	ACILITY N S Fal	Balt Tutter .1s Pa 21216	imc Fu	re ner ay	wn, State		
And the state of t	a. Due to (o	20b. PLACE OF Dother place) Arbutu Ley caused the death. on each line.	SPOSITION (Name of State of St	orial Parl NAME AND ADDRESS OF F. 501 Gwynns altimore, the mode of dying, sur	ACILITY N S Fal	Balt Tutter .1s Pa 21216	imc Fu	re ner ay	Co., MD al Homes		
Reg. METHOD OF DISPOSITION Burlal 2 Cremation 3 Ri Donation 5 Other (Specify) Signature of Funeral Service Signature of Sign	a. DUE TO (0	20b. PLACE OF D other place) Arbutu Arbutu Caru Ras a consecuen Ras a consecuen	SPOSITION (Name of State of St	orial Parl NAME AND ADDRESS OF FI 501 GWynns altimore, the mode of dying, sur	K ACILITY N S Fal MD Ch se cerdi	Balt Tutter .1s Pa 21216	uttopsy neby	ore ner ay	Co., MD al Homes		
Reg. METHOD OF DISPOSITION Burlal 2 Cremation 3 Reg. Borlal 5 Other (Specify) R. SIGNATURE OF FUNERAL SERVICE Comparison of the Compari	a. DUE TO (0) c. DUE TO (0) d. Ons contributing to do	20b. PLACE OF D other place) Arbutu Arbutu Caru Ras a consecuen Ras a consecuen	Do not enter Do not enter CE OF): CE OF):	me of cometery, cremetory or orial Parl Parl NAME AND ADDRESS OF F. 501 GWynns altimore, the mode of dying, such the mode of dying, such characteristics of the control of	ACILITY N S Fal MD Ch se cerdi	20c. LOCA Balt Tutter 1s Pa 21216 ec or respira	uttopsy neby	ore ner ay	Approximate interval Between Onset and Deat Onset and Deat MARIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Reg. METHOD OF DISPOSITION District 2 Cremetton 3 Reg. Donetton 5 Other (Specify) H. SIGNATURE OF FUNERAL SERVICE Donetton 5 Other (Specify) H. SIGNATURE OF FUNERAL SERVICE Donetton 5 Other (Specify) H. SIGNATURE OF FUNERAL SERVICE Donetton 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE Donetton 5 Other failur IMMEDIATE CAUSE (Final disease or condition Immediate cause Donetton 5 If any, leeding to immediate cause Enter UNDERLYING CAUSE (Disease or injury that initiated events Treatment PART II. Other significant condition Other significant condition CAUSE Other significant CAUSE	a. DUE TO (0	20b. PLACE OF D other place) Arbutu Loug Loug Loug Loug Loug Loug Loug Loug Loug Loug Loug Loug Loug Loug Loug Loug Loug Loug Loug R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONS	Do not enter CE OF): CE OF): CE OF): CE OF):	me of cometery, cremetory or orial Parl Parl NAME AND ADDRESS OF F. 501 GWynns altimore, the mode of dying, such the mode of dying, such characteristics of the control of	ACILITY N S Fa 1 MD Ch se cerdi A color Part I.	20c. LOCA Balt Tutter Is Pa 21216 lec or respira	uttopsy neby	ore ner ay	Approximate interval Between Onset and Deat Onset and Deat MARIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Reg. METHOD OF DISPOSITION Burlal 2 Cremation 3 Reg. Reg. Reg. Reg. Reg.	a	20b. PLACE OF D other place) Arbutu Ley caused the death. on each line. R AS A CONSEQUEN R AS A CON	Do not enter CE OF): CE OF): CE OF): CE OF):	me of cometery, cremetory or orial Parl Parl NAME AND ADDRESS OF FISCH PARL TO THE MARKET PARL TO THE PARL TO THE PARL TO THE PARL TO THE PARL TO THE PARL TO THE PARL TO THE PARL TO TH	ACILITY N S Fa 1 MD ch se cerdi file file file file file file file fil	20c. LOCA Balt Tutter Is Pa 21216 lec or respira	utopsy	city or To	Approximate interval Between Onset and Deat Onset and Deat MARIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Reg. METHOD OF DISPOSITION Burlal 2 Cremation 3 Reg. Reg. Reg. Reg. Reg.	B. List Dniy one ceuse a. List Dniy one ceuse a. DUE TO (0) b. DUE TO (0) d. DUE TO (0) d. List Dniy one ceuse B. List Dniy one ceuse a. DUE TO (0) c. DUE TO (0) d. List Dniy one ceuse B.	20b. PLACE OF Dother place) Arbutu Louised (the death. The property of the place) PLACE OF Dother place) Louised (the death. The place of the place) PLACE OF Dother place) Louised (the death. The place of the place) Louised (the death. The place of the place) Louised (the death. The place of the place) Louised (the death. The place of the place) Louised (the death. The place of the place) Louised (the death. The place of the place) Louised (the death. The place of the place) Louised (the death. The place of the place) Louised (the death. The place of the place) Louised (the death. The	Do not enter 22. N 25. Bc Do not enter CE OF): CE OF): CE OF): CE OF): CE OF): CE OF): CE OF): CE OF):	deriving cause given in 26. PLACE OF DEATH (C R: ling Home 6 Residence 26c. INJURY AT WORK? 1 YES 2 NO	ACILITY N S Fal MD Ch se cerdi for all Part I. Check only one 1 28d. DESE	20e. LOCA Balt Lutter 1s Pa 21216 lec or respira 24a. WAS AN AN PERFORM 1 PERFORM 1 (Specify) CRIBE HOW IN.	UTOPSY NED?	cty or To Pre ner ay est,	Approximate interval Between Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat		
Reg. METHOD OF DISPOSITION Burlal 2 Cremation 3 Reg. Burlal 2 Cremation 3 Reg. Burlal 2 Cremation 3 Reg. Comments Comments Comments C	B. DUE TO (D d.	20b. PLACE OF D other place) Arbutu Cur con each line. Cur R AS A CONSEQUEN R AS A CONSEQUENCE R AS A CONSEQUENC	Do not enter 22. N 25. Bc Do not enter CE OF): CE OF): CE OF): CE OF): CE OF): CE OF): CE OF): CE OF):	deriving cause given in 26. PLACE OF DEATH (C R: ling Home 6 Residence 26c. INJURY AT WORK? 1 YES 2 NO	ACILITY N S Fa 1 MD ch se cardi f o o o o o o o o o o o o o o o o o o	20c. LOCA Balt Tutter Is Pa 21216 lec or respira 24a. WAS AN AN PERFORM 1 (Specify)	UTOPSY NED?	cty or To Pre ner ay est,	Approximate interval Between Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat		
Reg. METHOD OF DISPOSITION Burlal 2 Cremation 3 Reg. Reg. Reg. Reg. Reg. Reg. Reg. Reg. Reg. Reg. Reg. Reg. Reg. Reg. Reg. Reg. Reg. Reg. Reg. Reg. Reg. Reg. Reg. Reg. Reg. Reg.	BLICENSEE Tree complications that control is a control in the con	20b. PLACE OF Dother place) Arbutu Lough and the death. The place of the place of	Do not enter 22. N 25. B; Do not enter CE OF):	deriving cause given in 26. PLACE OF DEATH (C R: ling Home 6 Residence 26c. INJURY AT WORK? 1 YES 2 NO	ACILITY N S Fa 1 MD ch se cerdi f o old n Part I. Check only one 28d. DESC 28f. LOCA City o	20c. LOCA Balt Intter 1s Pa 21216 lec or respira 24a. WAS AN AN APERFORM 1 PVES 2 [1) (Specify) CRIBE HOW IN.	UTOPSY NED?	city or To Pre ner ay est, 24b.	Approximate interval Between Onset and Deat Onset and Deat Mumber, Plant 1 Yes 2 No		



A	g
8	HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de
	S C
	9
	24
	2.
Ó	5
9	5
~	te De
9	3
_	8
\simeq	8
\tilde{S}	e
618	20
o.	#
Ų.	3
۵,	5
	Jea
9	9
닖	£
E	hat
O	S
O	9
Ш	중
Œ	2
_	P.
V	2
	-
>	AN
11	2
<u></u>	3
_	폾
Z	9
0	ā
70	ES
27	E
2	~
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	0
	A
	H
	8
	至
	포

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 26286 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S MAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 24 Non 4. SOCIAL SECURITY NUMBER 6. AGE (In 5. SEX 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State South boston permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR DECEDENT 10b. COUNTY 10a. STATE 10c. CITY JOWN OR LOCATION 10d. INSIDE CITY DA 1 YES 2 NO FUNERAL 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 AND Specify: 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 9 Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PHO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced 340 ETED 15. DECEDENT'S EDUCATION sectly only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most DECEDENT S work done during me (Give kind of work done during me life. Do NØT) use retiged.) 16b. KINO OF BUSINESS/INDUSTRY (Sp jo Elementary/Secondary (0-12) College (1-4 or 5+) COMPL funeral director, page 5 should be detached once. 17. FATHER'S NAME (First, Midgle, Last) notified at PA BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Str. 2 Town, State Zin Code AM must be METHOD OF DISPOSITION
Surial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Nat 4 ☐ Donation 5 ☐ Other (Specify) Arrison the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22.NAME ath. US de TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical ex 212 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart fellure. Liet only one cause on each lina. interval Between IMMEDIATE CAUSE (Finel Onset end Deeth disease or condition has resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in daeth) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2-NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 -HO 1 Dinpatient 2 ER/Outpatient 3 DOA Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — building, atc. (Specify) 3 Suicide At home, farm, street, factory, office COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. CERTIFIER
(Check only Check on Check only Check only Check on Ch 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion coursed at the time, data and pieca, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CHE BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month w 223 2 30. NAME AND ADDRESS OF IO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) alto 915 32. BEGISTRAR'S SIGNATURE 1991

84 PF 11

IOTHE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO, THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled mithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

"MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

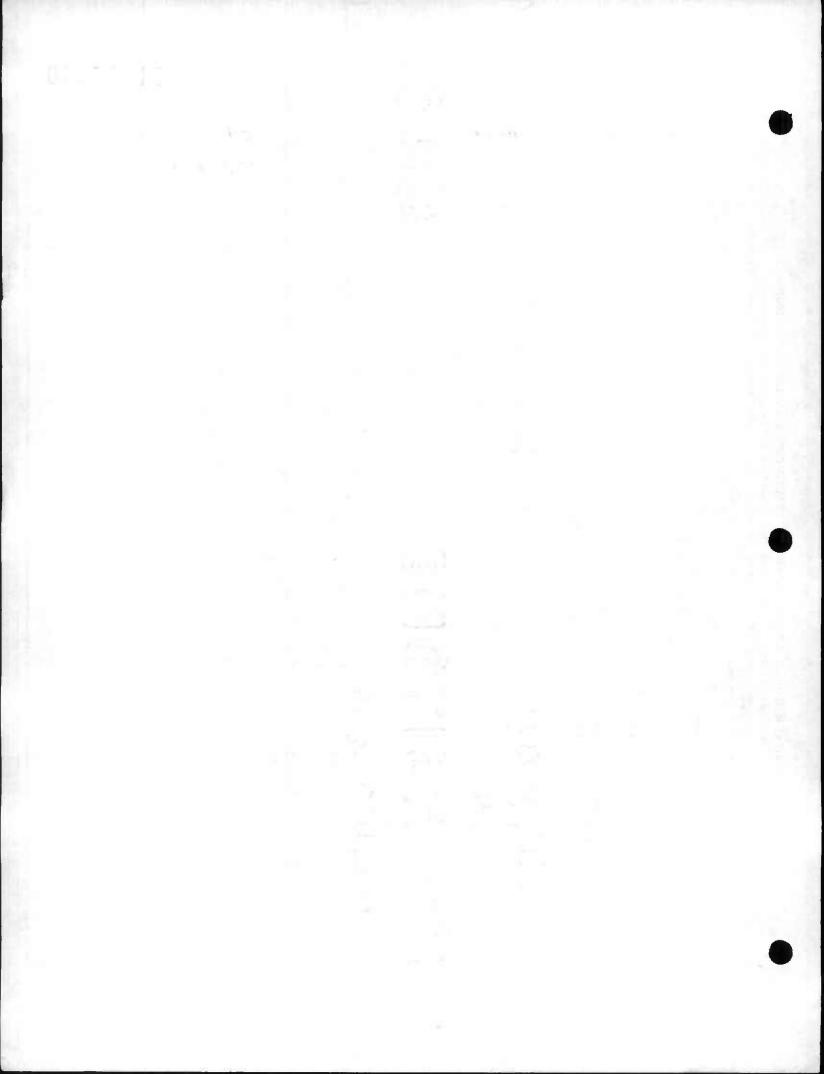
	REGISTRAR CERTIFICATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH		3. TIME OF DEATH
	Ulysses W. Harris, Jr.	09 24	1991	6:33 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		IPLACE (State or Foreign
	214-68-4894 1 PM 2 IF 32 YRS. MONTHS DAYS HOURS MIN.	Month, Day, Your)	Count	ry)
	2- FACULTY NAME (III		2/ /	np.
œ		DEATH	9c. COUNTY OF D	EATH
0	University Hospital Baltimore			
C	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION			
E	mo , low or Location			10d. INSIDE CITY LIMITS?
	BAN			1 NO NO
3A	10e. STREET AND NUMBER 10f. ZIP CODE	1	10g. CITIZEN OF V	WHAT COUNTRY?
Ü	4401 Vesta Ave 212	07	U	5
FUNERAL DIRECTOR	11. MARITAL STAPOS 12. WAS DECEMBENT OF HISPA	NIC ORIGIN? (Specify Yes or	No- 14, RACI	E — American Indian,
	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxie	an, Puerto Rican, atc.)	Blect	k, White, etc.
ВУ	3 Widowed 4 Divorced	ny.	Spec	2011
0	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUSIN	ESS/INDUSTRY	copie
ET	(Specify only highest grade completed) [Sine kind of work done during most of working life. Do NOT use retired.] [College (1-4 or 5 +)			′
7	LAbor	7		
COMPLETED	AT PATHONIC MARKE CO. A CO			
	16. MOTHER'S N	AME (First, Middle, Maiden Sui	The second second	
B	198, INFORMATIS NAME (TOPOPPID)	HINdA	JUN	1501
2	19s. INFORMAIT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rura)	Route Number, City or Town, S	State, Zip Code)	
	MAINAN MARKES 4401 YESTA	Aye Bu	710. P	21207
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemajery) Tither place)	20c. LOCAT	TION — City or To	wn, Stata
	Donation 5 Other (Specify) Wastim Star	131 B	0100	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF F	ACILITY		
	Both En alla	NP	. ch	/
	22 DADT I Softer the diseases of apprillation that	in CAN	01.1-	057
	 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, su ahock, or heart failure. List only one cause on each line. 	ch as cardiac or respirat	ory arrest,	Approximate
- 1	IMMEDIATE CAUSE (Final	~		Onset and Death
	disease or condition	1/2		
	DUE TO (OR AS A CONSEQUENCE OF):			
z				
일	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):			
CERTIFICATION	cause. Enter UNDERLYING			
	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):			
H	reaulting in death) LAST			
5	0.			
A I	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in			WERE AUTOPSY FINDINGS
CA		PERFORME		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED		— (XYES 2 □	NO	DF DEATH?
PHYSICIAN: M		—	- 1	1 🗋 YES 2 🗌 NO
{	25. WAS CASE REFERRED TO MEDICAL	20.		
2	EXAMINER?	neck only one)		
2	27 Maharen of Dearw	6 Other (Specify)		
4	(Month, Day, Year)	28d. DESCRIBE HOW INJU	JRY OCCURED	
À	2 Accident Investigation 09 24 1991 5:40 F 1 YES 2 M NO	Subject s	tabbed	
- 14	3 Suicide 6 Could not be 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)	261, LOCATION (Street and	Number or Rural R	loute Number,
-	Homleide detarmined in truck	Poplar Gr	ove &	Baker Sts
ן ב	A. ACCURACIO			Daker Sts
COMPLETED	298. CEHIFIEN (Check only one) 2 X MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and placa, and during the control of the data and during the control of the data and during the control of the data and during the control of the data and during the control of the data and during the control of the data and during the control of the data and during the control of the data and during the control of the data and during the data and during the control of the data and during the control of the data and during	to the cause(a) and manner	as atated.	
3		time, data and place, and de	ue to the cause(s)	end menner as stated.
4	296. LICENSE NU	MBER 25	d. DATE SIGNEO	(Month, Day, Year)
5	(alone when o.c.m	.E.	09 2	5 1991
	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)			- 1221
	111 Penn Street, Ba	altimore M	arulan	d 21201
	31. SEP 200 1991 Sura Dandon-Randon	TETHOLE M	ar yrall	4 21201
	SEL CI 1991 Gura handron-Nanarac			

and Design as were - del a primary in the second of the second of the water there is not a south a south the way ambre The Terre The Har Frederick of Johnson Harden Committee In

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	in 24 hours after death. Page 6 may be retained by the hospital or attending physician.	siy nied in dy the nuneral director, page 3 should be detached for use as the duria-vansit pe action, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this centricate has been signed by the artending physician and completely tilled in by the funeral director, page 5 should be detached for use as the bunal-transit pember filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

- 10	1. DECEDENT'S NAME (Firs									2. OATE OF	F OEATH D	w	YEAR	3. TIME OF DEATH
	SAMUEL		HA	RYIN						09	23		91	1825 M
	4. SOCIAL SECURITY NUM 579-42-02		5. SEX	6. AGE (In yrs. In	yrs.	MONTHS	DAYS	HOURS	MIN.	7. OATE OF (Month, 107)	o3/3	34	8. BIRTI Count	S.C.
	9e. FACILITY NAME (If not i	institution, give s	treet end number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF D			9c. COL	INTY OF D	DEATH
DIRECTOR	UNION MEN		HOSPITAL	<u>L</u>		BAI	LTIM	ORE (CITY					
E I	10e. STATE	106. COUNTY			10c. CIT	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
吉	MD				B	ALTI	MOR	E						1 X YES 2 NO
4	10e. STREET AND NUMBER						10	f. ZIP COD	Ε			10g. CIT	IZEN OF	WHAT COUNTRY?
E	2436 ST.	PAUL	ST.					2121	. 8				U.S	. A .
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 S Dividowed 4 Div	_	FORCES?	NT EVER IN U.S. A 1 YES 2 X WAR OR DATES			If yes, sp		ın, Mexica	NIC ORIGIN? an, Puerto Ric y:		or No-	Blac	E — American Indian, ik, White, etc.
	15. DE	CEDENT'S EDU	CATION	16a. C	ECEDENT'S	USUAL	CCUPATI	ON		16b. H	IND OF BU	SINESS/IN		
COMPLETED	(Specify or Elementary/Secondary (nly highest grade (0-12)	College (1-4 or 5	(+)	Give kind of the Do NOT L			ost of worki	ng					
Š I	17. FATHER'S NAME (First, I	Middle, Last)						18. MOT	HER'S NA	ME (First, Mic	idle, Maiden	Surname)		
BE	HOSEA HAR	RVIN						EVI	ELYN	N ELM	ORE			
0 0	19e. INFORMANT'S NAME ((Type/Print)								Route Number				APT. 25
ř	GEORGE HA								ST.	BALT	7			21218
	20e. METHOD OF DISPOSI 1 Burlal 2 Cremati 4 Donation 5 Other	llon 3 🗆 Rem	oval from State	of cemetar	y, cremetor ERN	v or other	place)		TERV	DATE				L.E. M.D.
	21. SIGNATURE OF FUNER	IAL SERVICE	WHEE (-0	- 00 -			ND ADDRE			1 07	TON	SVII	, 111
	WAM	dell	VI	USIE	70									ORTH AVE.
	IMMEDIATE CAUSE (Fi	heert fellure. Inel	List only one ce	ouse on each iir	10.				3,				,	Approximete Interval Between Onset and Death
	resulting in death)		e. SEPS				ASC	1,715	Jam	NGKEIV	E OF	HII	0	2.0
NO	Sequentially list condi	Itlons,					ASC	11715	Jam	NGKEN	E OF	HI	0	248
ATION	Sequentially list condification in the sequential seque	litions, sediete YING	b. REC	TAL O (OR AS A CONS	CA EOUENCE O	OF):		-						
FICATION	Sequentially list conditions, leading to immicause. Enter UNDERLY CAUSE (Disease or in)	litions, sediete YING	b. REC OUE TO		CA EOUENCE C	OF):		-						
RTIFICATION	Sequentially list condification in the sequential seque	litions, sediete YING jury	b. <u>REC</u> OUE TO C. HY/	TAL O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI	EOUENCE C	OF): OHE OF):	70	G	1. bi	lecd				
	Sequentially list conditions, leading to immicause, Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA	iltions, lediete YinG jury	DUE TO	TAL DOOR AS A CONSIDER OF ENSION OF OR AS A CONSIDER OF OR AS A CO	EOUENCE C	DF): DUE DF):	70 70	G	1. bi	lecd EEO	SECONL	OHRY	70	RECTAL CA
	Sequentially list conditions, leading to immicause, Enter UNDERLY CAUSE (Disease or in) that initiated events	itions, lediete Ying jury ast condition	b. REC OUE TO C. HY DUE TO d. ANG	TAL DOOR AS A CONSIDER OF ENSION OF OR AS A CONSIDER OF OR AS A CO	EOUENCE C	DF): DUE DF):	70 70	G	1. bi	lecd EEO		AUTOPSY	70	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Sequentially list conditions, leading to immercause. Enter UNDERL'CAUSE (Disease or in) that initiated events resulting in death) LA	itions, lediete Ying jury sst Cont condition	b. REC OUE TO C. HY/ DUE TO d. ANE	TAL DOOR AS A CONSIDER OF ENSION OF OR AS A CONSIDER OF OR AS A CO	EOUENCE C	DF): DUE DF):	70 70	G	1. bi	lecd EEO	SECON L	AUTOPSY	70	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL	Sequentially list conditions, leading to immercause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LAPART ii. Other signific HYPOG.	elitions, leddete YiNG jury Ly CEM	b. REC OUE TO C. HY/ DUE TO d. ANE ne contributing to	TAL O (OR AS A CONSI O (OR AS A CONSI CON IA 54 O deeth but not	EOUENCE C	DF): DUE DF):	70 70	G	1. bi	lecd EEO	SECON L	AUTOPSY	70	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list condificance in the sequential sequence in the sequence in t	itions, leddete Ying Jury Ly Cent condition Ly Cent PATION RATION	b. REC OUE TO C. HY/ DUE TO d. ANE ne contributing to I/A N N N N N N N N N N N N N N N N N N N	TAL O (OR AS A CONSI O (OR AS A CONSI CON IA 54 O deeth but not	EOUENCE C	OF): OHE OF): OFFICE OFFICE In the u	70 To mderlyin	G	I. b.	lecd EEO	SECON L	AUTOPSY	70	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ISICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, leading to immercause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAPART if. Other signific HYPOG.	itions, leddete Ying Jury Ly Cent condition Ly Cent PATION RATION	b. RECOUETA	TAL O (OR AS A CONSI O (OR AS A CONSI CON IA 54 O deeth but not	CA EOUENCE C EOUENCE C ECON C	OF): OHE OFFY In the U	70 TO nderlyin	G	7 - B/2 Given in	Part i.	SECOND 24a. WAS AN PERFOI 1 YES 2	AUTOPSY	70	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list condification, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LA PART II. Other signification of the condition of the condi	itions, leddete Ying Jury Ly Cent condition Ly Cent Part 10 In Medical Pending	b. REC OUE TO DUE TO DUE TO d. ANG THE CONTRIBUTING TO HOSPITAL: 1 10 (Inpution 2	O (OR AS A CONSIDER OF A CONSIDER OF A CONSIDER OF A CONSIDER OF A CONSIDER OF A CONSIDER OF A CONSIDER OF A	EOUENCE CE CONCE resulting	OTHE	70 70 28. P R: rising Hor	G	7 - 13 / 2 given in	Part i.	SECOND 24a. WAS AN PERFOI 1 YES 2	AUTOPSYRMED?	70	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list condification, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LA PART II. Other signification of the condition of the condi	itions, lediete ying sent condition Ly CEMP 10 INCHES IN TO MEDICAL	b. REC OUE TO DUE TO DUE TO d. ANG ne contributing to HAND NALNUT HOSPITAL: 10 (Inpatient 2 260. DATE O (Month,)	O (OR AS A CONSIDER OF INJURY	EOUENCE CE CON CO resulting	OF): OF):	70 70 28. P R: Insign Hor 28c. IN W 1 □	G G. I. G.	7 - 13 / 2 given in	Part i.	SECON L	AUTOPSY RMED? 2 NO INJURY Of and Numb	70 ,	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list condification, leading to immicause. Enter UNDERLY CAUSE (Disease or injury that initiated events resulting in death) LA: PART II. Other signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of the significan	itions, tediete ying property in the condition of the con	b. RECOURT OUE TO C. HY DUE TO d. ANG THE CONTRIBUTING TO HOSPITAL: 1 10 Inpatient 2 280. DATE O (Month, 280. PLACE building	O (OR AS A CONSIDER OF INJURY — At I. G. Specify) Of my knowledge, or one of the consideration of the considerati	TeoUENCE C ECONO resulting 3 DOA 28b. Till home, farm,	OFFI: OTHE 4 In No. ME OF JURY M. street, factors at the	70 28. P R: raing Hor 28c. IN 1 □ ctory, office	G. I. G. I. Ing ceuse PLACE OF 6 The 5 R R JURY AT ORKY YES 2	GUEATH (CI	Part i. : Part i. : Beck only one; Beck one; Beck only one; Beck only one; Beck only one; Beck only one	SECON (24a. WAS AN PERFOI 1 YES : (Specify) RIBE HOW FION (Street Town, State	I AUTOPSY RMED? 2 NO INJURY OF	70	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condification, leading to immicause. Enter UNDERLY CAUSE (Disease or injury that initiated events resulting in death) LA: PART II. Other signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of the significan	itions, lediete Ying Jury Iss T Cont condition Ly Cent Condition Ly Cent Iss To Medical Investigation Could not be determined RTIFYING PHYS	b. REC OUE TO OUE TO C. HY DUE TO d. ANG ne contributing to HOSPITAL: 1 15 inpetient 2 26e. DATE O (Month, 26e. PLACE building ICIAN: To the best of	O (OR AS A CONSIDER OF INJURY — At I. G. Specify) Of my knowledge, or one of the consideration of the considerati	TeoUENCE C ECONO resulting 3 DOA 28b. Till home, farm,	OFFI: OTHE 4 In No. ME OF JURY M. street, factors at the	70 28. P R: raing Hor 28c. IN 1 □ ctory, office	G G. I. Ing couse LACE OF The series of the s	GUEATH (CI	Part i. : Part i. : Part i. : Description Part i. :	SECON (24a. WAS AN PERFOI 1 YES : (Specify) RIBE HOW FION (Street Town, State	I AUTOPSY RMED? 2 NO INJURY Or and Numb onner as st and due to	CCURED or or Rural seted.	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number.
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condification, leading to immicause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LATE (Disease or injust) and initiated events resulting in death) LATE (Disease or injust) and initiated events resulting in death) LATE (Disease or injust) and initiated events are supported by the condition of the	itions, leddete Ying Jury SST Cent condition LY CEMP RATION TO MEDICAL Pending Investigation Could not be determined RTIFYING PHYS EDICAL EXAMINE LE OF CERTIFIE	b. REC OUE TO OUE TO DUE TO DUE TO DUE TO A NO. THOUSE TO THE SERVICE TO THE SER	O (OR AS A CONSIDER OF INJURY — At Ing., stc. (Specify)	TeoUENCE C ECONO resulting 3 DOA 28b. Till home, farm,	OFFI: OTHE 4 In No. ME OF JURY M. street, factors at the	70 28. P R: raing Hor 28c. IN 1 □ ctory, office	G G. I. Ing couse LACE OF The series of the s	GOEATH (C) DEATH (C) NO e, and durined at the	Part i. : Part i. : Part i. : Description Part i. :	SECON (24a. WAS AN PERFOI 1 YES : (Specify) RIBE HOW FION (Street Town, State	I AUTOPSY RMED? 2 NO INJURY Of	CCURED or or Rural street.	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, (e) end menner as stated. D (Month, Day, Year)
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condification, leading to immicause. Enter UNDERLY CAUSE (Disease or injury that initiated events resulting in death) LATE (DISEASE OF THE PART II. Other signification of the property of t	itions, lediete ying sylving flury in a condition by the condition by the condition in the	b. REC OUE TO OUE TO C. HY DUE TO d. ANG THE CONTRIBUTING TO THE CONTRIBUTION TO AC NUT 1 SC Inperfer 2 26e. DATE O (Month, 26e. PLACE building ICIAN: To the best of R HOSPITAL: 10 COMPLETEO CA	O (OR AS A CONSIDER OF ENSIRE OF INJURY Day, Year) OF INJURY — At I Great of the Consider of	resulting 3 DOA 28b. Till home, farm,	OTHE 4 Number of JURY M. street, factor, in my	70 70 70 70 28. P FR: raining Hor 28c. IN 1 □ ctory, office time, det opinion,	G. I. G. I. G.	given in OEATH (Cr tesidence NO e, and during at the	Part i. : Part i. : Part i. : Description Part i. :	SECON L 24a. WAS AN PERFOI 1 YES : (Specify) RIBE HOW FION (Street Rown, State) e(e) end me and place, et	AUTOPSYRMED? 2 NO INJURY Of and Number as at and due to	24 CCURED or or Rural atted. the cause	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number.



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest) WILLTS HALL /
4. SOCIAL SECURITY NUMBER 5

217-16-2673

31. DATE FILED (Month, Day, Year)

Sa. FACILITY NAME (If not institution, give street and number)

to to	Œ						PAX 011 1, 1011	N ON LOCATION OF I	ÆAI II	
~	CTOR	MARYLANI RESIDENCE OF DE	GENER	RAL HOSPITA	L		BAI	TIMORE,	CITY	
es 1,	<u>n</u>	10a. STATE	10b. COUNT	TY		10c, CITY.	TOWN OR LO	CATION		
permit. Pages	DIREC	MARYLAND				BA	LTIMOF	RE, MARYL	AND	
E	A	10a. STREET AND NUMBE	R				T	10f. ZIP CODE		
=	FUNERAL		ECKER	AVE.				21213		
215-0020 attending physician.	BY	11. MARITAL STATUS 1 Never Married 2 () 3 Widowed 4 Div	-	12. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR	YES 2	RMED NO	Il yes,	Specify Cuban, Maxic ES 2 NO Spec	an, Puarto	N? (Speci Rican, at
C/ # 3	TED		CEDENT'S EDU		16a. Di	ECEDENT'S US	SUAL OCCUPA	:161	b. KIND O	
700	PLET	Elementary/Secondary	(0-12)	College (1-4 or 5+)	M	. Do NOT use	retired.)	most of working	В	ALT
AND Me.	TO BE COMPL	17. FATHER'S NAME (First,								
7 5 6 F		BENJAMIN				16. MOTHER'S N		Middle, Mi		
MAR retained to 5 should notified		19a. INFORMANT'S NAME	(Type/Print)		b. MAJLING A	DDRESS (Street	Ne11: et and Number or Rural		iber, City o	
be ret ge 5 s	1	MICHAEL	HALL		L			ERLY DR		
MORE, age 6 may be director, page		20g. METHOD OF DISPOSI	TION Ion 3 - Ren	noval from State	20b. PLACE	AND DATE OF	DISPOSITION		OAT	TE 20
Page al direc		4 Donation 5 Other 21. SIGNATURE OF FUNER		CENSEF	GARR	1301		AND ADDRESS OF F		0
after death. y the funeranoval. cai exami		17/1/2	~ . T	to K.C	Im	~				/ 1
		23. PART I. Enter/ths	disesses, or	complications that	used the de	eath. Do not	enter the r	C. MARCH	Ch es ces	• / I
ed within 24 hound ompletely filled if cremation, or event, the me	CATION	IMMEDIATE CAUSE (FI disease or condition reculting in death) Sequentially list condi	ASPIRAT							
th certificate be ending physician if Hygiene prior to	CERTIFICAT	if any, leading to imme ceuse. Enter UNDERLY CAUSE (Diseese or little) that Initisted events resulting in death) LAS								
requires that the death of the signed by the attending of Heatth and Mental Hyshows any Injury, or	MEDICAL	PART II. Other signific	snt condition	ns contributing to de	eth but not i	esulting in	the underly	ing ceuse givsn in	Part I.	24a. WA PEI 1 _ YE
4 o E O _	PHYSICIAN:	25. WAS CASE REFERRED 'EXAMINER?	TO MEDICAL	HOSPITAL:				PLACE OF DEATH (C/	eck only or	10)
SICIAN: The Certificate the State	YSI	1 TYES 2 NO		1 Inpatient 2 EF	l/Outpatient 3		THER:	ome 5 🗆 Realdence	6 🗆 Othe	r (Specify)
PHY This h with	ву Рн	27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	28a. DATE OF INJ (Month, Day,)	URY (bar)	26b. TIME C	0F 28c, I	NJURY AT WORK? YES 2 NO	_	SCRIBE H
L OR ATTENDING I L DIRECTOR: After hours after death item 28 is man		3 Suicide 6 4 Homicide	Could not be detarmined	28a. PLACE OF IN building, atc.	JURY — Al ho (Specify)	ma, larm, stre	et, factory, of	lica	261, LOC City	or Town, S
TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deat IMPORTANT: If item 28 is m:	COMPLETED			ICIAN: To the best of my						
HE HU! HE FU! HE WITH	BE C	29b. SIGNATURE AND TITLE						29c. LICENSE NU		
DE SE SE SE SE SE SE SE SE SE SE SE SE SE	TO B	Touch	0	Min	- 1	ul	1	1	TA	-
	-	30. NAME AND ADDRESS O						1		
		TAREK SAL	KINI,	M.D. c/o	MARY	LAND (GENERA	L HOSPITA	T	

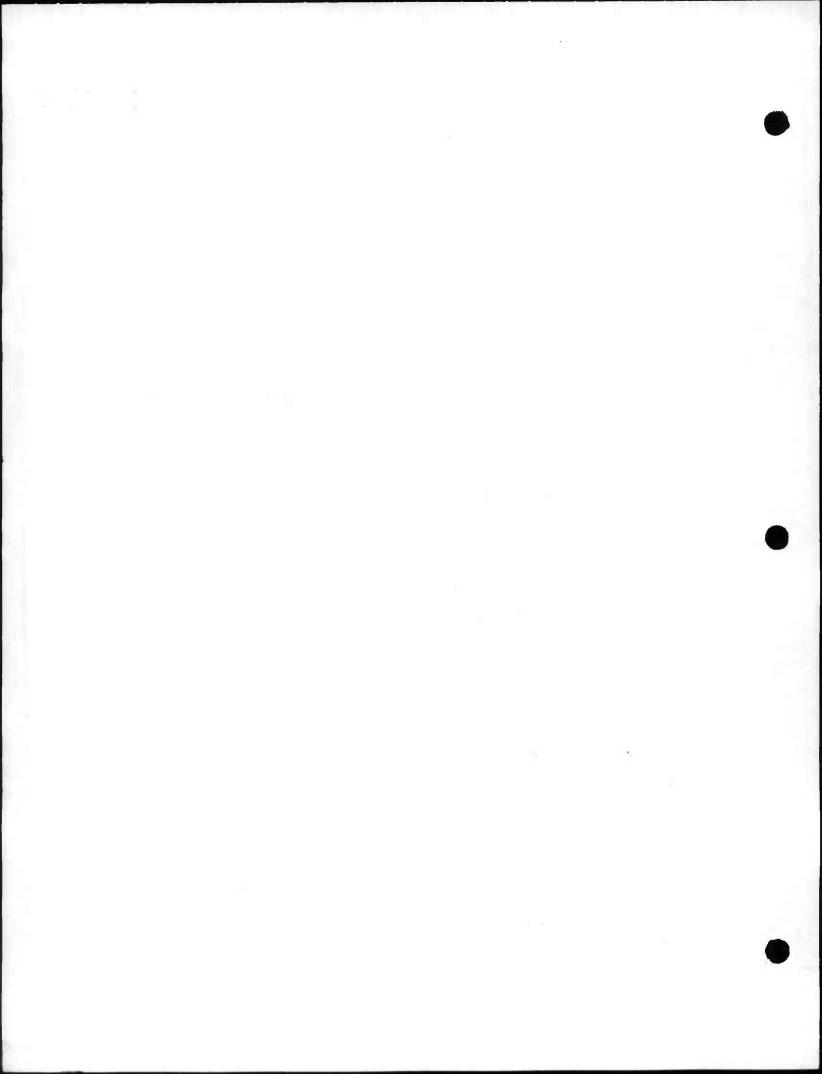
1991 Guia Lavidson-Randallo

5. SEX

1 M 2 - F

STATE OF I	MARYL	AND /	DEPAR	TMEN ICAT	T OF E OF	HEALT!	H AND	ME	NTAL	HYGIEN REG. NO	9	9 1	26289
W111	fo R	Ша	11						DATE (OF DEATH	AY	YEAR	3. TIME OF DEATH
. SEX									09-		4-	91	6:58pm N
M 2 □ F	B. AGE (n yrs. lest	YRS.	MONTHS	DAYS	HOURS	ER 24 HRS.			Day, Year)		8. BIRT	HPLACE (State or Foreign Pa.
t and number)				9b. CIT	r, TOWN	OR LOCA	TION OF I	DEATH	1		9c. COI	INTY OF D	DEATH
HOSPI	[AL				BAL	rimoi	RE,	CIT	Y				
			10c. CIT	Y, TOWN	OR LOCA	ATION							10d. INSIDE CITY
			B.	ALTI	MORI	E, M	ARYL	ANI)				LIMITS?
					10	of. ZIP CO					10g. CIT	ZEN OF	WHAT COUNTRY?
AVE.						21	213				U	. S . A	
2. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 N		13.	Il yes, s	CENDENT pocify Cut S 2 N	oan, Maxic	an, Pi	ORIGIN? uarto R	(Specify Yelcan, atc.)	or No-	14. RAC Blac Spec	E — American Indian, k, White, atc.
ION		16. DEC	EDENT'S	HOUAL O	0011017	101							DLACK
mpleted) College (1-4 or 5 d	+)	(Gh	e kind of v Do NOT us	work done	during m	ION lost of worl	king			LTIM			DWILL
						16. MO	THER'S N	AME ((First, M.	iddle, Maiden	Sumame)		
ON							Ve11:				H	11	
		19b	MAJLING	ADDRES	S (Street				Numbe	r, City or Tow			
		LL	21	0 W	AVE	RLY	DR	. / F	FRE	DERI	CK,	MD	21707
I Irom State	20b.	PLACEA ARR	NDDATE O	of DISPOS	RES	lame of	A C	EM	OATE		NGS		DWN, State
SEE				_		ND ADDR	ESS OF F	ACILIT	ry	1 5 11 2			, , , , ,
JK.	To	ne	~										ORTH AVE.
plications the t only one cau	aused ee on ee	the dea	ith. Do n	ot entsr	the m	ods of d	ying, suc	ch ss	csrdi	ec or resp	ratory ar	rest,	Approximate interval Between Onset and Death
SEPS													
BILA	(OR AS A LERAI	AN	D EX	TENS	IVE	ASPI	[RAT]	ron	J PN	IEUMON	ITA		
DUE TO	(OR AS A	CONSEO	JENCE OF):									
CARC					NEY								
DOE 10	(OR AS A	CONSEQ	JENCE OF):									
ontributing to	deeth bu	it not re	suiting i	n the ur	derlyin	ig ceuse	givsn in	Part		PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
													1 TES 2 NO
OSPITAL:	FR/Outon	dient 3 [7.004	ОТНЕ	3:	LACE OF I							
28a. DATE OF		Jane 3	26b. TIME			JURY AT	lasidence		_	Specify)	HILIBY OC	CUBED	
(Month, De	ay, Year)		INJ(M	1 🗆	YES 2	□ NO	200	. DEŞÇ	NIDE NOW I	NJOHT OC	COHED	
26a. PLACE Of building,	F INJURY - atc. (Specif	— Al hom	e, lerm, s	treet, fact	ory, offic	ca		261.	City or	TON (Street a Town, State)	ind Number	or Rural F	Route Number,
N: To the best of On the basis of ex) and menner as stated.
11	,	1	15	>		29c. LIC	ENSE NU	MBER	10		29d. DAT		(Month, Day, Year) 4-199/
OMPLETEO CAUS	E OF DEA	TH (ITEM	27) (Type,		7		4	//	7		-		7-177

DHMH-16 Ray 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

_	1 - STATE REGISTRAR	STATE OF MARYL	ND / DEPAR	EO G-685 3/6/ TMENT OF HEALTH A ICATE OF DEATH	ND MENT	AL HYGIEN	_	1 6	027	0
	1. DECEDENT'S NAME (First, Middle, Last) ROWALD	RONALD (RO		JOSEPH HAMI	LTONDA	TE OF DEATH	7 9	YEAR 3.	TIME OF DEAT	TN A M
	4. SOCIAL SECURITY NUMBER 214 50 2964	1 × M 2 - F 4	yrs. last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS	MEM (Mc	TE OF BIRTH onth, Day, Year) -5-48		Country)	CE (State or Fo	preign
TOR	90. FACILITY NAME (If not institution, give SETON HILL RESIDENCE OF DECEDENT	street and number)		BALTIMOR			9c. COUNT	Y OF DEATH	1	
DIRECTOR	MD 10b. COUNT	Y		ALTIMORE				1	I. INSIDE CITY LIMITS?	
FUNERAL	100. STREET AND NUMBER 542 BAKER STR			10f. ZIP CODE 212					COUNTRY?	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF If yes, specify Cuban, 1 YES 2 NO	Mexican, Puert	ilN? (Specify Yea o Rican, atc.)	or No-	8, RACE — A Black, Wh Specify:	American India	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 T H	CATION o completed) College (1-4 or 5+)	(Give kind of v life. Do NOT us	usual occupation rork done during most of working e retired.) TOS REMOVAL		6b. KIND OF BUS	SINESS/INOUS	STRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) JOSEPH HAMILT	ON		DORO	THY N	, Middle, Maiden 1ADDEN				
10	MARY MADDEN		542 B	AKER ST./BA	ALTIMO	RE, M	n, Stets, Zip Co D 212	217		
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetlon 3 Rem 4 Donation 5 Other (Specify)	MA	PLACE AND DATE OF	PROSITION (Name of NAT. MEM.	PARK		REL,		State	
	21. SIGNATURE OF FUNERAL SERVICE LIN	the K.g	meo	WM.C.MARC		1./110	1 E.	NORT	H AV	Ε.
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Fine)	complications that codeed Liet only one ceuse on ear	the death. Do not line.	ot enter the mode of dying	, auch ea ce	rdiec or respi	ratory arrea	t,	Approxima interval Be Onset and	etween
	disease or condition resulting in deeth)	eDUE TO (OR AS A		diseas	E				MOS	-
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A (
MEDICAL	PART II. Other eignificant condition C - Fx Quaday	s contributing to deeth bu	G S W		en in Part i.	24s. WAS AN PERFORM	MED?	COM OF D	E AUTOPSY FIN LABLE PRIOR 1 PLETION OF CO PEATH? YES 2 3 N	TO CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YO	HOSPITAL:		28. PLACE OF DEAT						
	2 Accident Investigation 12/31/90 1:33 AM 1 YES 2 NO Subject shot									
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my knowled	ige, death occurre	d at the time, data and place, an	d due to the co	ruse(a) and man	ner as stated.		manner as st	ated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	-Houses	star)	29c. LICENS	ENUMBER	0	29d. DATE S	IGNED (Mon	th, Day, Year)	
- 1	30. NAME AND AGORESS OF PERSON WN	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type,	Print)			1	11		

2/20,

Balls

227 LINDER ARE.

ES

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day,

SEP 97

medical examiner must be notified at once.

1							- 01	DEA			REG. NO	٥.		
	1. DECEDENT'S NAME (First) GRACE	Middle, Last)	HICK	MAN						MO		DAY	YEAR	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs	. lest birthday)	IF UNDER	R 1 YEAR	IF UNDE	R 24 HRS.	7 DA	E OF BIRTH	3	91	8:00 P
	216-44-613	8	1 🗆 M 2 💢 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mi	16-05		Country)	LAND
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)		9b. CITY, TOWN OR LOCATION OF DEA						10 05	9c. COU	NTY OF DEA	
DIRECTOR	MERIDIAN N		HOME		CATONSVILLE						BALTI			RE
F 1	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCA	TION					1	Od. INSIDE CITY
	MARYLAND	BALT	CIMORE		BAI	LTIMO	DRE							LIMITS?
FUNERAL	1259 VOGT A	VENUE					10	f. ZIP COC	n∈ 1227				ZEN OF WH	AT COUNTRY?
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT	OF HISPA	NIC ORK	GIN? (Specify Ye	a or No-	14. RACE -	- American Indian,
À A	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE V	WAR OR DATES	ZNO		1 Yes, sp	2 ANO	an, Maxic Speci	en, Puerl fy:	o Rican, atc.)		Specify:	White, etc.
48		EDENT'S EDU		16a.	DECEDENT'S	USUAL O	CCUPATH	ON		1.	6b. KIND OF BI	ICINICO (IN)	NIGTON	WHITE
	(Specify only Elementary/Secondary (0	higheat grade -12)	College (1-4 or 5		(Give kind of life. Do NOT u	work done	during mo	ast of work	ing		ou. KIND OF BI	Jame 33/INI	JUSTHY	
COMPLETED	8TH				HOUSE	VIFE					HOMEMA	KER		
	17. FATHER'S NAME (First, MI) GEORGE L.		מחי								t, Middle, Maide			
ä	19a, INFORMANT'S NAME (7)		.OK		105 MAII INC	1000000	2 (0)				VATERMA			
2	MARILYN GO				5723	3 OAK	LAN	D RD	BA	LTI	More, City or Tox	vn, State, Zip	Code)	
1	20g. METHOD OF DISPOSITI	ON n 3 □ Remi	ovel from State		CE AND DATE	OF DISPOS	ITION (Na	me of		D	TE 20c. L	OCATION —	City or Town	
ŀ	NEW CAPHEDRAL CEMETERY 9-26 BALTIMORE, MARYLAND													
1	HUBBARD FUNERAL HOME, INC.													
+	23. PART 1. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate													
1	iMMEDIATE CAUSE (Fin disease or condition resulting in death)		con only did can	L Ago	-		4	,		n as ca	irdiac or resp	eiratory ari	rest,	Approximata interval Between Onset and Das
CENTILICATION.	Sequantially list conditi- if any, leading to immad- cause. Enter UNDERLYII CAUSE (Disease or injui that initiated eventa resulting in death) LAST	llata NG ry	DUE TO	OR AS A CONS	SEQUENCE OF	hsea.	è							Glar
	PART II. Other algnifices	nt condition	a contributing to	daath but no	et resulting	in the un	darlying	g causa	givan in	Part I.	24s. WAS AN PERFO		CO	ERE AUTOPSY FINDING MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PL	ACE OF D	EATH (Ch	eck only	one)			
	1 TES 2 TNO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER Wurn		• 5 □ Re	sidenca	6 🗆 Oti	ner (Specify)			
	27. MANNER OF DEATH	ending	26a. DATE OF (Month, Di		28b. TIM	E OF URY	28c. INJI WO	URY AT		26d. D	ESCRIBE HOW	NJURY OC	CURED	
	2 Accident			_ M		/ES 2 [NO							
										CATION (Street y or Town, State,	and Number	or Rural Rout	e Number,	
	29a. CERTIFIER (Check only one) 1 CERTI	FYING PHYSIC	CIAN: To the best of as	my knowledge, amination end/	death occurre	n, in my o	me, date pinion, de	and place	, and dua	to the c	euse(s) and ma	nner as stat	ed. e cause(s) ar	nd manner as stated.
	296. SIGNATURE AND TITLE	OF CERTIFIER							ENSE NUR			29d. DATI	SIGNEO (M	onth, Day, Year)
	DR. CHARLES	GRAHA		299 FR			RΔT	-		-	2.1	228	-	
10				III.			A 1273 L	4 1 4 17 13	/ IN 17 A	17113				

	1
o	
BOX 68760	
2	
œ	
9	
~	
0	
~	
ш	
-	
0.0	
-	
ο.	
_	
10	
S	
00	
~	
O	
RECORDS,	
ш	
œ	
7	
-	
4	
-	
_	
5	
-	
LL.	
~	
•	
-	
~	
0	
~	
nh.	
47	
>	
0	
_	

	BABY BOY HAT					2. DATE OF DEATH DAY YEA			YEAR	3. TIME OF DEATN			
1	SOCIAL SECURITY NUMBER	rs. last birthday)				08 15		91	21:27				
		5. SEX 1 M 2 F	C	YRS.	MONTHS DAYS	HOURS .	MIN.	7. DATE OF (Month, De	ly, Year)	91	Count	NPLACE (State or Foreity) 2YLHAVID; USF	
	a. FACILITY NAME (If not institution, give				9b. CITY, TOWN	OR LOCATIO			/)	-	NTY OF D		
F	SAINT AGNES HOS RESIDENCE OF DECEDENT 106. COUNT	PITTIL			BALT	TMORE				6	孙门	MORE	
	MARYLAND 106. COUNT		10c. CITY, TOWN OR LOCATION BALTIMORE							10d. INSIDE CITY LIMITS? 1 YES 2 NO			
10	616 MARKHAN ROAL		101. ZIP CODE 2122							WHAT COUNTRY?			
11	I. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S	S. ARMED	ARMED 13. WAS DECENDENT OF NISPANI			ORIGIN7 (S	pecify Yes	or No.	14. RACI	NCE — American Indian.	
		FORCES? 1			NO If yee, specify Cuban, Maxices 1 YES 2 NO Specify				n, Puerto Ricen, etc.) Bis			Black, White, etc.	
H	15. DECEDENT'S EDU	ICATION	100	DECEDENTIA	DECEDENT'S USUAL OCCUPATION							BLACK	
	(Specify only highest grade Elementery/Secondary (0-12)	e completed)			work done during me		,	16b. KIN	ID OF BUS	SINESS/IND	DUSTRY		
	Entrottery/Secondary (0-12)	College (1-4 or 5 -	,										
17.	. FATNER'S NAME (First, Middle, Lest)					18. MOTH	ER'S NAMI	E (First, Middl	e, Maiden	Surname)			
L	WILLIAM HA	RPER								RPEL			
19	e. INFORMANT'S NAME (Type/Print)				ADDRESS (Street		or Rural Ro	ute Number, C	City or Tow	n, State, Zip			
	MONICA HARPER			6	16 Markh	an La	Ba	thmos	0- M	21-21	1229		
1]	De, METNOD OF OISPOSITION Burlal 2 Cremetion 3 Rem	noval from Stata			OF DISPOSITION (NA					CATION -		wn, State	
41	☐ Donation 5 ☐ Other (Specify)		NEW	CATHE	EDERAL CI				BA	ALTIM	ORE		
-	22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 21229												
	23. PART I. Enter the diseased or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate										DE	21229	
2	3. PART I. Enter the diseases or	compilcations that	caused the	e deeth. Do	4107 1	JILKE	VS AT	/ENUE	RAT	TTMO	RE.	MARYLAND	
	announce on tunner infinite.	compilections that List only one cau	caused the	deeth. Do r	4107 1	JILKE	VS AT	/ENUE	RAT	ттмо	RE.	MARYLAND Approximate Interval Betw	
ik di	MMEDIATE CAUSE (Fine)	List Only Ona Cau	se on aech	line.	4107 1	JILKE	VS AT	/ENUE	RAT	ттмо	RE.	MARYLAND Approximata Interval Betw	
ik di	MMEDIATE CAUSE (Fine)	a. PRE	MATUR OR AS A COR	RITY	4107 That enter the mo	JILKE	VS AT	/ENUE	RAT	ттмо	RE.	Approximate Interval Betwood Onset and D	
ih di re	MMEDIATE CAUSE (Finel isease or condition equiting in death)	a. PRE	MATUR OR AS A COR	117Y	4107 That enter the mo	JILKE	VS AT	/ENUE	RAT	ттмо	RE.	MARYLAND Approximata Interval Betw	
ill di re	MMEDIATE CAUSE (Finel Isease or condition soulting in death)	a. PRED DUE TO REPP	MATUL OR AS A COP	RITY	4107 to not enter the mo	JILKE	VS AT	/ENUE	RAT	ттмо	RE.	MARYLAND Approximata Interval Betw	
in di re	MMEDIATE CAUSE (Finel Isease or condition equiting in death) equentially list conditions, any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury	a. PRE DUE TO REPP OUE TO C.	MATUR OR AS A CON IRPTOR OR AS A CON	RITY NSEQUENCE OF	4107 The most enter t	JILKE	VS AT	/ENUE	RAT	ттмо	RE.	MARYLAND Approximata Interval Betw	
ik di re	MMEDIATE CAUSE (Finel isease or condition equiting in death)	a. PRE DUE TO REPP OUE TO C.	MATUR OR AS A CON IRPTOR OR AS A CON	RITY NSEQUENCE OF	4107 The most enter t	JILKE	VS AT	/ENUE	RAT	ттмо	RE.	MARYLAND Approximate Interval Betw	
Siff care Cut the re	equentially list conditions, any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or injury lat initiated events reuting in death) LAST	a. PRECOUNT ON TO THE TO OUE T	MATULI (OR AS A CON ICATOR IOR AS A CON	NSEQUENCE OF	4107 the modern the mo	VILKEI de of dyln	NS AT	VENUE,	BAI or respi	TIMO ratory arr	RE.	MARYLAND Approximata Interval Betw	
Siff care Cut the re	equentially list conditions, any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or injury lat initiated events	a. PRECOUNT ON TO THE TO OUE T	MATULI (OR AS A CON ICATOR IOR AS A CON	NSEQUENCE OF	4107 the modern the mo	VILKEI de of dyln	NS AT	VENUE,	BAI or respi	LTIMO ratory arr	eet,	MARYLAND Approximate interval Betwoonset and D	
Siff care Cut the re	equentially list conditions, any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or injury lat initiated events resulting in death) LAST	a. PRECOUNT ON TO THE TO OUE T	MATULI (OR AS A CON ICATOR IOR AS A CON	NSEQUENCE OF	4107 the modern the mo	VILKEI de of dyln	NS AT	VENUE, as cerdiac	BAI or respi	AUTOPSY MED?	eet,	MARYLAND Approximate Interval Betwoonset and D Onset and D WERE AUTOPSY FINDS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
Siff care Cut the re	equentially list conditions, any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or injury lat initiated events resulting in death) LAST	a. PRECOUNT ON TO THE TO OUE T	MATULI (OR AS A CON ICATOR IOR AS A CON	NSEQUENCE OF	4107 the modern the mo	VILKEI de of dyln	NS AT	VENUE, as cerdiac	BAI or respi	AUTOPSY MED?	eet,	MARYLAND Approximate interval Betwoonset and D WERE AUTOPSY FINDIA AMILABLE PRIOR TO	
Siff care Cuth re	equentially list conditions, any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury lat initiated events austing in death) LAST	a. PRECOUNT ON TO THE TO OUE T	MATULI (OR AS A CON ICATOR IOR AS A CON	NSEQUENCE OF	4107 the modern the mo	VILKEI de of dyln	NS AT	VENUE, as cerdiac	BAI or respi	AUTOPSY MED?	eet,	MARYLAND Approximate Interval Betwoonset and D Onset and D WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?	
ih di re	equentially list conditions, any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury nat Initiated events auuting in death) LAST	a, PRE, DUE TO OUE TO OUE TO d	MATULI (OR AS A CON ICATOR IOR AS A CON	NSEQUENCE OF	4107 the modern the mo	VILKEI de of dyln	NS AV	VENUE, as cerdiac	BAI or respi	AUTOPSY MED?	eet,	MARYLAND Approximate Interval Betwoonset and D Onset and D WERE AUTOPSY FINDS AVAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?	
Si if car Cr th re	MMEDIATE CAUSE (Finel isease or condition soulting in death) equentially list conditions, any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury not Initiated events soulting in death) LAST ART II. Other significant condition WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YNO	a. PRE. DUE TO DUE TO C. OUE TO d. HOSPITAL: 1 Inpetient 2	OR AS A CONTOR AS	NSEQUENCE OF	4107 the model of	VILKE) da of dyln g couse gl	NS AV	VENUE, as cerdiac	BAI or reapi	AUTOPSY MED?	eet,	MARYLAND Approximate Interval Betwoonset and D Onset and D WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?	
Si di ce Ci three P// 25.	MMEDIATE CAUSE (Finel isease or condition soulting in death) equentially list conditions, any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury not Initiated events soulting in death) LAST ART II. Other significant condition WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YNO MANNER OF DÉATN	a. PRE. DUE TO DUE TO OUE TO d. OUE TO HOSPITAL:	OR AS A CON OR AS A CON OR AS A CON OR AS A CON OR AS A CON ER/Outpetler INJURY	NSEQUENCE OF THE PROPERTY OF T	4107 Thot enter the modern the mo	VILKE) da of dyln g couse gl	NS AV g, such a	VENUE, as cerdiac	BAI or reapi . WAS AN . PERFORI	AUTOPSY MED?	24b.	MARYLAND Approximate Interval Betwoonset and D Onset and D WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?	
Sid of the re	MMEDIATE CAUSE (Finel Isease or condition seculting in death) equentially list conditions, any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or injury lat initiated events recuiting in death) LAST ART II. Other significant condition WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATN 1 Netural 5 Pending Investigation	a. PRE. DUE TO DUE TO OUE TO OUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, De	(OR AS A CON- ICOR AS	NSEQUENCE OF SEQUENCE OF SEQUE	4107 Thot enter the modern the mo	ACE OF DEA S TREE S	NS AV g, such : ven in Pa ATH (Check dence 6 2:	DENUE . as cerdiac ort I. 24a 1 [only one) Other (Spo	. WAS AN PERFORM YES 2	AUTOPSY MED? NO	24b.	MARYLAND Approximate Interval Betwoonset and D Onset and D WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO	
Si if ca Ci th re	MMEDIATE CAUSE (Finel isease or condition equiting in death) equentially list conditions, any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury lat initiated events auuting in death) LAST ART II. Other significant condition WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATN 1 Netural 5 Pending	a. PRE. DUE TO B. OUE TO C. OUE TO d. HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, De 28e. PLACE OF 28e.	(OR AS A CON- ICOR AS	NSEQUENCE OF SEQUENCE OF SEQUE	4107 Thot enter the modern the mo	ACE OF DEA S TREE S	NS AV g, such : ven in Pa ATH (Check dence 6 2:	PENUE, as cerdiac ort I. 24a only one)	BAI or reapi . WAS AN PERFORI] YES 2 ³ octhy) is HOW IN	AUTOPSY MED? NO	24b.	MARYLAND Approximate Interval Betwoonset and D Onset and D WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO	
Side of the residence o	MMEDIATE CAUSE (Finel isease or condition seulting in death) equentially list conditions, any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury not Initiated events raulting in death) LAST ART II. Other significant condition WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DÉATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	a. PRE. DUE TO b. OUE TO c. OUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, De building, de building, de contributing, de contributing)	(OR AS A CONTOR AS	NSEQUENCE OF SEQUENCE OF SEQUE	28. PL OTHER: 4 Nursing Hom E OF URY MO 1 1 1 1 1 1 1 1 1 1	ACE OF DEA S GREAT	ven in Pa	DIT I. 24a only one) Other (Speed, OESCRIB	BAJ or respi	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b.	MARYLAND Approximate Interval Betwoonset and D Onset and D WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO	
Side of the residence o	MMEDIATE CAUSE (Finel isease or condition seulting in death) equentially list conditions, any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury net Initiated events seulting in death) LAST ART II. Other significant condition WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DÉATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 9. CERTIFIER 1 CERTIFYING PNYSK	a. PRE. DUE TO B. OUE TO C. OUE TO d	(OR AS A CONTOR AS	NSEQUENCE OF SEQUENCE OF SEQUE	28. PL OTHER: 4 Nursing Hom E OF URY M 1 1 1 1 1 1 1 1 1	ACE OF DEA S TREE BY AT RK7 ACE S 2 and place, e	ven in Pa ATH (Check Idence 6 2-1	DIT I. 24a only one) Other (Spread. OESCRIB Br. LOCATIOP City or Tow	BAJ or reapi WAS AN PERFORI YES 2 Octify) E HOW IN (Street even, State)	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b.	MARYLAND Approximate Interval Betwoonset and D WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 No	
Sid care Cuth ree	MMEDIATE CAUSE (Finel Isease or condition seculting in death) equentially list conditions, any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury lat Initiated events acuiting in death) LAST ART II. Other significant condition WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 2 Accident Indicate Could not be determined 2 ERTIFIER (Check only 1 CERTIFYING PNYSIC One) 2 MEDICAL EXAMINE	a, PRE, DUE TO DUE TO OUE (OR AS A CONTOR AS	NSEQUENCE OF SEQUENCE OF SEQUE	28. PL OTHER: 4 Nursing Hom E OF URY M 1 1 1 1 1 1 1 1 1	ACE OF DEA S TREE ACE OF DEA TREE TREE and place, e	ven in Pa ATH (Check dence 6 2 2 1 1 1 1 1 1 1 1	PENUE . as cerdiac only one) Other (Spead. OESCAIB Br. LOCATION City or Tow the cause(e) he, data and	BAJ or reapi WAS AN PERFORI YES 2 Octify) E HOW IN (Street even, State)	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b. 24b. URED or Rural Ri	MARYLAND Approximate Interval Betwoonset and D WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 No		
Sid care Cuth ree	MMEDIATE CAUSE (Finel isease or condition seulting in death) equentially list conditions, any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury net Initiated events seulting in death) LAST ART II. Other significant condition WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DÉATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 9. CERTIFIER 1 CERTIFYING PNYSK	a, PRE, DUE TO DUE TO OUE (OR AS A CONTROL OR AS A CONTR	NSEOUENCE OF SEOUENCE OF SEOUE	28. PL OTHER: 4 Nursing Hom E OF	ACE OF DEA S TREE BY AT RK7 ACE S 2 and place, e	ven in Pa ATH (Check dence 6 2 2 1 1 1 1 1 1 1 1	PENUE . as cerdiac only one) Other (Spead. OESCAIB Br. LOCATION City or Tow the cause(e) he, data and	BAJ or reapi WAS AN PERFORI YES 2 Octify) E HOW IN (Street even, State)	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b. 24b. Or Rural A. cause(e)	MARYLAND Approximate Interval Betwoonset and D WERE AUTOPSY FINDIA ANAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 No oute Number, end menner se state (Month, Day, Year)		
1 in did not not not not not not not not not not	MMEDIATE CAUSE (Finel Isease or condition seculting in death) equentially list conditions, any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury lat Initiated events acuiting in death) LAST ART II. Other significant condition WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 2 Accident Indicate Could not be determined 2 ERTIFIER (Check only 1 CERTIFYING PNYSIC One) 2 MEDICAL EXAMINE	a. PRE. DUE TO DUE TO OUE TO OUE TO d. HOSPITAL: 1 □ Inpatient 2 □ 28e. DATE OF (Month, Date of Month,	(OR AS A CON ICATOR IOR AS A CON IOR AS A CON IOR AS A CON IOR AS A CON IOR AS A CON IOR AS A CON IOR AS A CON IOR AS A CON IOR AS A CON IOR AS A CON IOR AS A CON IOR AS A CON IOR AS A CON INJURY INJURY — AI IN	NSEQUENCE OF SEQUENCE OF SEQUE	28. PL OTHER: 4 OF WO 1 ON INTEREST, STATES OF THE CONTROL OF THE	ACE OF DEA S TREE ACE OF DEA TREE TREE and place, e	ven in Pa ATH (Check dence 6 2 2 1 1 1 1 1 1 1 1	PENUE . as cerdiac only one) Other (Spead. OESCAIB Br. LOCATION City or Tow the cause(e) he, data and	BAJ or reapi WAS AN PERFORI YES 2 Octify) E HOW IN (Street even, State)	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b. 24b. URED or Rural Ri	MARYLAND Approximate Interval Betwoonset and D WERE AUTOPSY FINDIA ANAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 No oute Number, end menner se state (Month, Day, Year)	

3. TIME OF DEATN

2. DATE OF DEATH MONTH 9 23

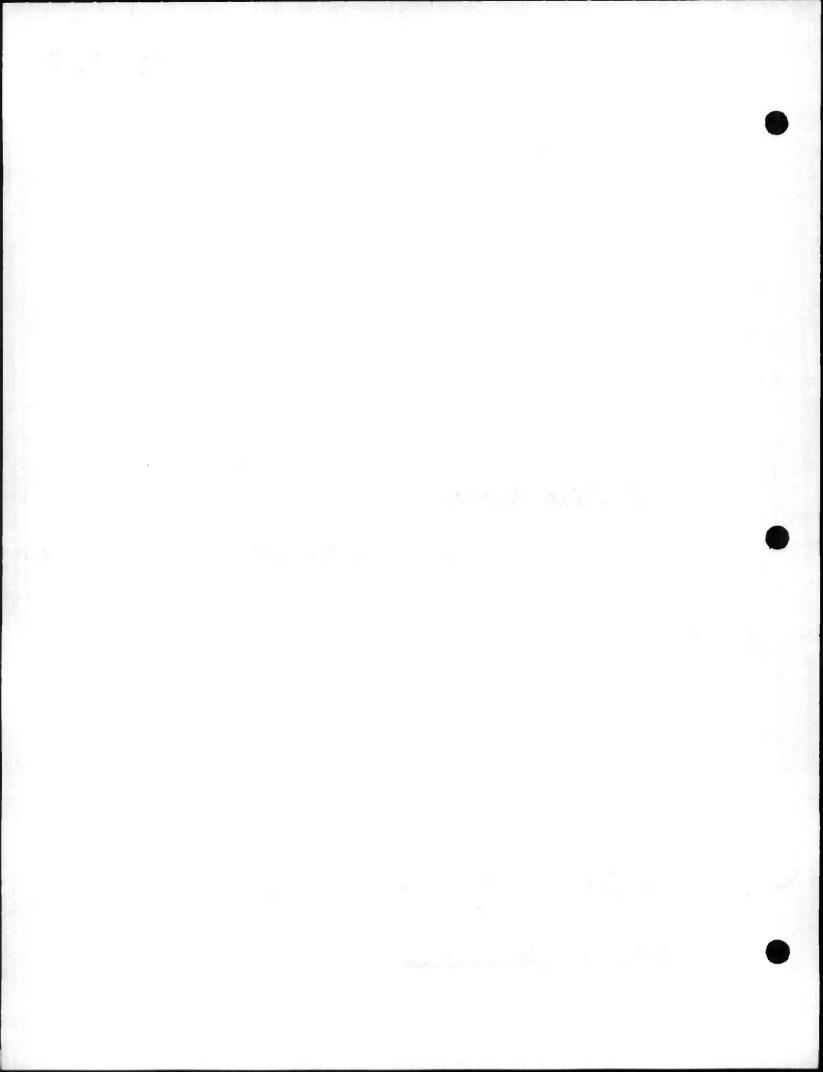
1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

	ı
BOX 68760,	
P.0.	A
DIVISION OF VITAL RECORDS, P.O.	And appropriate from the last
F VITAL I	Diolosa, The land
IVISIONO	Condition of
0	0
	1

	4. SOCIAL SECURITY NUMBER	LILLIAN E.						MONTH 9	23 1	1991 YEAR	3. TIME OF DEAT
	212-74-6505	1 M 2 F		rs. lest birthdey) 91 YRS.	MONTH	DAYS	HOURS MIN.	7. DATE OF (Month, D	вияти -1899	0. BIRT	INPLACE (State or Fo
	90. FACILITY NAME (If not institution, give		-	71	9b. Ci	TY, TOWN	OR LOCATION OF			COUNTY OF	- 1-1
DR	5 Tentmill Lane					Pikes	ville				DEATH.
CTO	RESIDENCE OF DECEDENT					1 11(03	VIIIC				
DIRE	10e. STATE Md	NTY			kesv	ille	TION				10d. INSIDE CITY LIMITS? 1 YES 2 💢
¥	10e. STREET AND NUMBER				10	f. ZIP CODE		10g. CITIZEN OF WHAT C			
剪	5 Tent Mill Lane		21208			U					
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XX Widowed 4 Divorced	VER IN U.S VES 2 OR DATES	2 ALMO If yes, specify Cut			ecify Cuban, Mexic	ENT OF NISPANIC ORIGIN? (Specify Yes or No— (Cuben, Mexican, Puerto Rican, atc.) NO Specify:			CE — American Indick, White, etc. city: Black	
COMPLETED	15. OECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	18-	Be. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				16b. KIND OF BUSINESS/INOUSTRY			<u> </u>	
ш	17. FATHER'S NAME (First, Middle, Last) Samuel Gaskins			18. MOTNER'S N Louise				NAME (First, Middle, Meiden Sumeme) Henderson			
0	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	AODRE	SS (Street o	and Number or Rura			Zip Code)	
2	Annabel Ha	wkins					e Apt D F				
	20e. METNOD OF DISPOSITION 1 A Burlet 2 Cremetton 3 Re 4 Donetton 5 Other (Specify)		20b. PL	ACE AND DATE OF DISPOSITION (Nem			ome of	20c. LOCATION	N — City or T	Town, State	
	21. SIGNATURE OF FUNERAL SERVICE	22. NAME AND ADDRESS OF March F/H We 4300 Wabash			st						
CERTIFICATION	OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
HYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL	not resulting in the underlying cause given 28. PLACE OF DEATN (1(. WAS AN AUTOP PERFORMED? YES 2 → NO		b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2		
Signal I	1 YES 2 NO	HOSPITAL: 1 Inputient 2 EF	AL: ont 2 ER/Outpetlemt 3 DOA 0THER: 4 Nursing Nome 5 Residence					e 8 Other (Specify)			
BY PHY	27. MANNER OF OEATN 1 Netural 5 Pending 28e. DATE OF INJURY (Month, Day, Year)		IURY Your)	28b. TIME OF SNJURY AT WORK? M 1 YES 2			URY AT RK?	28d. OESCRIBE NOW INJURY OCCUREO			
ETED 8	2 Accident investigation 3 Suicide 6 Could not b 4 Homicide determined	At home, term, atreet, tectory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)						
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFVING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner establishment.										
TO BE	296. SIGNATURE AND TITLE OF CERTIFICATION OF THE AND ADDRESS OF PERSON W	C/ DEATH	M (ITEM 27) (Type,	MD 29c. LICENSE NUN D 2.5 2 EM 27) (Type, Print)			and the state of t				
	31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S								,	
	SEP 27 1991	Julia Davido	70	nd M						_	

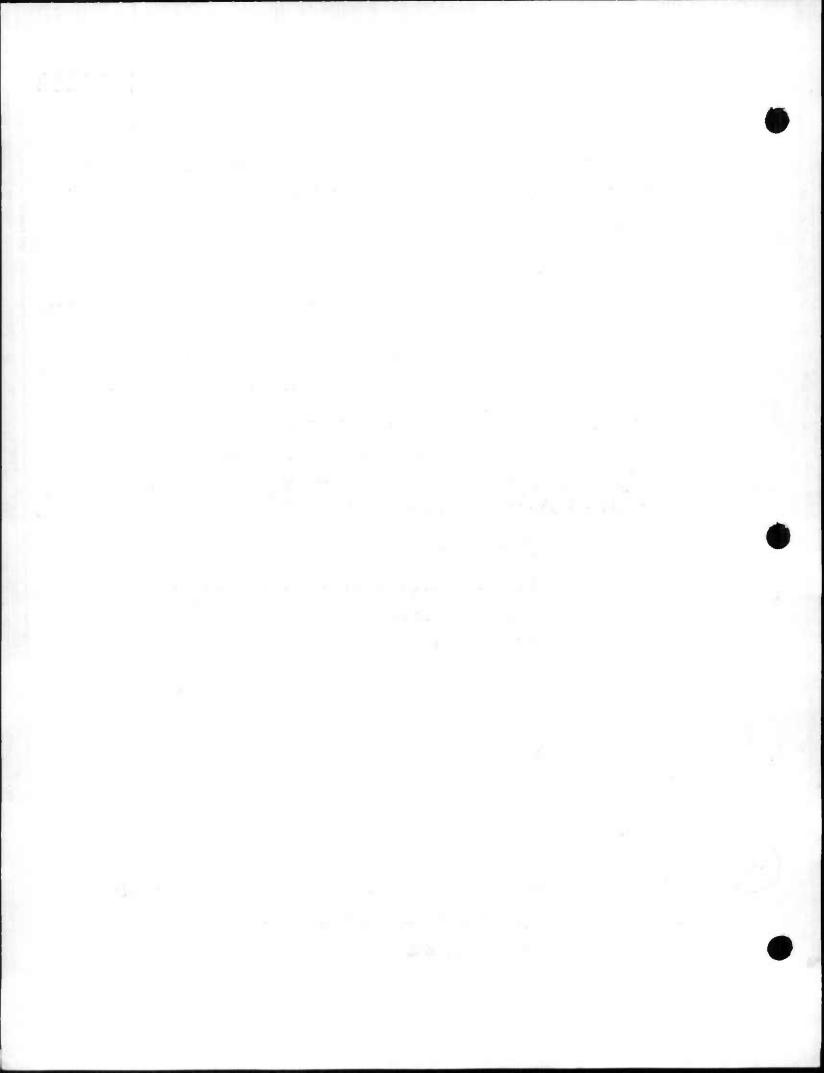
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Lest)		Donald L			2. DATE OF DEATH September 20,1991 3. TIME OF DEATH September 20,1991					
m	4. SOCIAL SECURITY NUMBER 216 03 4660	5. SEX 1 X M 2 - F	5. SEX 6. AGE (In yrs. lest birthday) 73 YRS.		IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 30		8 BIRTHRI ACE (
TOR	9a. FACILITY NAME (If not institution, give University of N RESIDENCE OF DECEDENT		Medical Ct		or Location of D 1timore	DEATH		ry of DEATH Ltimore	City		
DIRECTOR	10a. STATE 10b. COUNT	Arundel	10c	CITY, TOWN OR LOC		idena	10d. INS				
FUNERAL	358 Riverside Dr.				101. ZIP CODE	21122	en of what cou	NTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		TEVER IN U.S. ARMED YES 27 THO AR OR DATES	YES 2 PIO If yes, specify Cuban, M			PANIC ORIGIN? (Specify Yes or No— 14. rican, Puerto Rican, atc.)				
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	(Give kin life. Do N	IT'S USUAL OCCUPA I of work done during in I've retired.)	nost of working	16b. KIND OF BUSINESS/INDUSTRY Transportation Railroad						
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Dewitt Hu				10. MOTHER'S NA Mildr	AME (First, Middle, Maiden Surname)			ms		
TO B	19a. INFORMANT'S NAME (Type/Print) Beatrice L. Hubb	ard	196. MAI 358	ING ADDRESS (Street	de Dr., P	Route Number, City or To Pasadena, N	wn, Stete, Zip C	21122			
	20e. METHOD OF DISPOSITION TO Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND D	TE OF DISPOSITION	Name of	OATE 20c. L		ty or Town, State			
CERTIFICATION	22. NAME AND ADDRESS OF FACILITY McCully Funeral Home of Pasadena 3204 Mountain Rd., Pasadena, MD 211 23. PART i. Enter the disease, of complications thet caused the death. Do not anter the mode of dying, such as cerdiac Dr respiretory arrest, interval By Onset and disease or condition resulting in death) Septic Shock DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): BOWL FOR AS A CONSEQUENCE OF): C. BOWL FOR AS A CONSEQUENCE OF): BOWL FOR AS A CONSEQUENCE OF): C. BOWL FOR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other algnificent condition	ns contributing to d	daeth but not raeuiti	ng in the underlyl	ng causa givan In	PERFORMED? 1 □ YES 2 M NO			E PRIOR TO ION DF CA I?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER: 4 Nursing Home 5 Residence 8 Other (Specify)										
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	200. DATE OF I (Month, Day	NJURY y, Year) - NA	TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO		28d. DESCRIBE HOW INJURY OCCURED					
ETED E	3 Suicida 8 Could not be determined	28a. PLACE OF building, e	INJURY — At home, feetc. (Specify)	m, street, factory, off	ica	281. LOCATION (Street City or Town, State	4.4				
COMPLI	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the base of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(s) and manner as stated.										
BE	PAR DICHATURE AND TITLE OF CERTIFIE	Attadia -	-DiJL Stat	ford	29c. LICENSE NUI	MBER	29d. DATE S	SIGNED (Month, De	y, Ybar)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) STEPHEN SIU - CCU - UNIV OF MD HOSPITAL - BALTMORE, MD 21201										
	31. DATE FILED (Month, Day, Year) SEP 9.7 1991	32. REGISTRAR			11 12	חטויוינטויפ	177	116	, 1		



BALTIMORE, MARYLAND 21215-0020

\circ	_	C
B	ficate	SVILLO
0	cert	Jina
О,	death	affen
0	he	the
2	hat	A
00	lires th	Signed
R	w requ	Deed
A	e la	has
DIVISION OF VITAL RECORDS, P.O. BC	ICSPITE OF LITERAL PHYSICIAN; The law requires that the death certificate to	UNERAN DIRECTOR after this certificate has been signed by the attending physic
0	PHY	this
Z-	9	Her
AISIA	A SEND	SECTION
₫	8 3	ALDIR
	GSPI	UNER

FOR STATE REGISTRAR		STATE OF N	MARYLAND / D	EPAR RTIFI	TMENT OF	HEALTH AND	MEN	TAL HYGIEN		71	26295
1. DECEDENT'S NAME (First, I		Charles						ATE OF OEATH	AY	YEAR 1991	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215 03 276	55	5. SEX 1 🔀 M 2 🗌 F	8. AGE (In yrs. lest be	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	0	ATE OF BIRTH Worth, Day, Year) 0-24-19		8. BIRTI Count	PLACE (State or Foreign ary)
	9e. FACILITY NAME (If not institution, give street and number) 200 Sycamore Road RESIDENCE OF DECEMENT					or location of D icum Hei		s	177	UNTY OF C	
100. STATE Maryland	10b. COUNT	ne Arunde		nthicum	Heights					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 200 Sycamo	ore Ro				10	7. ZIP CODE 21090				S.A.	WHAT COUNTRY?
3 Wildowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARME YES 2 NO AR OR DATES	D	If yes, sp	CENDENT OF HISPA ecify Cuban, Maxics 2 X NO Specific	en, Pue	IIGIN? (Specify Yearto Ricer, etc.)	or No-	14. RACI Black Spec	E — American Indian, k, White, atc.
15. DECEI (Specify only I Elementary/Secondary (0-1 10th Grade 17. FATHER'S NAME (First, Mich.	2)	CATION completed) College (1-4 or 5 +	(Give ille. Do	DENT'S U	,	ast of working		16b. KIND OF BU			
17. FATHER'S NAME (First, Mich.			CTE	LIC	al Cle			Bethle		Stee	21
		rederick	W. Jahns			Sal		st, Middle, Maiden Kunke:	,		
190. INFORMANT'S NAME (Typ					ADDRESS (Street)	and Number or Rural				p Codel	
Lawrence Ja	hns				Phelps 2						and 21060
1 Pauriel 2 Cremetion 4 Donestion 5 Other (S 21. SIGNATURE OF FUNERAL	pecify)		cametery, cremat	ory or oth	22. NAME A	ial Park no Address of FA ge J. Got	ciuty nce	-27 Rai	Ltimo	ne P.	Maryland A.
23. PART I. Enter the dissect, or hes IMMEDIATE CAUSE (Fine disease or condition resulting in death)	rt fallure.	List only one caus	RATORY		Affec	1	h as i	cardiac or respi	ratory ar	reat,	Approximate interval Betwee Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other aignificant	condition	s contributing to	death but not resu	iting in	tha underlying	g cause given in	Part i	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 NO
EXAMINER?	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OCTUBE 26. PLACE OF DEATH (Check only one)										
1 Inpatient 2 ER/Outpatient 3 DDA 4 Nursing Home 5 Rasidence 6 Other (Specify) 27. MANNER OF DEATH 1 Natural 5 Pending 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 VES 2 NO								JURY OC	CURED		
2 Accident investigation 3 Suicide 4 Homicide 26e. PLACE OF INJURY — At home, ferm, street, tectory, office building, atc. (Specify) 26t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)											
29e. CERTIFIER (Check only one) 1 CERTIF	ING PHYSIC	CIAN: To the best of r	ny knowledge, death o	occurred	st the time, data in my opinion, d	end piece, and due	to the	cause(s) end men	ner ea stat	led. ne cause(s)	end manner as stated.
29b. SIGNATURE AND TITLE OF	nuch	rywal	a			29c. LICENSE NUN	4 G		29d. DAT	E SIGNED	(Month, Day, Year)
A. MANEJA	ATL	COMPLETED CAUSE	OF DEATH (ITEM 27	(Type, P	rine) Ha	y sie-	Gr	ENTON	2MS	d	n21061

31. OATE FILED (Month, Day, Year) SEP 27 1991

32. REGISTRAR'S SIGNATURE

\$627 T

DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN The

The first of the control of the cont	tending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit normin page 4.0.2 should	eath with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
The Property of the same temporary and the contraction of the same temporary and the same t	RECTOR: After this certificate has been signed by the attending physician and completely filled In b	rs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rer	n 28 is marked, or item 23 shows any injury, or other traumatic event, the medi	
The state of the state of	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with t	IMPORTANT: If Item 28 is marked,	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH 5107 HNSON D 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or DAYS 1 M 2 F TENN -25 90. FACILITY NAME (# no 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Timore 0 RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY BATTimore MAryland 1 FYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21216 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 DINO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Maxican, Puerto Rican, stc.)
1 YES 2 70 Specify: RACE — American Indian, Black, White, etc. 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION ecify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) omema ex 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Mjddle, Maiden Surname) nwers BE INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (S 2 Style, Zip Code) Ain 20e. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State 206. PLACE AND DATE OF DISPOSITION (Name or d Co, em 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ome OSEPA m/21216 23. PAP 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, of heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): TOCKRIDIAL INFARCTION KEMI PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events reaulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED! 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 | YES 2 00 Inpatient 2 - ER/Outpatient 3 - DOA me 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending COMPLETED BY 1 YES 2 NO 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, form, street, factory, office building, etc. (Specify) 8 Could not be determined 281, LOCATION (Street end Number or Rural Route Number, City or Town, State) 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as stated of examination end/or investigation, in my opinion, death occured at the time, date end piece, and due to the cause(s) and menner ee stated 2 BE 29d. DATE SIGNED (Month, Day, Year)

2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 31. DATE FILED (Month, Day, Year) SFP 97 1001

NM 32. REGISTRAR'S SIGNATURE ia Davidson-Randell

HOSPITAL

DHMH-18 Rev 1/89

3 . A. . A. a is a company to the second of the second of r , To marie

		should
		63
		2
		<u> </u>
		Pages
		permit.
ALTIMORE, MARYLAND 21215-0020	ath. Page 6 may be retained by the hospital or attending physiclan.	funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
Ó	2	19
S	ğ	S
T.	2	60
2	Ca.	S
à	0	6
0	52	P
Η.	SS	e e
5	Z	tac
Q.	the	8
\forall	>	2
~	5	D
7	e	8
=	eta	52
	60	5
uî	A	90
œ	6	0
<u></u>	10	101
¥	9	8
=	Se	0
-	-	23
7	eath	fune fune

68760,
BOX
P.O.
RECORDS
F VITAL
DIVISION

	TO THE HIGSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for		at.
	the h	detac		IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.
	d by	od bi		d at
	retaine	5 shou		otifie
	y be	age		pe u
)	6 ma	ctor, j		unst
	Page	I dire		Jer II
	leath.	funera		хатіп
	ther o	the t	loval	ial e
	SUNO.	d In b	Or ren	medi
	124 h	y filled	ation,	the
6	withir	nplete	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	vent,
	cuted	og po	urial,	tic e
	e exe	an an	r 10 b	пша
	cate t	hysici	e prio	er tra
	certifi	d Built	ygien	othe
	leath	ащел	Tal T	7, 0
	the o	y the	nd Me	를
	s that	ned b	a w	any
	equire	en sig	of Hea	hows
	J. ME	as be	ept.	23 8
	The	ate h	tate	tem
	ICIAN	ertific	the S	0
	PHYS	this (WITH	rked
	DING	After	death	S ma
	TTEN	TOR	after	28
	OR A	DIRE	hours	item
	PITAL	RAL	1 72	=
	HOS	FUN	WITH	MAT
	O THE	THE	illed	P0
	F	F	ŏ	=

9 1 - 5 5 7 5 = 5 1 0

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

1. OECEOENT'S NAME (First, Middle, Last)				OF DEATH		G. NO.		
1. OCCUDENT S NAME (FIRST, MIDDIE, EBST)					2. DATE OF DE	ATH	_	3. TIME OF OEATH
Michael		т.	ones		MONTH () 9	2.5 1	YEAR	
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birtho		YEAR IF UNDER 24 HRS.	7. DATE OF BIR		991	IPLACE (State or Foreign
212-42-5050	1 M 2 F	47 YR	MONTHE	DAYS HOURS MIN.	(Month, Day,	Year)	Count	NZ /
9e. FACILITY NAME (If not institution, give	street and number)	1 1	9h CITY 1	OWN OR LOCATION OF	1 1 1	44	MAI	SILL DOLLE
					JEAIH	9c. COU	INTY OF C	EATH
1802 N. Washi	ngton St	reet	Balt	imore				
10a. STATE 10b. COUNT	ГУ	10c.	CITY, TOWN OR	LOCATION				10d. INSIDE CITY
md		/	Balton	PORE				LIMITS?
10+. STREET AND NUMBER			21911111	10f, ZIP CODE		10e CIT	IZEN OF V	WHAT COUNTRY?
1802 N. Wash	water 8+			21213		111	CA	
11. MARITAL STATUS	2. WAS DECEDENT	EVER IN U.S. ARMEO	13. W	AS OECENOENT OF HISP	ANIC ORIGIN2 (See	city Yea or No	14 840	E — American Indian,
1 Never Merried 2 Merried	FORCES? 1	YES 2 NO	It :	Yee, specify Cuben, Mexic	en, Puerto Rican,	etc.)	Blecj	t, White, etc.
3 Widowed 4 Divorced		IN ON ONIES		TES 2 LIDAYO Spec	my:		Speci	Black
15. DECEOENT'S EOU (Specify only highest grade		18e. OECEOEN	T'S USUAL OCC	UPATION	16b. KIND	OF BUSINESS/INC	DUSTRY	piece
Elementary/Secondary (0-12)	College (1-4 or 5+)		d of work done du OT use retired.)	ring most of working				
		TRUC	K De	VCL				
17. FATHER'S NAME (First, Middle, Last)			1001		AME (First, Middle,	Maiden Sumame)		
Charles Jon	4			nn.	. 11.	inct.	T	, l <
19a. INFORMANT'S NAME (Type/Print)	- 1	19b. MAII	LING ADORESS /	Street end Number or Rura		OF TOWN COLD TO	Cod:	UC)
EINA / no the	Bull.	100	241	lack set) CJ	Or rown, State, 24	(/	MIDIO
20e. METHOO OF DISPOSITION	MINUY	20b. PLACE AND OA	es N. C	UISNINGTO	N 77.	DAL	10,1	M. 21213
1 Denution 3 Rem	noval from State	cometery cremetory	as other place!		OATE	20c. LOCATION -	City or To	wn, State
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	MEDILTUS	Men of	ME ANO ADDRESS OF F	10/1/91	DA/40.	1110-	
-111111			22. NJ	lilliam C.	Brown DC	Jommi	witu	F.H.
Baken H.D	4-		V	206 W. NO	RHA A) Y	ALI	to My
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events a. Due to (or as a consequence of): b. Oue to (or as a consequence of): oue to (or as a consequence of): oue to (or as a consequence of):								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. Clubs OUE TO (c	OR AS A CONSEQUENCE	etto	halos	6/ -m			
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	a. Clubs OUE TO (c	OR AS A CONSEQUENCE	etto	The lw	ev m			
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	6. OUE TO (0	OR AS A CONSEQUENCE	E OF):	holis	Part I. 24a, V	WAS AN AUTOPSY	24b.	WERE AUTOPSY FINOMICS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	6. OUE TO (0	OR AS A CONSEQUENCE	E OF):	Lacion La	Р	ERFORMEO?	24b.	AMILABLE PRIOR TO COMPLETION OF CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	6. OUE TO (0	OR AS A CONSEQUENCE	E OF):	holis	Р		240.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	6. OUE TO (0	OR AS A CONSEQUENCE	E OF):	halis	Р	ERFORMEO?	24b.	AMILABLE PRIOR TO COMPLETION OF CAUSE
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	6. OUE TO (0	OR AS A CONSEQUENCE	E OF):		15%	ERFORMEO?	240.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (C	OR AS A CONSEQUENCE	E OF):	28. PLACE OF OEATH (C.	neck only one)	YES 2 NO	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. OUE TO (c c. OUE TO (c d. HOSPITAL: 1 Inpellent 2	OR AS A CONSEQUENCE DRAS A CONSEQUENCE Jeath but not resulting ER/Outpatient 3 □ DO. NJURY 28b.	E OF): E OF): TIME OF 2:	28. PLACE OF OEATH (C)	heck only one) 8 Other (Speci	YES 2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	b. OUE TO (C	OR AS A CONSEQUENCE DRAS A CONSEQUENCE Jeath but not resulting ER/Outpatient 3 □ DO. NJURY 28b.	E OF): E OF): The under the under	28. PLACE OF OEATH (C) g Home 5 The Reeldence lc. INJURY AT WORK?	heck only one) 8 Other (Speci	YES 2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation	b. OUE TO (C c. OUE TO (C d	OR AS A CONSEQUENCE DR AS A C	E OF): E OF): To Manager A OTHER: A OTHER: A OTHER: HJURY M	28. PLACE OF OEATH (C) g Home 5 The Reeldence c. INJURY AT WORK? 1 YES 2 NO	neck only one) 8 Other (Special 28d. OESCRIBE	YES 2 NO	CUREO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 DE YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	b. OUE TO (C c. OUE TO (C d	OR AS A CONSEQUENCE OR AS A CONSEQUENCE DO AS A C	E OF): E OF): To Marsin Time of HUJURY M	28. PLACE OF OEATH (C) g Home 5 The Reeldence c. INJURY AT WORK? 1 YES 2 NO	neck only one) 8 Other (Special 28d. OESCRIBE	PYES 2 NO	CUREO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 DE YES 2 NO
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide a Could not be determined	b. OUE TO (C. OUE TO (OR AS A CONSEQUENCE OR AS A CONSEQUENCE DOR E OF): E OF): A OTHER: A 4 Nursin TIME OF HUJURY M m, street, factory	28. PLACE OF OEATH (C) g Home 5 The Recidence of St. INJURY AT WORK? 1 VES 2 NO g, office	8 Other (Special 28d. OESCRIBE 28t. LOCATION (City or Town	YES 2 NO NO NO NO NO NO NO NO NO NO	CUREO or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 DE YES 2 NO	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERREO TO MECICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF CASTH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide a Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	b. OUE TO (C. OUE TO (OR AS A CONSEQUENCE OR AS A C	E OF): E OF): A OTHER: A 4 Nursin TIME OF INJURY M m, street, factory	28. PLACE OF OEATH (C) g Home 5 TReeldence lc. INJURY AT WORK? 1 YES 2 NO g, office	8 Other (Special 28d, OESCRIBE 28t, LOCATION (City or Town	PYES 2 NO NO NO NO NO NO NO NO NO NO	or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 OYYES 2 NO
Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 2 Accident 1 Investigation 1 Sulcide 1 Could not be determined	b. OUE TO (C. OUE TO (OR AS A CONSEQUENCE OR AS A C	E OF): E OF): A OTHER: A 4 Nursin TIME OF INJURY M m, street, factory	28. PLACE OF OEATH (C) g Home 5 TReeldence lc. INJURY AT WORK? 1 YES 2 NO g, office	8 Other (Special 28d, OESCRIBE 28t, LOCATION (City or Town	PYES 2 NO NO NO NO NO NO NO NO NO NO	or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 OYYES 2 NO
Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide a Could not be determined 29e. CERTIFIER (Check only	b. OUE TO (0 c. OUE TO (0 d	OR AS A CONSEQUENCE OR AS A C	E OF): E OF): A OTHER: A 4 Nursin TIME OF INJURY M m, street, factory	28. PLACE OF OEATH (C) g Home 5 TReeldence lc. INJURY AT WORK? 1 YES 2 NO g, office	8 Other (Special 28d, OESCRIBE 28t, LOCATION (City or Town	PYES 2 NO NO NO NO NO NO NO NO NO NO	or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 DEYES 2 NO
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1\(\times\) YES 2 \(\times\) NO 27. MANNER OF OEATH 1 Natural 5 Pending investigation 2 Accident 3 Sulcide 4 Homicide 4 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	b. OUE TO (0 c. OUE TO (0 d	OR AS A CONSEQUENCE OR AS A C	E OF): E OF): A OTHER: A 4 Nursin TIME OF INJURY M m, street, factory	28. PLACE OF OEATH (C) g Home 5 The Reeldence c. INJURY AT WORK? 1 VES 2 NO c, office c, dete end place, end du-	8 Other (Special 28d. OESCRIBE	PYES 2 NO NO NO NO NO NO NO NO NO NO	or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 OCYES 2 NO Oute Number, end manner ee stated, (Month, Day, Year)
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF OEATH 1 Natural S Pending Investigation a Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 286. SIGNATURE AND TITLE OF CERTIFIER	b. OUE TO (C. OUE TO (OR AS A CONSEQUENCE OR AS A C	A OTHER: A 4 Nursin TIME OF HAJURY M m, street, factory	28. PLACE OF OEATH (C) g Home 5 The Recidence ic. INJURY AT WORK? 1 YES 2 NO , office o, date end place, end du-	8 Other (Special 28d. OESCRIBE	PYES 2 NO NO NO NO NO NO NO NO NO NO	or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 DEYES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF OEATH 1 Natural S Pending Investigation a Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 286. SIGNATURE AND TITLE OF CERTIFIER	b. OUE TO (C. OUE TO (DR AS A CONSEQUENCE DR AS A C	OTHER: A OTHER: A OTHER: TIME OF INJURY M Im, street, factor, street, factor, in my opin	28. PLACE OF OEATH (C) g Home 5 The Recidence ic. INJURY AT WORK? 1 VES 2 NO , office of dete end place, end du- plion, death occured at the 29c. LICENSE NU O. C. M	B Other (Special 28d. OESCRIBE 28d. LOCATION (City or Town to the cause(e) e a time, date end place. E .	PYES 2 NO NO NO NO NO NO NO NO NO NO	or Rural R ed. ed couse(e) E SIGNEO 9 2	AMALABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 OCYES 2 NO Oute Number, end manner ee stated, (Month, Day, Year)



0 A 30 E 164 9

The state of the s

certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
Inding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be thygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL, REGORDS P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement of certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE RUNERAL DIRECTOR. After this certificate has been second in the physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of the physician through the prior to burish, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

8:55 P	REG. NO. 2. DATE OF CEATH MONTH 25 91									
	25 91									
IRTHPLACE (State or Foreign	8. B									
enna.										
	9c. COUNTY C									
ore	Baltim									
10d. INSIDE CITY										
LIMITS?										
1 YES 2 NO	10a, CITIZEN									
	U.S									
ACE — American Indian	Yes or No. 14 F									
Black, White, etc.	If yes, specify Cuban, Maxican, Puerto Rican, etc.) Black,									
White										
Y	BUSINESS/INDUSTR									
	_									
	Store									
	an Sumerne)									
1	fown, Stata, Zip Code									
	Maryland									
	LOCATION City o									
County, Md.	1timore									
oodiie);iid.										
	me P.A.									
ryland 21221	imore Mar piratory arrest,									
interval Between	printory arroot,									
Onset and Daath										
	Aspergillosis with Pneumonia Due TO (OR AS A CONSEQUENCE OF):									
ļ										
	C. OUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
	IN AUTOPSY									
24b. WERE AUTOPSY FINDINGS	COMPLETIO									
AVAILABLE PRIOR TO COMPLETION OF CAUSE										
AVAILABLE PRIOR TO	- 1									
AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?										
AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?										
AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?										
AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	/ INJURY OCCURED									
AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	INJURY OCCURED									
AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	I INJURY OCCURED It and Number or Rure (a)									
AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	it and Number or Run (e)									
AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	it and Number or Run e)									
AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	it and Number or Run e)									
AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	and Number or Rur earner ea stated.									
AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rel Route Number,	and Number or Rur earner ea stated.									
AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rel Route Number,	and Number or Rur earner ea stated.									
AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rel Route Number,	and Number or Rur earner ea stated.									
>	t and Number or Ru									

3. TIME OF DEATH

10d. INSIDE CITY

1 YES 2 NO

8. BIRTHPLACE (State or Foreign

MAryland

Baltimore

10g. CITIZEN OF WHAT COUNTRY?

USA

14. RACE — American Indian, Black, White, etc.

White

Approximate

24b. WERE AUTOPSY FINDINGS

1 YES 2 NO

OF DEATH?

29d. DATE SIGNED (Month, Day, Year)

AVAILABLE PRIOR TO COMPLETION OF CAUSE

interval Between

Onset and Death

9c. COUNTY OF DEATH

8:30am

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

A SOCIAL SECURITY NUMBER

Elmer Leroy

1 -

ш
), (
68760
BOX 68
P.O.
RECORDS,
REC(
VISION OF VITAL R
OF
NOIS
DIVIS

7. DATE OF BIRTH (Month, Day, Year) May 28, 1930 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR DAYS HOURS 212-30-4649 1 M 2 F 61 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH DIRECTOR 7 N.Woodward Drive Essex RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION BAltimore Md. Essex permit. FUNERAL 10e. STREET AND NUMBER 7 N.Woodward Drive 21221 for use as the bunial-transit 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-Maxican, Puerto Rican, etc.) within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 If yes, specify Cuben, Mexican, Puerto Ri 1 YES 2 100 Specify: 2 300 1 Never Merried 2 Married BY 3 Widowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade com Elementary/Secondery (0-12) College (1-4 or 5+) lith Plummer n by the funeral director, page 5 should be detached removal. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mildred Betz Elmer Johnson Sr. 4 notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3820NassawangoHillsDrive SnowHill Md. 21863 Lee Johnson 111 pe 20e. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 8 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE must Metrocrematory or other place 9/26/91 BAltimore Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome300MAceAve.21221 medicai 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart taxure. List only one cause on each line. filled in by 0 IMMEDIATE CAUSE (Finel the cremation, diseese or condition signed by the attending physician and completely Health and Mental Hygiene prior to burial, cremati resulting in death) other traumatic event. DUE TO (OR AS A CONSEQUENCE OF): executed CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 shows any injury, PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PHYSICIAN: MEDICAL Diarrhea 1 | YES 2 | NO Debydration has been s Dept. of H MB 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL item this certificate h HOSPITAL: OTHER: 1 TES 2 NO OR ATTENDING PHYSICIAN: 1 🗆 Inpatient 2 🗆 ER/Outpatient 3 🗆 DOA ng Home Residence 8 - Other (Specify) marked, or the 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY After t 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide DIRECTOR: A hours after d 69 ED 4 Homicide ET COMPLE CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. HOSPITAL FUNERAL within 72 h IMPORTANT: If MEDICAL EXAMINER: 9/1/the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CONTIN 29c. LICENSE NUMBER BE 표보를 auhan mo D18326 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAEEM MD Essex GAUHAR 31. DATE FILED (Month, Day, Year) SEP 27 1991 32. REGISTRAR'S SIGNATURE

his Davidson-Randell

Johnson Jr.

5. SEX

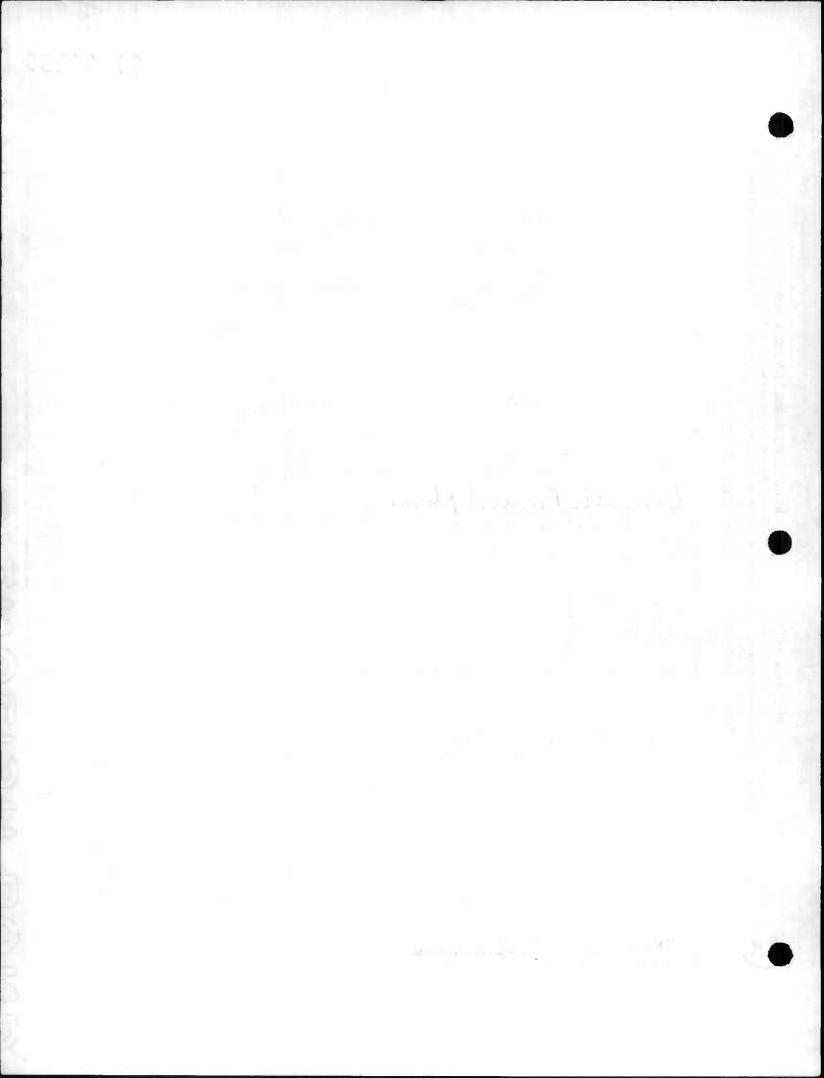
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH

Sept. 25,1991

DHMH-16 Rev 1/89



Š	hos	ache	69
4	the	det	00
7	d by	P	P
I	aine	hou	iffe
Ē	e ret	5	2
ű	ay b	pag	be
Ē	E m	tor.	net
BALLIMORE, MARYLAND	age	direc	1
=	h, P	erai	E
A	deat	\$	exa
a	after	y the	183
	nrs nr	In b	edi
		0.0	e T
	9	ely I	=
ó	With	nplet	Ven
4	urted	rial co	10
-	өхө	to bi	mat
5	e pe	siclar	tract
ń	ficat	phy of	Je.
j	certi	dlng	8
J.	eath	rtal 1-	0,
ñ	he d	Mer	F
5	haf t	P P	I A
5	as ti	gne	99
L L	equir	en s	how
r	WE P	s be	33
₹	The	te Da	E
5	2	mcar sta	# 16
L	100	96	d,
0	£	E W	ST.
5	DIRE	報	E
2	TEN.	51	20
Ξ	RA	REC	E
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	3	5 2	#
1	HEACSPIN. OR MITERIONS PHYSICIAN: The law requires that the death certificate be executed within. Aurs after death, Page 6 may be retained by the host	HENERTA DRECTOR And the connecte has been sloned by the attending physician and completely lin, in by the funeral director, page 5 should be detached and the companion or removal.	DETAILS it is a marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1	7	D	TTAB
1	中	生》	8

	FOR STATE OF MARYLAN					IENTAL HYG	GIENE	91 2630	
	1. DECEDENT'S NAME (First, Middle, Last) MILDRED L.	JENKIN:		F DEAT	Н	2. DATE OF OEA MONTH 9/23/	DAY Y	EAR 3. TIME OF DEATH	
FUNERAL DIRECTOR	219_22-8335 10 M2 XF 86	s. lest birthday) YRS.	MONTHS DAY	'S HOURS	MIN.	7. DATE OF BIRT	+104	BIRTHPLACE (State or Foreign Country) Maryland	
	9a. FACILITY NAME (If not institution, give street and number) BON SELOURS HO RESIDENCE OF DECEDENT	SP.		timore			9c. COUNTY	N/A	
	Maryland N/A		town on Lo		rtis	Bay)	10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
	100. STREET AND NUMBER			101. ZIP CODE		7-4		N OF WHAT COUNTRY?	
	1417 Olmstead Street, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.	ARMED	12 486		226	C ORIGIN? (Spec		USA . RACE — American Indian,	
BY	1 Never Married 2 Married 3 X Widowed 4 Divorced FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	. № мо	If yes	, specify Cuban YES 2 NO	, Maxican,	, Puerto Rican, at		Black, White, atc. Specify: White	
E	(Specify only highest grade completed)	(Give kind of w life. Do NOT us	rork done during	ATION most of working	9	16b. KIND C	F BUSINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12) 4th Grade 17. FATHER'S NAME (First, Middle, Last)					ork Or	dnance D	epot	
BE CC	John Schlebecker						erck Sch	lebecker	
10	198. INFORMANT'S NAME (Type/Print) Mrs. Caroline Lewis			eet and Number	or Rural Ro	oute Number, City	or Town, State, Zip Co		
	20s. METHOO OF DISPOSITION **Properties** 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or Baltimore, Maryland								
	21. SIGNATURE OF FUNERAL SERVICE LICENSER Kevin E.	Ecker	McCu	11y Ful E. Pata	nera	1 Home	of Brook Balto.,	lyn Md. 21225	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory srrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) S. Condition Feature Feature 3 WKS								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO FOR AS A CONSEQUENCE OF PURLY COMPOSITE OF SUPERIOR COMPO								
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. A VENUE A HOPE COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 246. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
IC/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	8. PLACE OF DE					
HYS	1 Pestion 2 ER/Outpetie 27. MANNER OF DEATH 28s. OATE OF INJURY	28b. TiMi	E OF 28c	INJURY AT	-	28d. DESCRIBE	y) HOW INJURY OCCU!	RED	
ВУ Р	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation			WORK7	NO				
	3 Suicide s Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, s	street, factory,	office		281. LOCATION (City or Town,	Street and Number or State)	Rural Route Number,	
COMPLETED	20s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge of my knowled								
BE	296. SIGNATURE AND TITLE OF CERTIFIER M 10	1		29c. LICE	NSE NUM	726)	29d. DATE S	HIGNED (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type,	Print) HEL	CM A		Lus	RAIT	1 /0 / 2/033	
SEP 2 7 1991 Julia Davidson-Randelle									

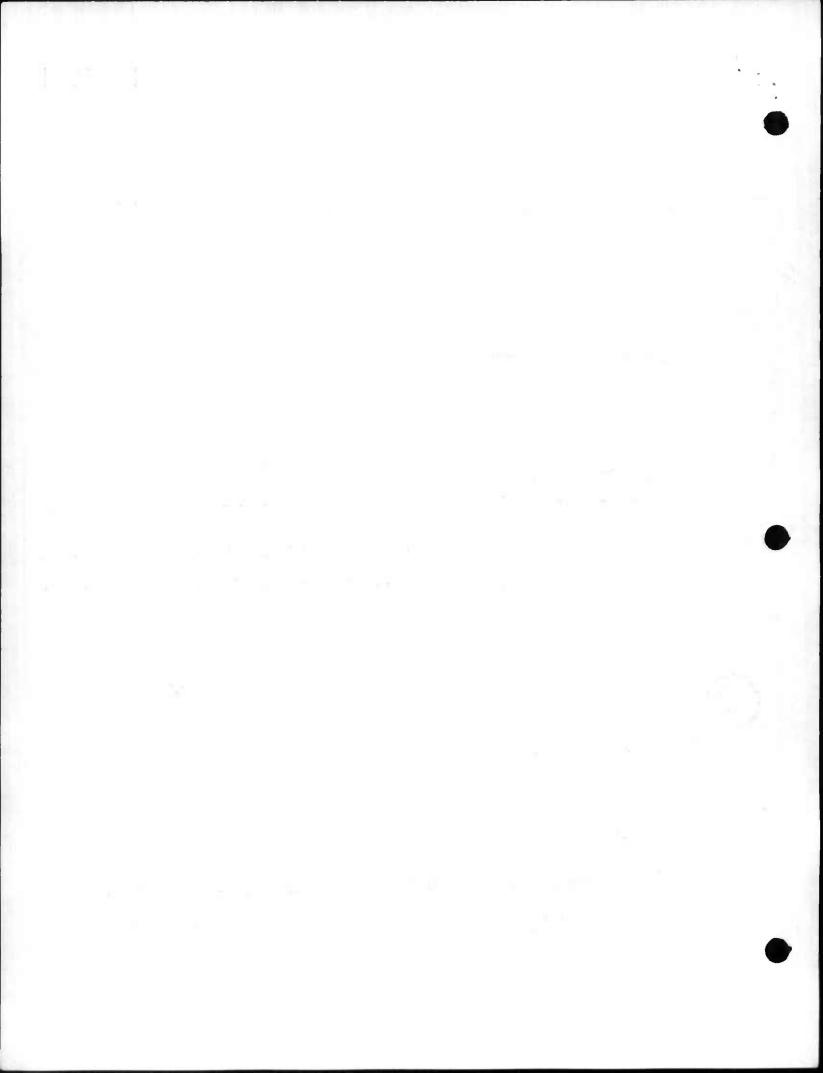


	1 - STATE REGISTRAR	STATE OF M	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							263U	1	
	1. DECEDENT'S NAME (First, Midd	de, Last)					2.	DATE OF DEATH			3. TIME OF DEATH	
	YOON	SUP	XOII			(монтн р. 09 25	2	91	04:11 PM		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lesi	MC	NTHS DAYS	HOURS &	HRS. 7.	DATE OF BIRTH (Month, Day, Year)		8. BIRTHP	LACE (State or Forei	gn
ploorie	212-92-9096 sa. FACILITY NAME (If not institution		73	YRS.			08		91.8	KOF		
E S		L_HOSPITAL AS	יכטטד גיייז			OR LOCATION				TY OF DEA		
5	RESIDENCE OF DECED	=INT	SOCIALI	ON	GLEN	BURNI	E		<u> </u>	A . A .	COUNTY	_
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									- 1	10d. INSIDE CITY LIMITS?	
460	MD 100. STREET AND NUMBER	ANNE ARUNDEL		GLEN	BURNI						1 - YES 2 X NO)
nial-transit permit per	313 Hospital	Desire				of. ZIP CODE					IAT COUNTRY?	
se as the burial-transit ED BY FUNER	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	MED		21061	IISPANIC C	RIGIN? (Specify Yea		REA	- American Indian.	_
ā .	1 Never Married 2 Marri		YES 2 XN	0	If yes, s	pecify Cuban, N	fexican, Pu	arto Rican, etc.)	OF NO	Black, Specify	While, etc.	
as the D	3 XWidowed 4 Divorced					- QQ	Spoony.			эрвину	ASIAN	
ese III	15. DECEDEN (Specify only high	IT'S EDUCATION est grade completed)	(Gh	CEDENT'S USI ve kind of work Do NOT use re	UAL OCCUPATE	ON ost of working		16b. KIND OF BUS	SINESS/IND	USTRY		_
once.	Elementary/Secondary (0-12)	College (1-4 or 5 +)			,							
once.	17. FATHER'S NAME (First, Middle,	Last)	HOP	1EMAKE	K	18. MOTHER	'S NAME /	OWN HO				_
70	CHANG KIM					UNKNO		wat, mioure, mercen	ourieme)			
= 0	19a, INFORMANT'S NAME (Type/Pr	rint)	196	. MAILINO AD	DRESS (Street	and Number or I	Rural Route	Number, City or Town	n, State, Zip	Code)		
т ре по	SOON KOH		8	171 G1	reat B	end Roa	ad C	GlenBurni	.e,	MD 2	21061	
must t	20a. METHOD OF DISPOSITION 1 A Burtal 2 Cremetion 3		cemetery cren	natory or other	PISPOSITION (N					City or Town	n, State	
ě	4 Donation 5 Other (Spec		I MEADO	WRIDGE		TAL PA			KRIDO	E M	D	_
examiner	1 / 12	Hu St			SING	LETON I	FUNER	RAL HOME				
	23 PART Enter the disease	no or complications that			1 SE	COND AV	JE. S	.W. GLEN	BUR	NIE,	MD 21061	L.
		reliure. Liet only one ceue	e on each line.							eet,	Approximate Interval Betv	
	IMMEDIATE CAUSE (Fine) disease or condition	Unc	in trol	led	Di.	0.1		m-00-	1		Onset and D	eati
event, the	resulting in death)	e. DUE TO (C	OR AS A CONSEO	UENCE OF):	10 -8			medi	tus		now	\$
0	Commendation that are made	DUE TO (C	my	Tro	nct	20	he	ction			day	(
traumatic ATION	Sequentielly list conditions, if eny, leading to immediate	DUE TO (C	OR AS A CONSEC	UENCE OF):			V				1	,
F E	cause. Enter UNDERLYING CAUSE (Disease or Injury	C. DHE TO (C	D AS A COMPEO	HENDE OF								
ry, or other traumatic	thet initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST											
Hury, or oth	DART II OU A III	d									<u> </u>	
CAL CE	PART II. Other significent co	onditione contributing to d	eeth but not re	suiting in t	he underlyln	g ceuse give	n in Part	i. 24a. WAS AN . PERFOR			VERE AUTOPSY FINDS	NGS
C a								1 TYES 2	NO		COMPLETION DF CAU OF OEATH?	SE
4 7										1	☐ YES 2 ☐ NO	
AN	25. WAS CASE REFERRED TO MED	DICAL			26. P	LACE OF OEATI	H (Check o	nh, nnel				_
E S	EXAMINER?	HOSPITAL:	ER/Outpatient 3 [THER:	e 5 🗆 Reside						
Ned, or item PHYSICI	27. MANNER OF DEATH	28a. DATE OF IN	IJURY	28b. TIME OF	F 28c. IN.	URY AT	-	DESCRIBE HOW IN	JURY OCC	URED		
s marked BY PH	1 Natural 5 Pendir 2 Accident Investi	ng		INSORT		YES 2 NE	,					
5 m 0	3 Suicide 8 Could 4 Homicide determ	building, et	INJURY At home. (Specify)	ne, farm, stree	t, factory, offic		28f.	LOCATION (Street a. City or Town, State)	nd Number	or Rural Rou	te Number,	
ANT: If Item 28 COMPLETE	200 CENTIFIED											
MPI MPI	(Check only	G PHYSICIAN: To the best of m	y knowledge, des	th occurred st	the time, date	and place, and	dua to th	e cause(a) and man	ner en state	d.		
	29b. SIGNATURE AND TITLE OF CH	XAMINER: On the beals of exer	miletion anglor in	vestigation, in	my opinion, o			data and place, and				d.
APOR	STORE AND THE STOR	3 77~	for	5		29c. LICENSE	NUMBER	-/3	29d. DATE	SIGNEO (M	fonth, Day, Year)	
우	30. NAME AND ADDRESS OF PERS	SON WHO COMPLETED CAUSE	OF OEATH (ITEM	27) (Type, Prin	rt)		//	1-	- 1	-00	7//	_
	SANG C. DOH,	M.D./1600 CR	AIN HIG	HWAY,	SW #206	6/GLEN	BURN	IE, MARY	LAND	2106	1	

Kelia Davidson-Randelle

DHMH-18 Ray 1/89

Approximate Interval Between Onset and Death

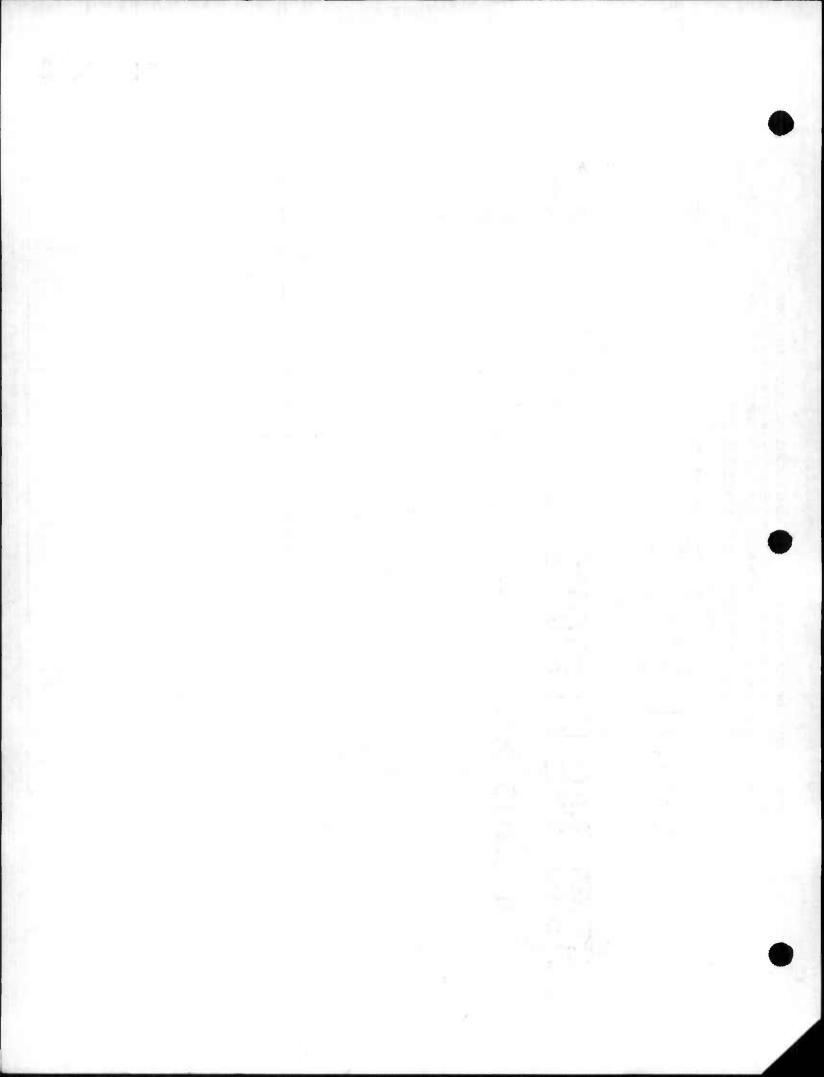


9		
		eš.
		Duc
		혀
		led
		ott
200		De 1
		ts.
2		Ē
		ner
		am.
	9	ex
	Smo	lica
	0 70	i e
	100 °	ther traumatic event, the medical examiner
7	mat	1.
	, cre	eve
	uria	ilc
	to b	E
-	nior.	igi.
-	ne g	Jer
	36	10
	tal	1, 0
	Men	Ē
3	and	y in
2011	alth	1 30
5	¥	1
2	of. of	Sh
3	Dec	1 2
23	State	Hen
10	the	0
2	WITH	ed,
101	ath	mar
ċ	r de	50
5	afte	28
JUL	be filed within 72 hours after death with the State Dept, of Health and Merital Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AL L	4 2 P	H
VETA	hin	H
2	wit	HTA
LUE	filed	0
2	2	至

31. DATE FILED (Month,

	FOR 1 . STATE	STATE OF MARYL	AND / DEPAR	TMENT OF H	EALTH AND I		E	1 26302		
1	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) CHARLES KE	LLY JR	CERTIFI	CATE OF	DEATH	REG. NO 2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATH		
						09 2				
	4. SOCIAL SECURITY NUMBER 213-05-7170 A	1 M 2 🗆 F	(In yrs. lest birthday) 83 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURIS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-14-08	8. 8	BIRTHPLACE (State or Foreign Country)		
H.	9a. FACILITY NAME (If not Institution, give s UNION MEMORIAL				IMORE CI		9c. COUNTY	OF DEATH		
15	RESIDENCE OF DECEDENT									
DIRECTOR	100. STATE 10b. COUNTY			LTIMOR				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 1526 N. APPLE	TON STREET		101	21217		U.S	OF WHAT COUNTRY?		
Z	11. MARITAL STATUS		NIIS ARMED	12 WAS DEC		NIC ORIGIN? (Specify Yes				
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 US YES IF YES, GIVE WAR OR I	2 NO	If yee, sp	cify Cuben, Mexica 2 NO Specif	in, Puerto Rican, etc.)		or No- 14. RACE — American Indian, Black, White, etc. Specify: BLACK		
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 9 T H	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT us	rork done during mo	ON st of working	JOHN H UNIVER	OPKIN			
CON	17. FATHER'S NAME (First, Middle, Last) CHARLES KELLY					ME (First, Middle, Meiden HUILETTE	Surname)			
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
	20a. METHOD OF DISPOSITION	T a	PLACE AND DATE	OF OISPOSITION	(Name		MURE,			
	1 Å Burlel 2 Cremetion 3 Rem 4 Donation 5 D Other (Specify)	// M	e CALV		METERY D ADDRESS OF FA		IE ARU	NDEL CO. MD		
	· Nowe	N SI	HH	WM.C	.MARCH	F.H./110		NORTH AVE.		
	23. PAR Enter the disease /or shock, or hast failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on	ed the death. Do not nech line.				iratory arrest	, Approximate Interval Between Onset and Death		
z			A CONSEQUENCE OF		ATIC CA	RCINOM	Α.			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
TIFIC	CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (OR AS								
Ä		d								
BY PHYSICIAN: MEDICAL	PART II. Other significant condition	na contributing to death	but not resulting (n the underlyin	g cause given in	Part I. 24s. WAS APPERFO	RMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ż										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C		AN ME	MORIAL		
YSI	1 🗆 YES 2 🔀 NO	1 55 Inpatient 2 - ER/Ou				8 E Other (Specify)	HOSPI	TAL		
Y PH	27. MANNER OF OEATH 1 Natural 8 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		URY WO	DURY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUP	RED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Sp	Y — At home, farm, a ecify)	street, factory, offic	a	281. LOCATION (Street City or Town, State		Rural Route Number,		
COMPLETED	coel cons	SICIAN: To the best of my kno ER: On the basic of examinat						ause(s) end manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIE				29c, LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WI		Parkway	Print) HUP	MASHA	KIL, UNION	MEMO 1218	RIAL HOSPITAL		

32. REGISTRANG SIGNATURE

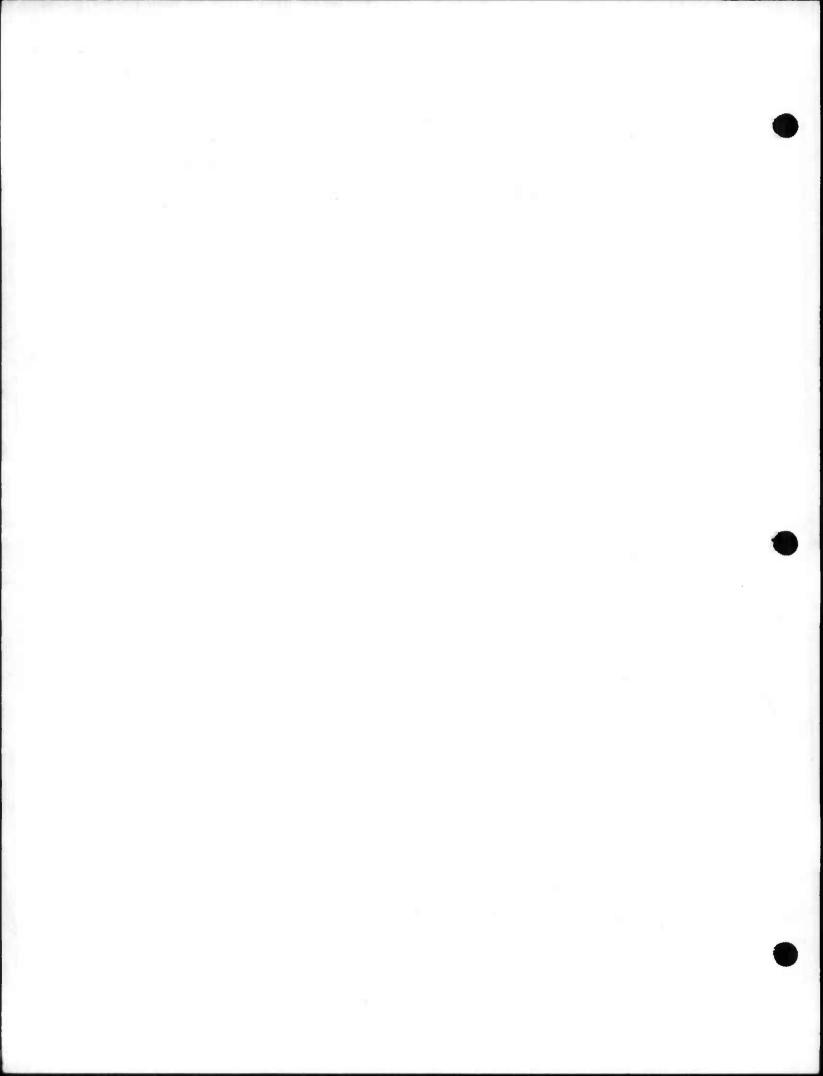


by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should and Mercal Hygiene prior to burial, cremation, or removal. that the death certificate be executed within 24 muns after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTIOR: After this certificant mas be filed within 72 hours after death with the Start Death

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
	REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH
	A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vis. Inst birthday) F INDER 1 YEAR F INDER 24 HRS. 7. DATE OF BIRTH (1899) 8. BIRTHPLACE (State or Foreign
	18-07-8596 10 M 2 KF 90 YRS. MONTHS DAYS HOURS MIN. (Month, Dey, 16ar) Country)
E.	90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH BUY DE COURS HUSPING BUTTOWN OR LOCATION OF DEATH BUTTOWN OR LOCATION OF DEATH BUTTOWN OR LOCATION OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10a. COUNTY 10c. COLY, TOWN OR LOCATION 10d, INSIDE CITY
	MD City baltimore City 1000 100 100 100 100 100 100 100 100 1
FUNERAL	100. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHÂT COUNTRY? U. S. A
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 1 Never Merried 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO Specify: 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, etc.) 14. RACE — American Indian, Black, White, etc. 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, etc.) 16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, etc.) 17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, etc.)
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY
COMPLETED	Toe ory Warre
111	17. Fig. R'S NAME (First, Middle, Leet) Wrley Willer Surneme) Will Leet (First, Middle, Meiden Surneme)
TO BE	THE MALING ADDRESS (Group and Aumber or Burn France Number, City or Town, State, Zip(God))
	20s. METHOD OF DISPOSITION 1 Green Burlei 2 A Cremation 3 Removal from State 4 Donation 5 Other (Specify)
examine mes	21. SIGNATURE OF FUNERAL SERVICE LIGENSEE 22. NAME AND ADDRESS OF FACILITY 123. NAME AND ADDRESS OF FACILITY
	Murullo der St. Factimore, MD 21217
me medica	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition See 20 Conditi
eveni,	resulting in death) (bye TO (OR ALA CONSEQUENCE OF):
NOIL	Sequentially list conditions, if any, leading to immediate Due to (on as a consequence or):
ERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events
	resulting in death) LAST L. Ved Stoke W B Jenny Regus
5 .	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE
N 0	Sent of Death?
	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)
PHYSICIAN:	EXAMINER? 1 YES 2 NO No No No No No No No
PH)	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year) M 1 YES 2 NO
Z8 IS marked, FED BY PH	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Street and Number or Rural Route Number, City or Town, State)
MPORTANT: IT ITEM Z O BE COMPLET	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMPLE: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
BE CC	296. SIGNATURE AND TITLE OF CERTURER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER
<u>₹</u> 2	10 YAND AND ADDRESS OF BERSON WHO CONFLETED CAUSE OF DEATH (ITEM 27) (Typo, Pring) BON SECOURS DORNESS OF BERSON & MIZALES JE MD 200 W. Baytum & MIZALES
	SEP 27 1991 Sundan Rinder

DHMH-16 Rev 1/89





Item 28

IMPORTANT: II

표분

23

BE

2

)			Ì
NG PHYSIAM The law reference of the executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.	in the direction by social and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	marked, or item 23 shows any heary, profiter traumatic event, the medical examiner must be notified at once.	
-	20 E	amy)	1
oderes	of Head	hows	
M	fler this certificate has been so eath with the State Dept. of He	23 st	
t The	智慧	IBI	
8	The Control	6	1
MA	A STA	rked	
NG	eath	E	1

91 26304 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 09 ANDRE LUNN, SR 10:07 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 214-64-0949 35 HOURS 1 🛛 M 2 🗆 F 3-23-1956 Md9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1300 WIRTON STREET BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21223 10g. CITIZEN OF WHAT COUNTRY? 2709 Edmondson Avenue USA 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puarto Rican, etc.)

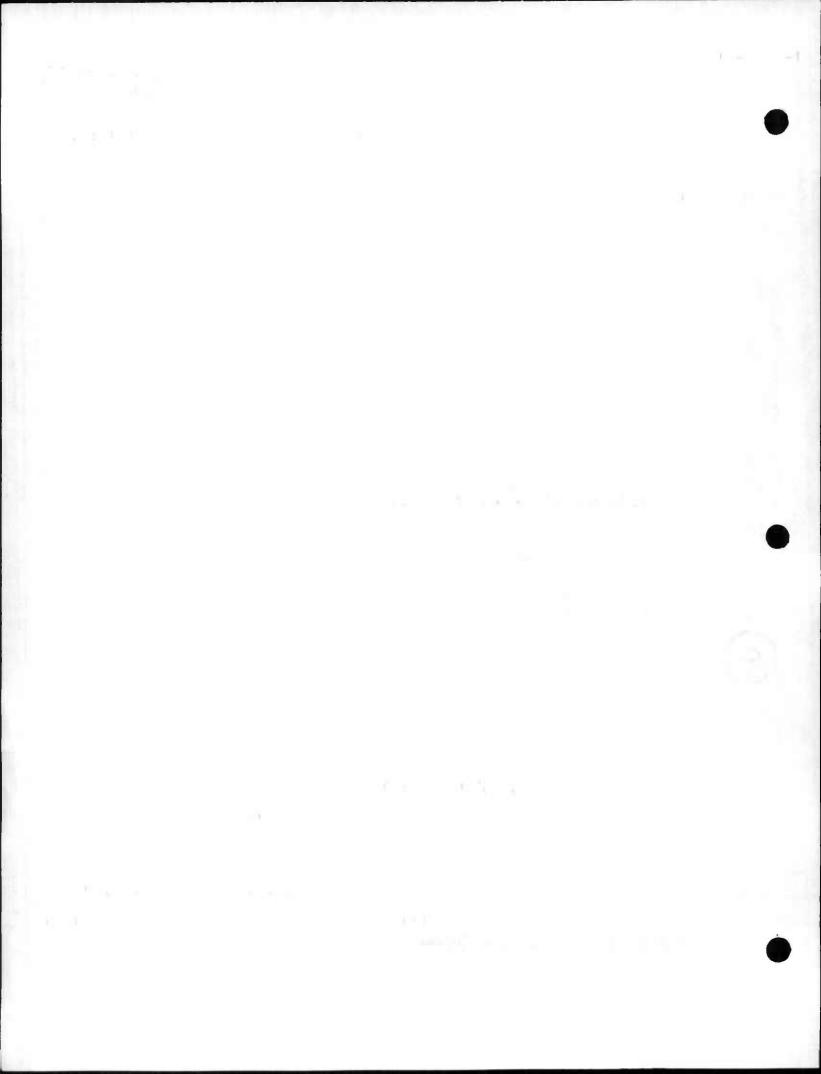
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced **Black** COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Sumame) Daniel Lunn Shirley Boone BE 19a. INFORMANT'S NAME (Type/Print) 196. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip 2709 Edmondson Avenue Baltimore, Md 21223 Shirley Lunn 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State ""AYBUTUS" Mellor 121 Park 92891 Arbutus, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY March F/H West 10ma hmypsnu 4300 Wabash Avenue 23. PART I. Enter the diseases, or complications that couled the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate hock, or heert fellure. List only one ceuse on each line. Interval Between **IMMEDIATÉ CAUSE (Finel Onset and Death** WOUND OF HEAD disease or condition_ CONTACT GUNSHO resulting in death) CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in deeth) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? PLETION OF CAUSE YES 2 | NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 TYES 2 NO ne 5 X Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 09/23/91 1 Natural 5 Pending Investigation 9:01 MP 1 YES 2 NO BY Subject shot self 2 Accident
3 Suicide
4 Homicide 28a. PLACE OF INJURY — At home, farm, streel, lactory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, 1300 WIRTON STREET COMPLETED 8 Could not be HOME 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated 2 MEDICAL EXAMINER: On the b als of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

O.C.M.E.

30. NAME AND ADDRESS OF PERSONATHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Typo. Print)
MARD + GOLUE, JR. MV 111 PE 111 PENN STREET, BALTIMORE, MARYLAND 21201

▶ 09/24/91



	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI	MENT OF H	HEALTH AND	MENTAL HYGIEN			CODE
	1. DECEDENT'S NAME (First, Middle, Last)	1				2. DATE OF DEATH	7	EAR 3. TIM	OF DEATH
	4. SOCIAL SECURITY NUMBER	homa				09 2	4 0	1 6	
	228 82 9636			ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE Country)	(State or Foreign
	9e, FACILITY NAME (If not institution, give st			b. CITY, TOWN O	OR LOCATION OF O	7-1-53 EATH		Alexan	<u>dria.Va</u>
CTOR	University Mai	ryland Cana	er Center	- B	altimo	10		timos	re
DIRECTOR	Md. Bal	timore		Baltimo				L	ISIDE CITY MITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER			100	. ZIP CODE		10g. CITIZEI	N OF WHAT CO	
JNE	851 George Stree	12. WAS DECEDENT EVER IN	U.S. ADMED		21201		U.S		
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 100	If yes, sp	CENDENT OF HISPA: Hecity Cuban, Mexico 1 2 NO Specif	NIC ORIGIN? (Specify Ya In, Puerto Rican, atc.) y:	s or No— 14	Specific Black	etc.
ETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. DECEDENT'S US	k done during mo		16b. KIND OF BU	SINESS/INDUS		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mechani	etired.)	•				
COMPL	17. FATHER'S NAME (First, Middle, Last)		riccitati		18 MOTHER'S NA	ME (First, Middle, Maiden	Summana)		
ш	Henry Lomax,	Sr.				Jones	Surnamej		
10 8	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow			
	Hazel R. Lomax					Apt. 10-1			
	1 X Buriel 2 Cremetion 3 Ramo		PLACE AND DATE OF D stery, cremetory or other	place)			CATION — CH		
	21. SIGNATURE OF FUNERAL SERVICE LIO	eyises)	Coleman	22. NAME AN	ND ADDRESS OF FA	CILITY	exandr		
	· 7/1440	Kunun		Willi	iam C. Bi	rown Commu	nity F Baltim	unera <u>l</u>	Home d. 2121
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST CAUSE (Disease or injury that initisted events resulting in death) LAST Onset and De A CUTE 14 MONDCYTIC CUKEMICA DUE TO (OR AS A CONSEQUENCE OF): A VASULAY MC CYOSIS HIPS DUE TO (OR AS A CONSEQUENCE OF): A POCALCEMIA								
AL C	PART ii. Other aignificant conditions				cause given in	Part I. 24s. WAS AN	ALITTOPEV	245 WERE A	UTOPSY FINDINGS
					, gron III	PERFOF	RMED?	AVAILAE COMPLI OF DEA	ILE PRIOR TO ETION OF CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	0	26. PL	ACE OF DEATH (Ch	eck only one)			
H	1 YES 2 NO	1 Inpatient 2 ER/Outper	tlent 3 DOA 4	☐ Nursing Home		a Other (Specify)			
- 1	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?								
D BY	2 Accident Investigation 3 Suicide a Could not be	28s. PLACE OF INJURY - building, etc. (Specif	- At home, ferm, stree	et, factory, office		28t. LOCATION (Street a City or Town, State)	and Number or I	Rural Route Nur	mber,
ELE	4 Homicide detarmined					ONY OF TOWN, CHARGE			
COMPL		IAN: To the best of my knowle B: On the basis of examination						euse(s) and ma	nner as stated.
O BE	29b. SUSNATURE AND TITLE OF CERTIFIER	7. House	dheer		29c. LICENSE NUM	24.2	29d. DATE SI	GNED (Month,	
1	30. HAND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITAM 27) (Type, Prin		treet		V7. 2		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	TURE					1 400 1	
	OFL 21 1221 3	who handyou - Hou	NO SE						

or proper than Forth and produce and the William

-L. - 1 2 2 2 2 2

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shr be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

91-5529-510 ITEMS:23pt1,pt2 thru 28f per ME G-680 10/15/91 cm FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26306 91

	1 - STATE REGISTRAR	SIAIE UF N	CERTII	FICATE	OF DEA	AND I	MENTAL HYGIEN REG. NO		l-va	0000
	1. DECEDENT'S NAME (First, Middle, Last)				0. 527.		2. DATE OF DEATH		3.	TIME OF DEATH
	JOHN	LANGSTON					09 24	19	YEAR	4:20 a M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday,	IF UNDER t		R 24 HRS.	7. DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign
	213-80-4946	1 M 2 F	27 YRS.	MONTHS	DAYS HOURS	MIN.	(Month, Day, Year)	1	Country)	MD
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TO	OWN OR LOCAT	ION OF DE		· .	TY OF DEAT	Н
OR	JOHNS HOPKINS	HOSPIT	AT.	BA	LTIMOF	R E		RA.	LTIMO	ODE
딦	10a. STATE 10b. COUNT			TY, TOWN OR				- DA		
DIRECTOR	MD		12	A T	DA D	-				d. INSIDE CITY
	10e. STREET AND NUMBER		- 1	AUTI	10f. ZIP COD	-		T to- OITIZ		YES 2 NO
ER/	7701 F.	Lomb	ard S	+	3	12:	31	log. Citiz) SA	COUNTRY
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED	13. WA	S DECENDENT (OF HISPAN	IIC ORIGIN? (Specify Yes	or No —	14. BACE -	American Indian,
BY F	1 Never Married 2 Married	FORCES? 1		И у	YES 2 NO	nn, Maxica	n, Puarlo Rican, etc.)		Black, W Specify:	hita, atc.
	3 Widowed 4 Divorced				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			WH	LITE
TE	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT': (Give kind of	work done duri	JPATION ing most of world	ng	16b. KIND OF BU	SINESS/INDU	STRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+	iffe. Do NOT	use retired.)						
COMPLETED	17. FATNER'S NAME (First, Middle, Last)									
	D	Jack 1			18. MOT	4	ME (First, Middle, Maiden	Surname)	-	
BE	19a. INFORMANT'S NAME (Type/Print)	ads rod	19b. MAILIN	O AGORESS /S	treat and Numbe		Poute Number, City or Tow	100		
2	ROM LANG	STON	TOTAL MINISTER	77 /	E C	/ AA	Thought of low	n, State, Zip (60/7	0 M2/ 7132
	200 METNOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION	ON (Name of	201	DATE 20c. LO	CATION - C	ity or Town	Simo
	Buriel 2 Cremation 3 Rem	oval from Stata	cemetery, cremetory or		NEME	HER!	19-289 3	ALTO	(~1)	1
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	4		ME AND AGORE	SS OF FAC	CILITY //A/	5 1/6	ash	CI
	CX0+1000	1/1/0	dioh	Ed	i i and	, ,	10/00 5	- 11	6370	E ST.
	23. PART I. Enter the diseases, or other	complications that	caused the death. Do	not enter th	e mode of dy	ing such	DUDEL L	H.	nt.	1 Approximate
	ahock, or heart failure. IMMEDIATE CAUSE (Final	Liat only one caus	se on each line.			mg, acci	· as caldiac of leap	natory arre	σι,	Approximate interval Between
	disease or condition	COCAINE	INTOXICATIO	783						Onaet and Death
	reaulting in death)		(OR AS A CONSEQUENCE (
z		b								
E	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEQUENCE (OF):						
2	CAUSE (Disease or Injury	E								
Ē	that initiated events reaulting in death) LAST	DUE TO	(OR AS A CONSEQUENCE O	DF):					i	
CERTIFICATION		d								
	PART II. Other algorificant condition		death but not reaulting	in the unde	rlying cause	given in i				RE AUTOPSY FINDINGS
S	VALVULAR HEART D	ISEASE					1 YES 2		COI	MPLETION OF CAUSE
ME							X			OEATH?
ž										
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PLACE OF D	EATN (Che	ock only one)			
YSI	1 X YES 2 NO	1 Inpetient 2 🖔	ER/Outpetient 3 DOA		Nome 5 🗆 Ra	sidence 1	8 Other (Specify)			
	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF (Month, Da	ly, Year) IN	ME OF 28 JURY	c. INJURY AT WORK?		28d. DESCRIBE HOW II	NJURY OCCU	RED	
В	2 Accident Investigation	1000		EQAATA	YES 2	NO	UNKNOW			
	3 Suicida 8 Could not be 4 Nomicide	building, a	FINJURY — At home, farm, etc. (Specify)	etreet, factory,	offica		28f. LOCATION (Street a City or Town, State)	and Number o	r Rural Route	Number,
<u> </u>	29a. CERTIFIER		AT HOME				22 0 1 EAST	ALIVOYA ALIZA		TREET
COMPLETED	(Check only		my knowledge, death occur							
8		- Contract	amination and/or investigation	on, in my opini	ion, death occur	red at the t	time, data and placa, an	d dua to the	cause(s) and	d manner as stated.
BE	206. SIGNATURE AND TITLE OF CONTINES	WA	t Ard			NSE NUM				nth, Day, Year)
2	SO, NAME AND ADDRESS OF PERSON WHO	COMPLETES CHIL	P OF DEATH OVER AN	- D		.C.	M.E.	D US	1/24/	/1991
	MAKIO + GOVE	12 -te-	1 1 DENIN	n, Print) N STRI	ם חיבה	NT m	TMODE M	7 D V/T 7	VND 3	1201
	31. OATE FILEO (Month, Day, Year)	32. REGISTRAF		A SIKI	ort D	יד דער	IMORE, M.	HLITH	א חמונ	1201
	SEP 97 1991		Son-Randall							
	V M D 100	4								

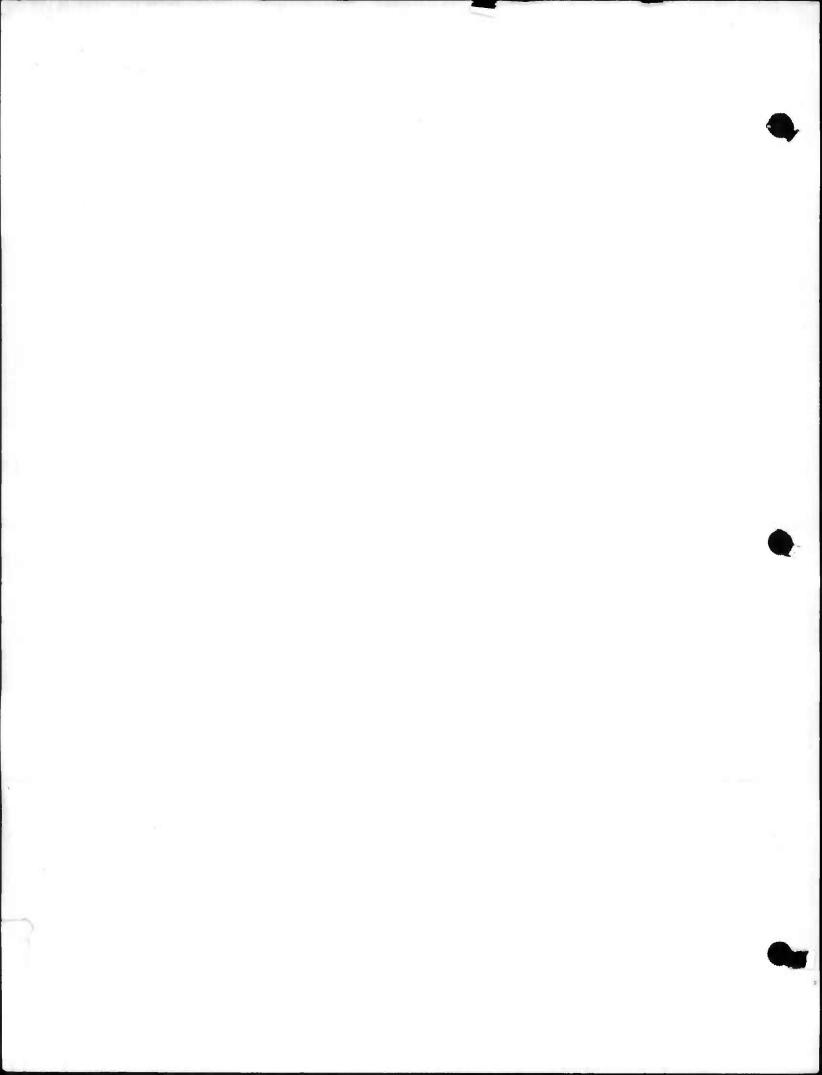
DHMH-16 Rev 1/89

FOR STATE REGISTRAR

	ľ
	١,
_	ı
10	1
~	
4	
13146,	
ന	
-	
\sim	
8	1
BOX	
m	
_	1
	ı
\cap	
~	
0	
P.0.	
10	
(1)	
\Box	
=	
-	
RECORDS	
\approx	
O	
111	
-	
ш,	
-	
-	
\sim	
-	
-	
OF VITAL	
-	
0	
_	
7	
=	
0	
-	
S	
-	
>	
-	ò
OF.	٢
7	
	i

		1. DECEDENT'S NAME (First, Middle W Care	P. Latta	MZia	Latt	anzi	a,S	r.	2. DATE O	F DEATH	3 0	YEAR	TIME OF DEATH
S		4. SOCIAL SECURITY NUMBER 216 10 6564	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1 YEA	AR IF	UNDER 24 HRS.		Day, Ybar)		Country)	ACE (State or Foreign
pinous		9a. FACILITY NAME (If not institution		1 / /	1.0.00	9b. CITY, TOV	VN OR LO	OCATION OF DE		19/19	9c. COUNT		vland
2, 3 sh	RO RO	Mercy Hospital Center Balto.City, Md											
V-*	DIRECTOR	RESIDENCE OF DECEDE 10a. STATE 10b.	COUNTY		10c. CITY,	TOWN OR LO						1	Od. INSIDE CITY
Page	DIR	Maryland			Ва	1to.(City	v,Md.				,	LIMITS?
permit	AL	10e. STREET AND NUMBER					101, ZIP	CODE			10g. CITIZE	N OF WH	AT COUNTRY?
an. ransit	FUNERAL		1126 Batt					1230				SA	
ing physician. the burial-transit permit. Pages	BY FU	11. MARITAL STATUS 1 Never Merried 2 Marri 3 X Widowed 4 Divorced	12. WAS DECEDE FORCES? IF YES, GIVE	NT EVER IN U.S. A 1 YES Z WAR OR DATES	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puarto Rican, stc.) 1 YES 2 NO Specify:					or No— 1	Black,	- American Indian, White, etc. White	
r attending use as the	ED		T'S EDUCATION est grade completed)	16a, D	ECEDENT'S L	JSUAL OCCUP ork done during	PATION	working	18b.	KIND OF BUS	INESS/INDU	STRY	
for u		Elementary/Secondary (0-12)	College (1-4 or 5		e. Do NOT use	retired.)	,						
he hospi detached once.	COMPLETED	Unknown 17. FATHER'S NAME (First, Middle,	I anth		Blac	ksmi	$\overline{}$. MOTHER'S NA	ME (Circl M	iddio Maiden	Cumama)		
by the	ECC	Dominick		Porso	onnei	11a	10.	, MOTHER S NA		nown	Surriemen		
retained by the hospital of should be detached for notified at once.	8	19a. INFORMANT'S NAME (Type/Pr	rint)				eet and N	Number or Rural I			n, State, Zip C	Code)	
be reta	유	MaryAnn Ar	ndrews		11	26 Ba	a t.t.e	ery Av	re Ra	1+0	Md 2:	1230)
ier death. Page 6 may be the funeral director, page val.		20a, METHOD OF DISPOSITION 1 [XBurial 2] Cremation 3	☐ Removal from State	other	e OF DISPOSI	TTION (Name o	f cemeter	ry, crematory or		20c. LO	CATION — CI	ty or Town	n, State
direct		4 Donation 5 Other (Special Signature OF Funeral Ser		Ce	dar H	111 (eme	etery	CILITY	Α.	A.Co	.Md.	
death. Pag tuneral dii examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md.2123o McCully Funeral Home, 13o E.Fort Ave											
n by the fur removal.		on PARTY English diagram	a. Ohis	7	tarah Da a	-							
24 hou filled I on, or		23. PART Lever the diseases, or complications that baused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abook, or haert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due To (or As A Consequence of):											
ecuted within ind completely burial, cremati	_	cerebro-vascular accident 13wKs											
be executa ician and c rior to bunia traumatic	5	Sequentially list conditions, Due to one as a consequence or										2 6	
physician ne prior to	CA	cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (DISEASE OR Injury CAUSE (DISEASE OR Injury CAUSE (DISEASE OR Injury CAUSE (DISEASE OR Injury CAUSE (DISEASE OR Injury CAUSE (DISEASE OR Injury CAUSE (DISEASE OR Injury CAUSE (DISEASE OR Injury CAUSE (DISEASE OR Injury CAUSE (DISEASE OR Injury CAUSE (DISEASE OR Injury CAUSE (DISEASE OR Inju										Sari	
ath certificat ttending phy tal Hygiene p	CERTIFICATION	If any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST CONYCET WE WANT FAILURE CONYCET WE WANT FAILURE CONYCET WE WANT FAILURE CONYCET WE WANT FAILURE										Zuts	
the deat y the att d Menta Injury,		PART II. Other significant co		to death but not	resulting in	n the under	lying ca	ause given in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS
s that ned by lth an	MEDICAL	diabetes							_	1 TYES 2	1.		COMPLETION OF CAUSE OF DEATH?
equires en sigr of Heal	- 1	hypertensia									YES 2 NO		
law renas been Dept. or 23 sh	AN:	25. WAS CASE REFERRED TO ME	DICAL				a pi to	E OE DEATH AC	nock ant :	-1			
N: The ficate h State [PHYSICIAN:	25. WAS CASE REFERRED TO ME EXAMINER? 1 TYPES 2 TO NO	HOSPITAL:	☐ ER/Outpetient	3 DOA	OTHER:		E OF DEATH (Ch					
SICIA certif	Ť	27. MANNER OF DEATH	28a, DATE O		28b. TIME	OF 280	INJURY WORK?	Y AT	1	CRIBE HOW II	NJURY OCCI	JRED	
NG PHYS tter this cath with marked	ВУР	1 Natural 5 Pend 2 Accident Inves	ling tigation	Day, Ival)	1400			2 🗌 NO					
ATTENDING PHYSICIAN: The law requires that the death certificate be ICIOR: After this certificate has been signed by the attending physician after death with the State Dept. of Health and Mental Hygiene prior to be is marked, or Item 23 shows any Injury, or other traus	ED	3 Suicide 6 Coul	d not be 28e. PLACE buildin mined	OF INJURY — At I g, atc. (Specify)	home, farm, s	treet, factory,	office		281. LOCA City o	ATION (Street a or Town, State)	and Number o	or Rural Ro	ute Number,
	COMPLET	const. Orny	NG PHYSICIAN: To the best EXAMINER: On the basis of										and manner as stated.
D THE HO	TO BE C	296. SIGNATURE AND TITLE OF COMMENTS	CERTIFIER (Y, M)	Mur	W	YM	29	9c. LICENSE NU	MBER		29d. DATE ▶ 9	SIGNED (Mgnth, Day, Year)
		John Wiley	301 St	au Pl	EM 127) (1/906,	Many M	0	7120	2				
		31. DATE FILED (Month, Day, Year)		RAR'S SIGNATURE		'/	_						-
		31. DATE FILED (Month, Dey, Year) SEP 2 7 1991 Julia Davidson-Randelle											
			-										DIMEN AND DESCRIPTION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



FVIIAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	To the hand requires that the death certificate be executed within 24 hours are than 1000 6 may be retained by the hospital or attending physician	The contract has been signed by the attending physician and completely filled in by the attendance of the burial transfer name in the contract of the second	n, or fembra	e medical examiner must be notified at once	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OF ATTENDING ANSWERS IN THE LAW requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: And the completely fi	be filed within 72 nous after the within the will be per of Health and Mental Hygiene prior to burial, cremation	IMPORTANT: If them 28 is maked, or from 23 shows any injury, or other traumatic event, the medical assumer must be notified at once	

1 - STATE REGISTRAR	STATE OF M	ARYLAND C	DEPAI	ICAT	OF H	EALTH DEAT	AND I	MENTA	AL HYGIE		•	Last C	
1. DECEDENT'S NAME (First, Middle, La			gher					2. DATE	E OF DEATH	DAY	YEAR	3. TIME OF DE 4:00	
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. la		IF UNDER	1 YEAR	IF UNDER		7. DATE	OF BIRTH		6. BIRTH	PLACE (Stete or	
212 05 8108	212 05 8108 1 🖾 M 2 🗆 F 73					HOURS	MIN.		th, Day, Year) 24/19]	8	Countr	rvland	
9e. FACILITY NAME (If not institution, give				9b. CITY	, TOWN O	R LOCATI	ON OF DE		21/101	9c. COUN			
5304 Wasena				Ва	1tim	ore				Aı	nne	Arunde	1
RESIDENCE OF DECEDENT 10a. STATE 10b. COU			I son CIT	Y, TOWN (D 1 0017								
	ne Arundel	L		altin		ION						10d. INSIDE CI LIMITS? 1 YES 2	
10a. STREET AND NUMBER					101.	ZIP CODE	E			10g. CITIZ	EN OF W	HAT COUNTRY	
5304 Wasena Av	venue					212	25				S.A.		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 11 IF YES, GIVE WIN WORLD V	X YES 2 1	RMED NO		WAS DECI	cify Cube	n, Mexicai	n, Puerto	N? (Specify Yo Rican, atc.)		14. RACE	— American tri , White, etc.	
15. DECEDENT'S E	DUCATION	16a. Di	ECEDENT'S	USUAL O	CCUPATIO	N		160	KIND OF BI	JSINESS/INDU	ISTOV	WILLO	-
(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(C)	live kind of a Do NOT us	work done i se retired.)	during mos	t of workin	g			701112307111 <u>0</u> 0	J. III		
9th Grade	Chief Control		ruck	Driv	er				Trans	Con			
17. FATHER'S NAME (First, Middle, Last)						16. MOTH	IER'S NAI	ME (First,	Middle, Malde				
	Thomas W	alter 1	Meagh	er					. Car	-/			
19a. INFORMANT'S NAME (Type/Print)					(Street an	d Number				vn, State, Zip C	Code)		
Marlene Maquire	9			29 Na								and 21	187
20e. METNOD OF DISPOSITION 1 St Burlet 2 Cremetion 3 Re	moval from State	20b. PLACE	ANDDATE	OF DISPOS				OAT		DCATION - CI			507
4 Donation 5 Other (Specify)		Ceda:	Hil Hil	1 Ce	mete	ry		9/3	30 Ba	1timor	re.	Maryla	h
21. SIGNATURE OF FUNERAL SERVICE	NO TO A SAM	-	26	G	eorg	e J.	Gon	ice I	Funera	1 Home	₽.		
shock, or heart failed iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Me 435 oue to (c	OR AS A CONSE	OUENCE OF	F):	uJ)	115	Car	nel					Between nd Death
PART If. Other algorificant condition	ona contributing to d	eath but not r	resulting i	n the un	darlying	ceuse g	ivan in f	Part I.	24e. WAS AF PERFO 1 YES	MEO?		WERE AUTOPSY AVAILABLE PRIOR COMPLETION OF OF OEATH?	R TO CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				-	26. PLA	CE OF OE	ATN (Chec	ck only on	10)				
1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Num		1							
27. MANNER OF DEATH	28e. DATE OF IN	JURY	28b. TIM	E OF	28c. INJU	RY AT		-		NJURY OCCU	RED		
1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	19ar)	INJ	URY M	WOR	K? ° S 2 □					47		
3 Suicide 6 Could not be determined	260 DI ACE DE	INJURY — At ho c. (Specify)	me, farm, s	freet, facto	ry, office			281. LOC City	ATION (Street or Town, Stete	end Number or	Rurai Ac	oute Number,	
290. CERTIFIER CERTIFYING PHY	SICIAN: To the best of m	y knowledge, de	ath occurre	d at the tir	ne, date e	nd place,	end due t	o the cau	ise(e) end me	nner as stated	l.		
206. SENATURE AND TITLE OF CONTIN	NER: On the busine of exam			n, m my o					end place, er	d due to the	ceuse(e)	end manner ee	stated.
lange you	Mz,	MD				29c. LICE	ISE NUME	87	7_	29d. DATE S	P/S	Month, Day, Year	,
AND ADDRESS ON PERSON Y	ORUM (F)	OF DEATH (ITEM	1 27) (Type,	Print)	VA	hP		Ro	73 77	MAN	7	1079	
SEP 27 1991	Julia Davidse	S SIGNATURE	2	1001		9		a	40	1-112		22	

1. OECEDENT'S NAME (First, Middle, Last)		CERTIFICA	ATE OF DEATH	MENTAL HYGIEN					
race, moore, case)	Virginia Od	ette MERRI	LL	2. DATE OF OEATH	26 9	3. TIME OF DEATH 10:10			
4. SOCIAL SECURITY NUMBER 215-14-9537	5. SEX 6. AGE (UNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 1-23-23	8.	BIRTHPLACE (State or Foreign Country) MD			
9a. FACILITY NAME (If not institution, give str FRANKLIN SOUAR RESIDENCE OF DECEDENT		96.	CITY, TOWN OR LOCATION OF C			altimore co.			
10a. STATE 10b. COUNTY			OWN OR LOCATION			10d. INSIDE CITY LIMITS?			
MARYLAND N/A 100. STREET AND NUMBER		BAL	TIMORE 10f, ZIP COOE		T 100. CITIZEI	1 TY YES 2 NO			
2000 ODELL AVE.	7 Dm #1020		21227						
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	S 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)				USA 14. RACE — American Indian, Black, White, etc. Specify: WHITE			
15. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)		16a. OECEDENT'S USU (Give kind of work life. Do NOT use rel	done during most of working	16b. KINO OF BU	JSINESS/INOUS	TRY			
17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	IAME (First, Middle, Maide	n Sumame)				
WILLIAM MCKINLY	DUNSMORE		MARY	SYBIL WENT	HTTROWT				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rura						
MR.MERRILL		2000 0'	DELL AVE., BAI	LTIMORE, MI	. 4198	21237			
Buriel 2 Cremetion 3 Remore No. Remore No. Remore No. Constitution	, DIR.	22. NAME AND ADDRESS OF F	FACILITY STATE Baltimore S		Y BOARD				
23. PART I. Enfer the diseases, or conshock, or heart fellure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)		RY EMBO A CONSEQUENCE OF):				t, Approximate Interval Betw Onset and De			
Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING		A CONSEQUENCE OF):							
CAUSE (Disease or injury that initiated events resulting in deeth) LAST									
CAUSE (Disease or Injury that Initiated events		out not resulting in t	he underlying cause given i	in Part I. 24e. WAS A PERFC 1 TYES	PRMED?	AVAILABLE PRIOR TO			
CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST		Γο	he underlying cause given in the und	PERFC 1 YES Check only one)	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significent conditions DIABETES - Type 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL:	Γο	28. PLACE OF OEATH (t THER: Nursing Home 6 Residence F 28c. INJURY AT	PERFC 1 YES Check only one)	PRMED?	COMPLETION OF CAUS OF DEATH? 1 TYES 2 NO			
CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significent conditions DIABETES - Type 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Dispatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	petient 3 DOA 4 O	26. PLACE OF OEATH (the Property of the Proper	PERFC 1 YES Check only one) 8 Other (Specify)	PINED? 2 PNO INJURY OCCU	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO			
CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significent conditions DIABETES - TUPA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 DO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Dispatient 2 EP/Out 28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Spe	petient 3 DOA 4 [28b. TIME 0 INJURY Y — A1 home, farm, streecity)	26. PLACE OF OEATH (the Property of the Proper	Check only one) 6 Other (Specify) 2ed. DESCRIBE HOW 28f. LOCATION (Stree City or Rown, Start	INJURY OCCU	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO RED Rural Route Number,			

ST. MD 9000

FRANKUN SQUARE DRIVE BALTIMORE, MD 21237

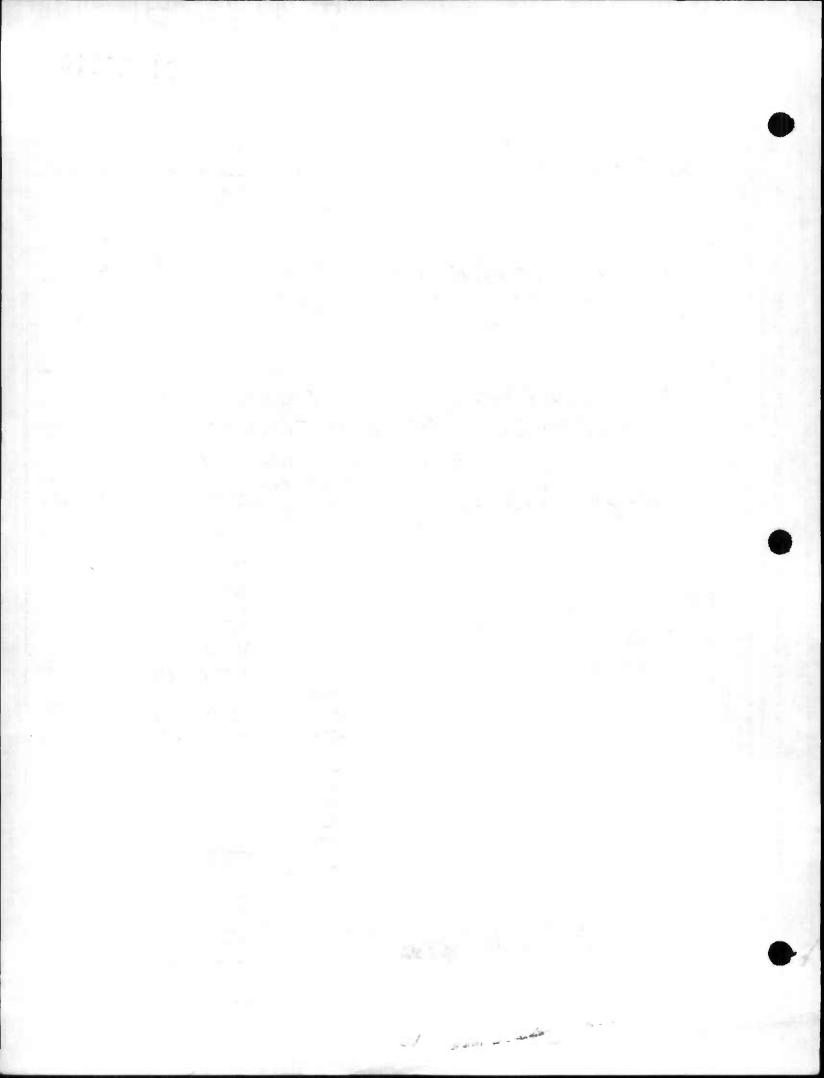


FOR STATE REGISTRAR

1 -

1	REGISTRAR		CERTIF	_		HEG. NO		
- 19	1. DECEDENT'S NAME (First, Middle, Lest) Chayles	2. DATE OF DEATH MONTH CO. 2 24 9 1 0 555						
	4. SOCIAL SECURITY NUMBER	T Math ews	in yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or For
	215 07 5331	1 M 2 D F	95 YRS.	MONTHS DA	rs HOURS MIN.	7-10-18	2000	n sanc lism
	9a. FACILITY NAME (If not institution, give str	set and number)	10	9b. CITY, TO	VN OR LOCATION OF		9c. COUNTY	OF DEATH
E I	Loch Raven VA Me	dical Center		BAL	TIMORE	City		
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		I soo CIT			1		104 MOIDS OFF
DIRECTOR	MD			CITY, TOWN OR LOCATION 104. INSIDE (LIMIDS?				LIMITS?
- 18	10e. STREET AND NUMBER		Da	altimor	101. ZIP CODE		10a, CITIZEN	OF WHAT COUNTRY?
8	4309 Forest PARK AU			2	21215	-	U.S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS	DECENDENT OF HISP	ANIC ORIGIN? (Specify Ye	n or No 14.	RACE — American Indi
	1 Never Married 2 Married	FORCES? 1 YES			i, specify Cubsa, Mexi YES 2 NO Spec	can, Puerto Rican, etc.)	Black, White, etc. Specific / L	
BY BY	3 Widowed 4 Divorced						1	BIACK
ETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DECEDENT'S (Give kind of a life. Do NOT us	work done durin	PATION 7 most of working	16b. KIND OF BU	SINESS/INDUS	TRY
1 5	Elementary/Secondary (0-12)	College (1-4 or 5+)	MAL DO NOT DE	se retired.;				
COMPL	17. FATHER'S NAME (First, Middle, Mast)	A			16. MOTHER'S	IAME (First, Mjddle, Malder	Sumama)	
D II	Daniel me	aTThews			EAG	hel 1	tun	non
0	19a, INFORMANT'S NATHE (Type/Print)	111	19b. MAILING	ADDRESS (St	eet and Number or Ryra	Ploute Number, City or Tox	vn, State, Zip Co	do), , , , ,
2	Mrs. Tear / M	Allhous	1430	950	rest ti	ork Ave	BA	10. md,21
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo		PLACE ANO DAT			OATE 20c. L	CATION — City	or Town, State
	4 Donation 6 Other (Specify)	6	Arris	mro	resivail	31 3	2/101	(6, ma
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAN	E AND ADDRESS OF	MUSS F	UNEI	My Hon
	Deeph of	· KILLAN		93	Down	orth AUG	BAI	10.md2
	23. Part I. Enter the diseases, or co	omplications that ceueed	the deeth. Do	not enter the	mode of dying, se	ich es cerdiec or rees	iretory erres	
	shock, or heart failure. L iMMEDIATE CAUSE (Finel	lat only one cause on e	ech line.					interval E Onset sn
	diseese or condition	Wrose	PSis					1
		DUE TO (OR AS A	CONSEQUENCE O	F):				
Z	Sequentieily list conditions,	· Deml	nii /	eleer	٠.			
AŢ	If eny, leading to immediate cause. Enter UNDERLYING	If eny, leading to immediate						
CERTIFICATION	CAUSE (Disease or injury C. DIVE TO (On the A Deliverous P.D.)							1
FI	that initiated events resulting in deeth) LAST							1
	DART II Other significant condition			1-11-1-1		neno Locazio		
EDICAL	PART II. Other significent conditions	AT I AIO	or not resulting	In the under	lying cause given	n Part i. 24a. WAS A	RMED?	24b. WERE AUTOPSY I MAILABLE PRIOR COMPLETION OF
ă		01/11/12/	array	M	run it.	1 TYES	2 NO	OF DEATH?
								1 🗌 YES 2 🗍
Σ	25. WAS CASE REFERRED TO MEDICAL				6. PLACE OF DEATH (Check only one)		
AN: M		HOSPITAL:	netlant 3 DOA	OTHER:		6 Cher (Specify)		
SICIAN: M	EXAMINER?			4 🗆 Horsing	Tione o Nestoeno	28d. DESCRIBE HOW	INJURY OCCUP	RED
HYSICIAN: M		26a. DATE OF INJURY	28b. TIN	E OF 28	INJURY AT	(7		
PHYSICIAN:	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH		28b. TIN	JURY	WORK?	Carto		
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	— At home, farm,	JURY M 1	WORK?	281. LOCATION (Street		Rural Route Number,
ED BY PHYSICIAN:	EXAMINER? 1	26a. DATE OF INJURY (Month, Day, Year)	— At home, farm,	JURY M 1	WORK?	28f. LOCATION (Street City or Town, State		Rural Route Number,
ED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER ODEATH 1 Manural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26s. DATE OF INJURY (Month, Dey, Year) 26s. PLACE OF INJURY building, etc. (Special	— At home, farm,	JURY M 1 atreet, factory,	WORK? YES 2 NO office	City or Town, State	1)	
ED BY PHYSICIAN:	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH CONTINUE OF THE PROPERTY OF THE P	26a. DATE OF INJURY (Month, Day, Year)	/ — At home, farm, cify)	JURY M 1 atreet, factory,	WORK? YES 2 NO office	City or Town, State	nner as stated.	
E COMPLETED BY PHYSICIAN:	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH CONTINUE OF THE PROPERTY OF THE P	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the best of my know R: On the best of examination	/ — At home, farm, cify)	JURY M 1 atreet, factory,	WORK? YES 2 NO office	City or Yown, State us to the cause(s) and mone time, date and place, a	nner as stated.	
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the best of my know R: On the best of examination	/ — At home, farm, cify)	M 1 atreet, factory, red at the time, on, in my opini	WORK? YES 2 NO office date and place, and don, death occured at to	City or Town, State us to the cause(s) and me time, date and place, a UMBER	enner as stated. Ind due to the company to the com	ause(a) and manner as I
E COMPLETED BY PHYSICIAN:	EXAMINER? 1	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the basis of examination) R: On the basis of examination	T—At home, farm, city) redge, death occurs in and/or investigate	M 1 atreet, factory, red at the time, on, in my opini	WORK? YES 2 NO office date and place, and don, death occured at to	City or Town, State us to the cause(s) and me time, date and place, a UMBER	enner as stated. Ind due to the company to the com	ause(a) and manner as
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Marural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CENTIFIER	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the basis of examination) R: On the basis of examination	T—At home, farm, city) redge, death occurs in and/or investigate	M 1 atreet, factory, red at the time, on, in my opini	WORK? YES 2 NO office date and place, and don, death occured at to	City or Town, State us to the cause(s) and me time, date and place, a UMBER	enner as stated. Ind due to the company to the com	ause(a) and manner as
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Marural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CENTIFIER	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the basis of examination) R: On the basis of examination	/— At home, farm, oily) riedge, death occurr in and/or investigate ATH (ITEM 27) (Type	M 1 atreet, factory, red at the time, on, in my opini	WORK? YES 2 NO office date and place, and don, death occured at to	City or Town, State us to the cause(s) and me the time, date and place, a	enner as stated. Ind due to the company to the com	ause(a) and manner as

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



N	1. DECEDENT'S NAME (First, Middle, Last)	B Mc Allister "	DATE OF DEATH DAY 1 9'EAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (1) $214 - 50 - 0186$ 1 \square M 2 \square F		DATE OF BIRTH (Month, Day, Year) 7 — 27 — 47	HPLACE (State or Foreign ry) MD			
стоя	9a. FACILITY NAME (If not institution, give street and number) The Johans Hogkins Hogy	tal Baltimore	9c. COUNTY OF D				
DIRE	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION Bult, more		10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	3613 Lyndole	Ave. 2/2/3	10g. CITIZEN OF V	S.A.			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12 Was DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO If yes, specify Cuban, Maxican, Pr		E — American Indian, k, White, etc. Hy: B/ACK			
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)	16b. KIND OF BUSINESS/INDUSTRY				
	Elamentary/Secondary (0-12) College (1-4 or 5+)	ELECTRO-MOTIVES DIV.					
COMPL	17. FATHER'S NAME (First, Middle, Last)		(First, Middle, Maiden Surname)				
BE	LEROY MCALLISTER 19e. INFORMANT'S NAME (Type/Print)	ESTELLE 19b. MAILING ADDRESS (Street and Number or Ryral Route	JOHNSON				
2	DOROTHY NIXON	1519 N. LUZERNE 78	ALTIMORE, MD 2	1213			
		L PLACE OF DISPOSITION (Name of Cemelary, Crematory of	20c. LOCATION — City of it	own, state			
	4 Donation 5 Other (Specify)	ING MEMORIAL PARK	RANDALLST	TOWN, MD			
	Kinotto K. Ja		 Н./1101 Е. NOF	RTH AVE.			
	23. PART I. Enter the diseases, or complications that coused shock, or heart feilure. Liet only one cause on existence of the course of the co	ach line.	s cardiac or respiratory arrest,	Approximate interval Betwood Onset and De			
AL CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PYES 2 NO						
MEDICAL C							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (Check	only one)				
IASI	1 N YES 2 NO 1 Inpetient 2 DER/OUTP 27. MANNER OF DEATH 288. OATE OF INJURY	eatlent 3 DOA 4 Nursing Home 5 Residence 8	Other (Specify) d. DESCRIBE HOW INJURY OCCURED				
	1 Natural 5 Pending (Month, Day, Year)	M 1 YES 2 NO	a. Describe NOW MOON! OCCURED				
BY	- Carren	— At home, farm, street, factory, office 28	N. LOCATION (Street and Number or Rural City or Town, State)	Route Number,			
TED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner se stated.						
밑	Check only CERTIFYING PHYSICIAN: To the best of my know						
COMPLETE	(Check only 1 CENTIFYING PHYSICIAN: 10 the best of my know	n and/or investigation, in my opinion, death occured at the time					
	Check only CERTIFYING PHYSICIAN: To the best of my know			a) and manner as state (Month, Day, Year)			

F.E.H.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH

WONTH

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OPEN

OP

	1. DECEDENT'S NAME (First, Middle, Last) SADIO		MADE	MARTIN 2. DATE OF DEATH S. MONTH 2.3 1.9 YEAR 3.			3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	ALI 5. SEX 6. A	GE (In yrs. last birthday)	IVIAR 1 YEAR	IF UNDER 24 HRS.			11:44 Am		
	167-58-3053	1 📉 M 2 🗆 F	19 YRS.	MONTHS DAYS	HOURS MIN,	(Month, Dey, Year) 8-18-1972		HPLACE (State or Foreign try) PA.		
TOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ST. AGNES HOSPITAL BALTIMORE CITY RESIDENCE OF DECEMENT									
COMPLETED BY FUNERAL DIRECTOR	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE							10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
	2919 SILVER HILL AVE.				of. ZIP CODE 21207	10g. CITIZEN OF WHAT COUNTRY?				
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	ER IN U.S. ARMED 'ES 2 (X) NO R DATES	IED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No. If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:				14. RACE — American Indian, Black, White, etc. Specify: BLACK			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5 +) 18e. DECEDENT'S US (Give kind of word life. Do NOT use in				done during most of working					
BE CON	17. FATHER'S NAME (First, Middle, Last) HUBERT RUSSELL MARTIN				16. MOTHER'S NAME (First, Middle, Meiden Surname) YVONNE HENDRICKS					
10	190. INFORMANT'S NAME (Type/Print) YVONNE MARTIN 291			ADDRESS (Street ILVER HIL	and Number or Rural I L AVE. BAL	TO. MD 2120				
	1 W Burier 2 Cremetion 3 Hemoval from State cemetery, crem			of disposition (A ther place) emeter y	lame of	DATE 20c. LOCATION — City or Town, State 92891 Baltimore, Md				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MARCH F/H-WEST 4300 WABASH AVE. BALTO.						O. MD 21215			
CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant conditions	contributing to deet	h but not resulting i	n the underlyin	ig cause given in	Part I. 24a, WAS AN PERFOR	MEO?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
××	1 X YES 2 □ NO 27. MANNER OF CEATH	1 Inpatient 2 XER/C			ne 5 🗆 Residence					
BY PI	1 Natural 5 Pending (Month, Day, Year)			URY W	WORK?			BY POLICE		
	2 Accident 3 Suicide 4 Homicide Investigation 9-23-91 1144 M 1				24	SUBJECT SHOT BY POLICE 281. LOCATION (Street and Number or Rural Route Number, DOG WOOD & GWYNN OAK RDS				
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.									
	SINDNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUM						(Month, Day, Year)			
TO BE	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)					.M.E.		-1991		
-	MARIO F. GOL ST. DATE FRED (MONTH, DAY, MAN)	LE, JR	MD 11		STREET	BALTIMO	RE,MARY	LAND 2120		
	SEP 27 1991	John Davidson	Pandelle							
	0							DHMH-16 Rev 1/89		

A = A = B

an et control of the An CALL III

jen m m

> 10 = 0=

000 €

examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
ie funeral director, page 5 should be detached for use as thial.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

	REGISTRAR		CERTIFIC	ATE OF DI	EATH	REG. NO.		
i	1. DECEDENT'S NAME (First, Middle, Lest)	MARGER	/ RITA MITO	CHELL		DATE OF DEATH MONTH DAY	YEAR 91	3. TIME OF DEATH 1/45 P M
	4. SOCIAL SECURITY NUMBER 112-14-8367 96. FACILITY NAME (If not institution, give s	5. SEX 6. AGE	(In yrs. last birthday) IF YRS.	UNDER 1 YEAR #F	URS MIN.	DATE OF BIRTH (Month, Day, Year) JULY 31, 1	919 Ni	EW YORK
HOL	FRANCIS SCOTT KE			BALT	MORE CI		c. COUNTY OF I	DEATH
DIMECTOR		Y BALTIMORE	10c. CITY, TO	OWN OR LOCATION	DUNDALK			10d. INSIDE CITY LIMITS? 1 YES 2 XX00
FUNEHAL	1725 STOKESLEY R	ROAD 12. WAS DECEDENT EVER	IN II S ADMED	10f. ZIP	21222	ORIGIN? (Specify Yes or	u.	S.A.
2	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 XXO	If yes, specify	Cuban, Mexican, P ()(O Specify:		Blac	E — American Indian, sk, White, atc. sily:
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) 12 VEARS	Cation completed) College (1-4 or 5+) N/A	Iffe. Do NOT use re	done during most of	working	16b. KIND OF BUSINE	HOME	
E COMPLET	17. FATHER'S NAME (First, Middle, Last)	PRESS	· HOME		MOTHER'S NAME	(First, Middle, Malden Sun UNK		013
10 B	190. INFORMANT'S NAME (Type/Print) ERIC L. MITCHELL		1725 ST	OKESLEY	ROAD	BALTIMORE,	MD	21222
	20e. METHOD OF DISPOSITION 1	noval from State	bb. PLACE AND DATE OF I cemetary, crematory or LLLTOP SERU	VICE CORT	9-26	-91 TOW	SON - City of T	RYLAND
	· All	the second		DUDA-RU 7922	ICK FUNE WISE AV	RAL HOME O ENUE DUN	DALK MI	
NO	25_BART 1. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	s. Suda DUE TO (OR AS		poxen		s cerdiec or respirat	ory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	c	A CONSEQUENCE OF):					
MEDICAL	Metastation SIP Total			B)	use given in Pa	rt I. 24a. WAS AN AU PERFORME 1 □ YES 2	D7	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO	HOSPITAL:		26. PLACE THER: Nursing Home	OF DEATH (Check			
ВУ РН	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	INJUR	M 1 YES	2 🗌 NO	Bd. DESCRIBE HOW INJU		
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Sp				Bf. LOCATION (Street end City or Town, State)		Note Number,
	CONSCR OTHY	SICIAN: To the best of my kno ER: On the beste of examinat		n my opinion, death		na, date end place, end d	lue to the cause	(e) end manner as stated. D (Month, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON W	1. Tail	PEATH (ITEM 27) (Type, Pri	64	P 354	37	09	123/91
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	willie MATURE Wydson Aenda	.00				
- 1	SCF 27	1221 Warmer P	The second second	~~				

11-86913

1 - FOR STATE REGISTRAR

0	3
-	
40	
BOX 68760,	1
-	,
00	
(0)	п
-	
~	- 7
	п
0	
$\mathbf{\circ}$	
no.	
-	-
_	
0	
Line	
4.00	
(C)	
-	
	-
	-
-	
-	
C 3	
ш	
1	
_	
4	
-	
	- 1
-	
-	- 3
	1
	ı
OF VITAL RECORDS, P.O.	
=	- 1
	1
_	1
-	1
Z	-
-	
C)	
=	
4.0	
U)	ı
-	
DIVISION	
-	
7	
-	4

	4. SOCIAL SECURITY H	ES 4	5. SEX	TRSHA		, Jr.				2. DATE OF DEAT	25	9/YEAR	3. TIME OF GEAT
- 1	198-10-368		5. SEX	6. AGE (in yrs. la		FUNDER 1 Y		UNDER 24 I	HRS. 7	7. DATE OF BIRTH (Month, Pey, Yel 10/02/		Country	HPLACE (State or Fo by) Tyland
	9a. FACILITY HAME (# /		street and number)			9b. CITY, TO	WN OR LO	OCATION	OF DEAT			UNTY OF D	_
OR	St. Agnes		al			I	Balti	imore	9			Balt	imore
DIRECTOR	RESIDENCE OF I	10b, COUHT	Υ		10c. CITY,	TOWN OR L	.OCATIOH						10d. IHSIDE CITY
DIR	Maryland	Balt	imore			Ark	outus	3					LIMITS?
AL	10e. STREET AHD HUM						10f. ZtP				10g. Cl		WHAT COUNTRY?
FUNERAL	1019 Maid	en Choic							229			USA	
BY FU	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4	2 Married Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	YES 2 V		If ye		y Cuban, N	Maxican, i	ORIGIN? (Specif Puarlo Rican, ato		14. RACE Black Speci	E — American Indi ik, White, etc. :://y: White
E	15. (Specifi	DECEDENT'S EDU	ICATION completed)	16a. D	ECEDENT'S U	SUAL OCCL	JPATION no most of	working		16b. KIHD O	BUSINESS/IN	IOUSTRY	
COMPLET	Elementary/Seconds		College (1-4 or 5	+)	Give kind of wo le. Do NOT use Contra					9	self		
S	17. FATHER'S NAME (Fin	rst, Middle, Last)					18.	MOTHER	'S NAME	E (First, Middle, Me	iden Surname)		
BE (James L. 1		., Sr.							. Vermi			
0	19a, INFORMANT'S NAI			1:						ute Number, City o			
×= .	Cleo Mae 1	OSITION		20b. PLACE	AHD DATE OF	FDISPOSITIO	OH (Name o	of	e La	ne Apt	LOCATION -		own, Stata
	1 Suriat 2 Cres 4 Donation 5 C		noval from State	cemetery, co	rematory or oth	er place)	emete	ery	9/				yland 2
	21. SIGHATURE OF FUH	HERAL SERVICE LI	CENSEE	1	0	22. NA	ME AND A	DDRESS	OF FACIL				
	100	200	AC-	-	5					Spring		21227	7
	resulting in death)		DUE TO	Cellor AS A CONSI	EQUENCE OF)	ev	of	U	ine	3			1/4.
IFICATION	Sequentially list co if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events	enditions, nmediate :RLYING - Injury	b	O (OR AS A CONSI	EQUENCE OF)	:	of	U	ine	5			/y,
CAL CERTIFICATION	Sequentially list co if any, leading to in cause. Enter UNDE CAUSE (Disease or	enditions, nmediate RALYING Injury S	b. DUE TO c. DUE TO d.	O (OR AS A CONSI	EQUENCE OF)	:				art I. 24s. W	S AN AUTOPS)	Y 24k	AVAILABLE PRIOF
MEDICAL	Sequentially list co if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death)	enditions, nmediate RALYING Injury S	b. DUE TO c. DUE TO d.	O (OR AS A CONSI	EQUENCE OF)	:				art I. 24s. W		Y 24b	AMAILABLE PRIOR COMPLETION OF OF DEATH?
MEDICAL	Sequentially list co if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death)	onditions, nmediate RILYING Injury LAST	b	O (OR AS A CONSI	EQUENCE OF) EQUENCE OF) resulting in	:	erlying ca	ause giv	en In Pa	art I. 24s. W	RFORMED?	Y 24k	b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
YSICIAN: MEDICAL	Sequentially list co if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERR EXAMIHER? 1 YES 2 NO	enditions, namediate (RLYING injury state) LAST conditions and the condition of the conditi	b	O (OR AS A CONSI	EQUENCE OF) EQUENCE OF) resulting in	: : : OTHER:	erlying ca 26. PLACE g Home 5	ause glv	TH (Check	art I. 24a. WP PE 1 YI k only one)	RFORMED? ES 2 NO		AMAILABLE PRIOR COMPLETION OF OF DEATH?
SICIAN: MEDICAL	Sequentially list co if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERR EXAMIHER? 1 YES 2 NO 27. MAHHER OF OEATH 1 Hatural 2 Accident	enditions, namediate (RLYING injury state) LAST conditions and the condition of the conditi	b	O (OR AS A CONSI	EOUENCE OF) EOUENCE OF) resulting in	OTHER:	26. PLACE g Home 5 8c. IHJURY WORK? 1 YES	BUSE GIVE	TH (Check S	srt I. 24s. Will PE 1 YI YI Will YI YI YI YI YI YI YI YI YI YI YI YI YI	RFORMED? ES 2 NO OWNINJURY O	OCCURED	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
ETED BY PHYSICIAN: MEDICAL	Sequentially list co if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERR EXAMINER? 1 VES 2 NO 27. MAHHER OF OEATH 1 Matural 2 Accident 3 Suicide 4 Homicide	enditions, namediate (RLYING Injury selection) (RLYING Injury selectio	DUE TO c. DUE TO d	O (OR AS A CONSI	EOUENCE OF) EOUENCE OF) resulting in	OTHER:	26. PLACE g Home 5 8c. IHJURY WORK? 1 YES	BUSE GIVE	TH (Check S	art I. 24a. WP PE 1 YI k only one)	RFORMED? ES 2 NO ON INJURY O	OCCURED	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
ETED BY PHYSICIAN: MEDICAL	Sequentially list co if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART il. Other sign 25. WAS CASE REFERR EXAMIHER? 1	enditions, namediate RLYING injury s LAST ED TO MEDICAL O	b. DUE TO c. DUE TO d	O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI	EOUENCE OF) EOUENCE OF) resulting in 3 □ DOA □ 28b. TIME INJU- home, farm, st	OTHER: 4 Nursing OF M Weet, factory	26. PLACE g Home 5 8c. tHJURY WORK? 1 YES y, office	E OF DEAT T AT 2 1	TH (Check dence 8	srt I. 24s. Will PE 1 YI Other (Specify City or Town, othe cause(s) an	RFORMED? ES 2 NO OW INJURY Of the and Number Steley If manner as st	DCCURED ber or Rural I	AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list co if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERR EXAMIHER? 1 YES 2 NO 27. MAHHER OF OEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2	enditions, mmediate (RLYING injury LAST LAST Inficant condition in the con	b. DUE TO c. DUE TO d	O(OR AS A CONSI	EOUENCE OF) EOUENCE OF) resulting in 3 DOA 28b. TIME INJU- home, farm, st	OTHER: 4 Nursing OF 24 M d at the time	26. PLACE g Home 5 8c. tHJURY WORK? 1 YES y, offica	E OF DEAT T AT 2 1	TH (Checkler & Sentence & Sentenc	srt I. 24a. Will PE 1 YI 1 YI 1 YI 24b. Will PE 24b. Describe H 22b. Location (City or Town, on the cause(a) and me, date and plant	RFORMED? ES 2 NO NOW INJURY O	DOCCURED ber or Rural intended.	AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list co if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART il. Other sign 25. WAS CASE REFERR EXAMIHER? 1	enditions, mmediate (RLYING injury LAST LAST Inficant condition in the con	DUE TO c. DUE TO d	O (OR AS A CONSIDER OF OBJECT OF OBJ	EOUENCE OF) EOUENCE OF) EOUENCE OF) resulting in 3 □ DOA □ 28b. TIME INJU home, farm, st death occurred in investigation	OTHER: 4 Nursing OF 24 M d at the time	26. PLACE g Home 5 8c. tHJURY WORK? 1 YES y, offica	E OF DEA' 5 Resid 7 AT 7 2 h d place, as	TH (Checkler & Sentence & Sentenc	srt I. 24a. Will PE 1 YI 1 YI 1 YI 24b. Will PE 24b. Describe H 22b. Location (City or Town, on the cause(a) and me, date and plant	RFORMED? ES 2 NO NOW INJURY O	DOCCURED ber or Rural intended.	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list co if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERR EXAMIHER? 1 YES 2 NO 27. MAHHER OF OEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2	enditions, namediate (RLYING Injury LAST LAST Inficant condition infic	DUE TO c. DUE TO d	O (OR AS A CONSI	EOUENCE OF) EOUENCE OF) EOUENCE OF) resulting in 3 □ DOA □ 28b. Time in, st death occurred or investigation	OTHER: 4 Nursing OF 24 M d at the time	26. PLACE g Home 5 8c. tHJURY WORK? 1 YES y, offica	E OF DEA' 5 Resid 7 AT 7 2 h d place, as	TH (Checkler & Sentence & Sentenc	srt I. 24a. Will PE 1 YI 1 YI 1 YI 24b. Will PE 24b. Describe H 22b. Location (City or Town, on the cause(a) and me, date and plant	RFORMED? ES 2 NO NOW INJURY O	DOCCURED ber or Rural intended.	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 Route Number,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IU THE HUSPITAL OF ALTERDING PRYSTICIAN: THE Law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the humand director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MEDDETAIN 16 Hom 28 to morked or them 24 chance and letters on the more and the more than the more t
IG PHYSICI	ter this cer ath with the	narked o
AL LENDIN	offer dea	28 le m
AL OH A	L DIREC	f Item
HOSPIL	FUNERA WITHIN 72	TAMT. IL
O INF	O THE I	MPORT
_	- 0	-

1 . S1	OR TATE EGISTRAR	per r.	STATE OF	MARYLAND	/ DEPART	MENT OF H	EALTH AND	MENTAL HYGII	ENE	1 20010
	SOENT'S NAME (FIR	at, Middle Last)	d. 5	5. 7	AR	CATE OF	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
219	AL SECURITY NUM	6378	5. SEX	6. AGE (In yrs. In		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	7-37	BIRTHPLACE (State or Foreign Country)
HESTIC	DENCE OF DE	CEDENT	Kfor	dAL	ie.	BAI	Timor	1.T	9c. COUNTY	OF OEATH
10a. STI	TE TURNE	10b. COUNTY			10c. CITY,	P // 100	MOY C		10a CITIZEI	10d. INSIDE CITY LUMTS? 1 YES 2 NO 1 OF WHAT COUNTRY?
1 N	DO3 HTAL STATUS Ever Merried 2	OA!	FORCES?	NT EVER IN U.S. A	RMED NO	13. WAS DEC	2/2/2 ENDENT OF HISPA ecify Cuban, Mexic	UNIC ORIGIN? (Specify ten, Puerto Rican, stc.)	11.	S, A, RACE — American Indian, Black, White, etc.
	(Specify on	CEDENT'S EDUC	CATION	(1	Give kind of wor	SUAL OCCUPATION MO	2 NO Speci		BUSINESS/INDUS	Spooting
MA I	nentary/Secondary (College (1-4 or 5	+)	10m	e ma	rke			
100.00	ORMANT'S, NAME (F	whit.	6	D. MAII INC. A	ODBESS (See)	PASC	AME (First, Middle, Maid Poute Number, City or 1	tola	
20a, ME	THOD OF DISPOSIT	285)	Arson	25 E	AND DATE OF	DAK L	and Number of Rural	BAITO.	md.	2/2/5 or Towg, State /
4 🗆 Do	nation 5 Other	r (Specify)		- GAY	ematory or othe		STIVE CO	ACILITY FUI	BAITO.	tome
iMMED diseas resulti	PIATE CAUSE (File or conditioning in death)	nai	A -	RATON OR AS A CONSE	QUENCE OF):	at C	ou or oying, acr	ch as cardiac or res	pratory arrast	Approximate interval Betwo
if any, cause. CAUSE that ini resulting	ntially list conditional intermediate interm	ediata ING ury		(OR AS A CONSE		Coma				
	i. Other eignifica	ant condition	a contributing to	death but not	resulting in	ha underlying	j cause given in		NN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO
25. WAS EXAI	CASE REFERRED T	O MEDICAL	HOSPITAL:	*	10	26, PL	ACE OF DEATH (Ch	neck only one)		
27. MANN		Pending Investigation	1 Inpatient 2 1	INJURY		F 28c, INJU	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
3 🔲	Suicide 8	Could not be determined	28s. PLACE O building,	F INJURY — AI ho etc. (Specify)	ome, ferm, stre	it, factory, office		281. LOCATION (Stree City or Town, Stat	t and Number or F	tural Route Number,
290. CER	ck only	TIFYING PHYSIC	IAN: To the best of	my knowledge, de xamination end/or	ath occurred a	t the Jime, date	end place, end due	time, data and place,	anner se atated.	use(s) and manner se stated
29b. SIGN	NATURE AND TITLE	OF CERTIFIER	? .				29c. LICENSE NUI	MBER	29d. DATE SJO	GNED (Month, Day, Year)
30. NAME	AND ADDRESS OF	1) (r	el-	M	0		D3397	74	> 9/2	5/91

DHMH-16 Rev 1/89

		VITAL
		OF
		DIVISION
DA.	ä	1

	A OFFICENCIAL MARKET AND A AND A STATE OF		CERTIF	ICATE OF	DEATH		G. NO.	
	1. OECEDENT'S NAME (First, Middle, Last) Glynis W Patte:				1/2	2. DATE OF D	21 19	3. TIME OF DE
	4. SOCIAL SECURITY NUMBER 219 72 6611		In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B		BIRTHPLACE (State or Country)
Œ	9e. FACILITY NAME (If not institution, give St Joseph Hosp:	atreet and number)		9b. CITY, TOWN C	OR LOCATION OF DEA		9c. COUNT	r of OEATH
6	RESIDENCE OF DECEDENT							
DIRECTOR	MD 10a. STATE 10b. COUN	TV		Y, TOWN OR LOCAT ALTIMORE				10d. INSIDE CI LIMITS? 1)XX YES 2 [
RAI	100. STREET AND NUMBER 3809 COPLEY ROAD			101	21215		10g. CITIZE	N OF WHAT COUNTRY
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEOENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPANI ecity Cuban, Mexican 2000 NO Specify:	, Puerto Rican	ecify Yes or No— 14, etc.)	I. RACE — American In Black, White, etc. Specify: BLACK
	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)			USUAL OCCUPATION work done during mose retired.)		16b. KINI	OF BUSINESS/INDUS	STRY
E COMPLET	17. FATHER'S NAME (First, Middle, Last) WILLIAM H. PATTEF	RSON			18. MOTHER'S NAM	E (First, Middle SMITH		
10 B	19a. INFORMANT'S NAME (Type/Print)						ity or Town, State, Zip C	ode)
F	YVONNE PATTERSON 200. METHOD OF DISPOSITION				Y ROAD BALT		21215	
	1 Donation 5 Other (Specify)		DODLAWN CEN		(Name 9–28–	91	BALTO. MD	ly or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE I	Elisar		MARCH		800 WABA		_TO. MD 212
	23. PART I. Enter the diseases, or shock, or hast failure IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	Pneumonia	, bilate		oda of dying, such	as cardiac	or reapiratory srres	Interval Onset a
7		Ascending	transve:	rse myel	opathy			9 day
ATION	Sequantielly list conditions, if any, laeding to immediate cause. Entar UNDERLYING	Ascending	transve	rse myel				9 day
ERTIFICATION	if any, laeding to immediate	Ascending DUE TO (OR AS A Glioblasto)	transve	rse myel inal cor				
EDICAL CERTIFICATION	if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	DUE TO (OR AS A GLIODIAS TO (OR AS A d.	transve: a consequence o ma of sp: a consequence o	rse myel e: imal cor	d	92	. WAS AN AUTOPSY PERFORMED? ∑YES 2 □ NO	24b. WERE AUTOPS' AMAILABLE PRICOMPLETION COF DEATH?
MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	DUE TO (OR AS A GLIODIAS TO (OR AS A d.	transve: a consequence o ma of sp: a consequence o	rse myel e: imal cor	d	92	PERFORMED?	1/1 24b. WERE AUTOPS AMALABLE PRICOMPLETION
SICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	DUE TO (OR AS A GLIODIAS TO (OR AS A d.	transve a consequence of ma of sp: a consequence of out not resulting	rse myel p: imal cor p: In the underlyin 28.P	d	ck only one)	PERFORMED?	24b. WERE AUTOPS' AMAILABLE PRICOMPLETION COF DEATH?
PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in dasth) LAST PART II. Other algnificent conditions to the condition of the condition of the cause of	DUE TO (OR AS A Glioblasto) C. DUE TO (OR AS A d. DOBA CONTRIBUTION TO GRANT A DESCRIPTION CONSEQUENCE O	rse myel Fi: inal cor Fi: In the underlyin 28. P OTHER: 4 Nursing Hon AE OF 28c. IN.	g cause given in i	ock only one) 6 Other (Sp	PERFORMED?	24b. WERE AUTOPS' AMAILABLE PRICOMPLETION OF OF DEATH? YES 2 [
D BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other algnificent conditients and the cause of the conditients of the cause of	DUE TO (OR AS A GLIODIAS TO) C. DUE TO (OR AS A d	CONSEQUENCE O CONSEQ	rse myel F): inal cor F): In the underlyin 28. P OTHER: 4 Nursing Hon BE OF 28c. IN. JURY M 1	g cause given in a	ock only one) 8 Other (Sp 28d. DESCRIII	PERFORMED? XYES 2 NO oc/ly)	24b. WERE AUTOPS' AMALABLE PRI COMPLETION C OF DEATH? YES 2 [
D BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other algnificent conditions are supported by the conditions of the conditions are supported by the conditions of the cause of the	DUE TO (OR AS A GLIODIAS TO) C. DUE TO (OR AS A GLIODIAS TO) DUE	CONSEQUENCE OF THE PROPERTY OF	P: Inal cor F: In the underlyin 28. P OTHER: 4 Nursing Hon AE OF JURY M 1 street, fectory, officered at the time, data	g cause given in I LACE OF DEATH (Che ne 5 Residence 1/JURY AT 7/JURY AT 7/J	bok only one) 6 Other (Sp 28d. DESCRIII 28f. LOCATIO City or To	PERFORMED? YES 2 NO ecily) BE HOW INJURY OCCU N (Street and Number or	24b. WERE AUTOPS AMAILABLE PRICOMPLETION OF DEATH? YES 2 [
PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other algnificent conditions are supported by the conditions of the conditions are supported by the conditions of the cause of the	DUE TO (OR AS A Glioblasto) C. DUE TO (OR AS A Glioblasto) DUE TO (OR AS A d. DOBA CONTRIBUTION TO (MORTH) 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Contribution of the Contribut	CONSEQUENCE OF THE PROPERTY OF	P: Inal cor F: In the underlyin 28. P OTHER: 4 Nursing Hon AE OF JURY M 1 street, fectory, officered at the time, data	g cause given in I LACE OF DEATH (Che ne 5 Residence 1/JURY AT 7/JURY AT 7/J	ack only one) 8 Other (Sp 28d. DESCRIII 28f. LOCATIO City or To to the cause(a	PERFORMED? YES 2 NO ec/fy) BE HOW INJURY OCCU N (Street and Number on wm, State) and menner as stated place, and due to the	24b. WERE AUTOPS' AMAILABLE PRI COMPLETION OF DEATH? YES 2 [PRED RED

a Time with Time -11

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the house that no physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shows be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or from 23 shows any injury, or other traumatic event, the medical examiner must be notified at any

	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	RTMENT OF H	IEALTH AND DEATH	MENTAL HYGIE	NE	26317
	1. DECEDENT'S NAME (Figs., Middle IF	HELEN B	ERTELLE PE	EARCE		2. DATE OF DEATH	DAYZY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 205-10-9726	5. SEX 8. AI	GE (In yrs. last birthday) 76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mg/H), Day, Year)	. 1	BIRTHPLACE (State or Foreign Country) PENNSYLVANIA
œ	9a. FACILITY NAME (If not institution, give a	treet and number)	, 0	9b. CITY, TOWN (OR LOCATION OF	DEATH		Y OF DEATH
DIRECTOR	FRANKLIN SQUARE H				ROSSVII	LE	BA	LTIMORE
DIRE		LTIMORE	10c. CIT	Y, TOWN OR LOCAT	TION DUNDALK			10d. INSIDE CITY LIMITS?
RAL	100. STREET AND NUMBER 4 BEACH DRIVE				ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DEC	212 ENDENT OF HISP	ANIC ORIGIN? (Specify Y	a or No- 1	U.S.A.
	1 Never Married 21 Married 3 Wildowed 4 Divorced	FORCES? 1 Y	R DATES	If yes, sp	2 NO Spec	en, Puerto Rican, etc.)		Black, White, etc. Specify: WHITE
ETED	15. OECEDENT'S EDUI (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCCUPATION Work done during mo	ON st of working	16b. KIND OF B	JSINESS/INOUS	
MPL	12 YEARS	College (1-4 or 5+) N/A		DME MAKET	2		HOME	
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last) OSCAR KARSCHNER					AME (First, Middle, Maide THOMAS	n Sumeme)	
TO B	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rura	Aoute Number, City or To		
	CHARLES E. PEARCE 20. METHOD OF DISPOSITION 1. Dental 2 Cremation 3 Remo		4 B	SEACH DRI		LTIMORE, N		D 21222 by or Town, State
	4 Donation 5 Other (Specify)		MEADOWRID	ther plece) DGE MEMOR	RIAL 9-2	8-91 1	ORSEV.	MARVIAND
	· Chol n	- Fal	1	22. NAME AN DUDA 7922	ADDRESS OF E RUCK F WISE A	UNERAL HOM	IE OF D INDALK	PUNDALK INC.
	23. PART I. Enter the diseases, or c shock, pr heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause control only one cause or a. Acute	yeach line.	not anter tha mo	da of dying, su	ch as cardiac or resp	piratory arres	tt, Approximate Interval Batweer Onset and Death 3 days
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infittated eventa resulting in death) LAST	ı	S A CONSEQUENCE OF					
PHYSICIAN: MEDICAL CE	PART II. Other eignificant conditions	contributing to death	but not resulting i	n tha underlying	cause given in	Part I. 24s. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C	back only one)		
IYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF GEATH	HOSPITAL: 1 Inpatient 2 ER/O		OTHER: 4 - Nursing Home		6 Other (Specify)		
ВУ РЬ	1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME INJ	URY WOF	JRY AT RK? ES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCUP	RED
	3 Suicide 6 Could not be determined	26a. PLACE OF INJU- building, atc. (S)	RY — At home, farm, a pecify)	treet, factory, office		28f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC	CAN: To the best of my knowled: On the bests of examined	owledge, death occurre	d at the time, data a	and place, and du	to the cause(a) and ma	nner as atated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIED				29c. LICENSE NU	MBER		ause(s) and manner as stated. IGNED (Month, Day, Year)
0 8	J. E. Ch	alkan	, mb)		,960	19	-Z4-9/

			1 .	5	e (h	ax	4am	~/	1	1	0	
0.	NAME	AND	AODRE	SS OF	PERS	ON WHO	COMPLE	TED CAUSE	OF DEATH	/ITEM	270 /5		

Old North 17. Pd. Beltimore, Ad 21224 1012

ina Laydoon-Randell

in the ray by the beginning the many

A.

7	1	
	5	
	\leq	
•		

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

26318 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 9.20 P Son 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21207 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Nevgs Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) omemaker 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surnar BE MANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number 20a. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISBOSITION (Name of 4 Donetton 8 Other (Specify) 10. md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complications that ceused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feliure. List only one ceuse on each line. Approximate Interval Between **IMMEDIATE CAUSE (Fine)** Onset and Daath disease or condition Atherosclewtic Cardi(Nascu resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Cardio pulmonary
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to daeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMEO? T YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: e 5 - Rasidence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 8 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 🗌 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) A mathew 027716 027716 M.D -25 2

31. DATE FILED (Month, Day, Year) 27 1991

· mathew. 5411 OLDFREDERICK RD. CATONSVILLE. MD. 21229

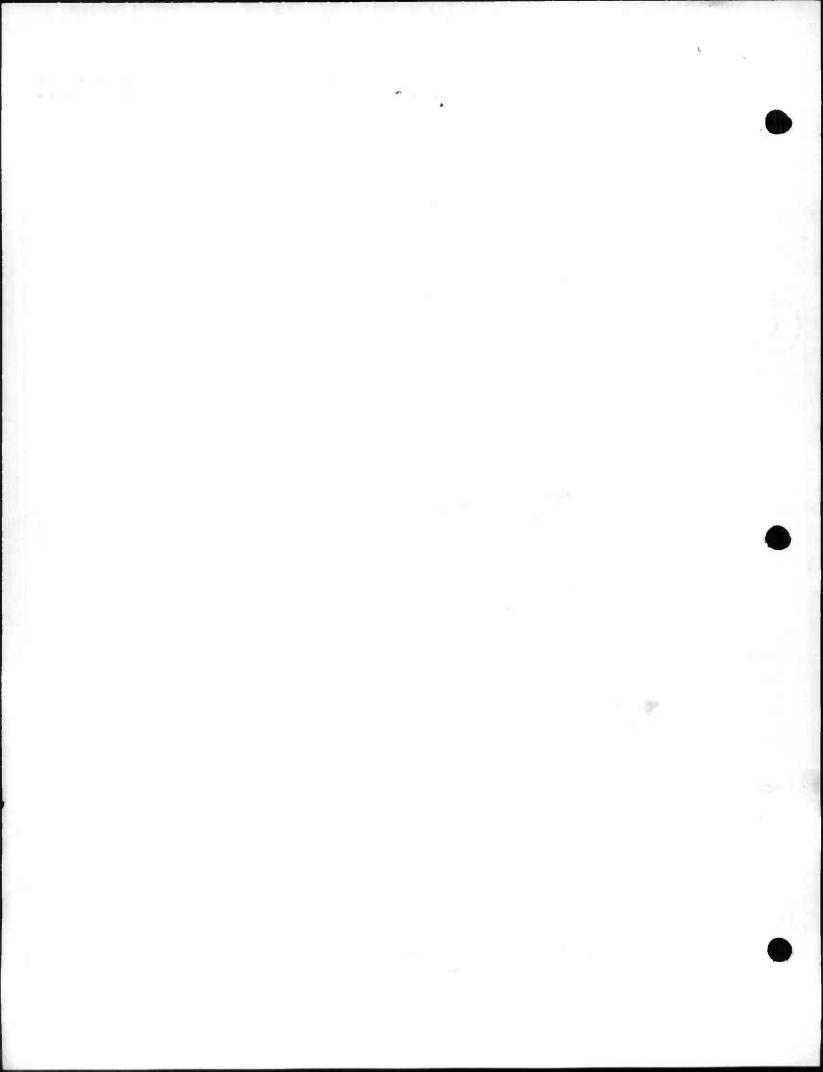
32. REGISTRAR'S SIGNATURE Budell Driggen

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1982	en.	
æ	70	
~Z	**	
- 8	差	
×	8	- 8
	著	- 5
-	10	9
5	-03	
8	3	- 6
- 50	2	9
5	40	9
8	60	
>	g	2
E	-	2
9	ê.	- 3
e	9	
and and	9	3
-	2	-
te	J. N.	6
8	43 ~	. 6
e	5 5	-
a	68	4
5	C 8	2
ğ	0 0	5 6
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of the Hospital Control of the control of the hospital of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detected by the standard dark within 72 hours after death with the State Derf of Health and Mental Handean origin in harial commission or removed.	MORTANT HISTORY CONTRACTOR STATEMENT OF THE TOTAL CONTRACTOR CONTR
2	Y	5
ā	a E	
3	0 5	5
R	E -	. 6
Š	0.5	4
8	2	-
83	= 5	2 6
2	S S	5
2	Sign	
3	5 0	2
E	0.9	4
9	F 5	2 5
5	6 4	ě
ea	att	>
0	95	
€	200	
as	5 6	2
Ħ	P 4	
es	50	
3	S I	1
Je G	9 6	4
3	A	er
-	De	0
The	0 0	E
Ξ.	Cat	
A	if it	-
2	9 £	-
35	St	7
4	€ 3	-
9	at the	6
5	A	3
Z	من م	-
E	24	28
A.	EC	2
OR	5	6
1	7	-
A	\$R	-
S	明日	1
Š	5 4	4
H	H +	. 5
E	王	Č
0	0	3
F	F 2	2

nian. Fransit permit. Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTM	MENT OF HEALTH AN	ID MENTAL HYGIEN		26319	
	1. DECEDENT'S NAME (First, Middle, Last) Margaret		Ruth		2. DATE OF DEATN	DAY YEAR	1	
	4. SOCIAL SECURITY NUMBER 217–20–2322	5. SEX 6. A	GE (In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HOURS M		8. BIF Cod	<u>110:20</u> a M ITAPLACE (State or Foreign Intry) Itimore	
CTOR	90. FACILITY NAME (If not institution, give Greater Baltimo RESIDENCE OF DECEDENT			TOWSON		9c. COUNTY OF	imore	
L DIREC		ltimore		own on Location			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERA	8103 Edwill Ave	NUE	ER IN U.SARMED	10f. ZIP CODE 2123	7 ISPANIC ORIGIN? (Specify Ye	USA	WHAT COUNTRY?	
B√	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 N	YES 2 ZNO PR DATES	It yes, specify Cubsn, M 1 YES 2 NO S	exicen, Puerto Ricen, etc.)	Bi	eck, white, etc.	
ONCE. COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12)	College (1-4 or 5 +)	18e. DECEDENT'S USI (Give kind of work life. Do NOT use re NOMEM	done during most of working tired.)		SINESS/INDUSTRY		
BE CO	17. FATHER'S NAME (First, Middle, Last) William McKenna				Rose Rachu	bu		
TO TO	190. INFORMANT'S NAME (Type/Print) Eileen Beard		1435	press (Street and Number or F Fountain Gler	n Dr. Bel A	ir, MD	21015	
er must	20e, METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		20b. PLACE AND DATE OF D cemetery, cremetory or other HOLY Red	eemer	9/28/9	Baltimo		
examin	· Lanuse	X-KJ	llox		sedale Funer saco Ave.			
Vent, the medic	23. PART i. Enter tha diseasea, or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Respirat	n aach line.	enter the mode of dying,	auch aa cardlac or reep	eliratory arreat,	Approximata intervel Between Onaet and Deeth	
INJUTY, or other traumatic event, the medical examiner must be notified at once. AL CERTIFICATION TO BE COM	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	. Artheros	ascular Acc as a consequence of: clerotic He as a consequence of:					
- 3	PART II. Other aignificant condition		h but not resulting in t	he underlying ceuse give	n in Part i. 24a. WAS AN		16. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
V: MEDIC	Cholelithia CHF MT	\$1\$			1 D YES 2	2 D NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF GEATH				
≅। ≥ ॥	27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/C	RY 285 TIME O		28d. OESCRIBE HOW	INJURY OCCURED		
TED	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, term, street, factory, office City or Town, State)							
O BE COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) and menner es stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end menner es stated.							
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WH	all all	OEATN (ITEM 27) (Sypo, Prin	Risa H18	NUMBER 792	29d. DATE SIGNE	257 9 1	
	31. DATE FILED (Mornin, Day, Year)	32. REGISTRAR'S	ignature dem-Ra	ndelle				



	24 80
60,	ithia
ION OF WITAL RECORDS, P.O. BOX 68760,	The state of the s
×	9
<u>۾</u>	ope
0	Sie
٥,	Sandh
õ	9
Œ	1
Ö	4
ZEC	and an all an
	1
M	1
5	4
	AIC
ä	
Z`	-
5	4

	1. DECEDENT'S NAME (First, Middle, Last) FRANK 1	11)		SALV	DER	F DEAT	2	2. DATE OF DEATH MONTH	DAY	YEAR 1991	3. TIME OF DE
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or
	705–10–0805	1 M 2 F	93	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 5/7/189		Countr	w Jers
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATIO	ON OF DEA		9c. COUN		_
TOR	RESIDENCE OF DECEDENT	CHURCH	t ST		Balti	more	_		A	nne	Arunde
DIRECTOR	100. STATE 106. COUNT Maryland And	ne Arunde	≥1		TY, TOWN OR LOC						10d, INSIDE CI LIMITS? 1 YES 2
FUNERAL	100. STREET AND NUMBER 211 Church Str	eet			1	101. ZIP CODE				ZEN OF V	WHAT COUNTRY
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDER	NT EVER IN U.S. 1 YES 2 (WAR OR DATES		If yes,		n, Mexican,	ORIGIN? (Specify Puerto Rican, etc.)	Yes or No-	14. RACE Black Speci	k, White, etc.
	15. DECEDENT'S EO		16a.	OECEDENT'S	USUAL OCCUPAT	TION		16b. KIND OF	BUSINESS/INO	USTRY	71110
ETED	(Specify only highest grad	le completed) College (1-4 or 5	+)	(Give kind of life, Do NOT u	work done during rate retired.)	most of workin	99	100000000000000000000000000000000000000			
COMPL				Train	man			Rai1	Road		10
SO	17. FATHER'S NAME (First, Middle, Last)					16. MOTI		E (First, Middle, Maid	ien Surname)		367
BE (Frank Si	nyder				Sall				
10	19e. INFORMANT'S NAME (Type/Print)							Do 1 + i mor			nd 212
	Florence Snyder				Church		≓U	Baltimor		_	
	1 Surial 2 Cremetion 3 Rer	moval from State	of cemete	ary, cremator	E OF OISPOSITION or other place)				LOCATION —		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE		ar Hi	11 Cemet	AND ADDRES	SS OF FAC		<u>altimo</u>	ore,	Maryla
	Tiekara	1 () ()	mis					ce Funer	al Hom	ne P	.A.
	- Centre	1									
					400	Rito	chie	Hwy. Bal	timore	e, Mo	d. 212
	23. PART I. Enter the diseases, or ahock, or heart failure	complications th			400	Rito	chie	Hwy. Bal	timore	e, Mo	d. 212:
	ahock, or heart failure IMMEDIATE CAUSE (Finel	complications th			400	Rito	chie	Hwy. Bal	timore	e, Mo	Approximately
	ahock, or heert failure	complications th	aest	ine.	not enter the n	Rito	chie	Hwy. Bal	timore	e, Mo	Approximately
	ahock, or heart failure iMMEDIATE CAUSE (Finel disease or condition	complications th	aest		not enter the n	Rito	chie	Hwy. Bal	timore	e, Mo	Approximately
ION	ahock, or heert failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions,	a. Could be not	aest	SEQUENCE C	not enter the n	Rito	chie	Hwy. Bal	timore	e, Mo	d. 212
CATION	shock, or heert failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Could be not	aest o for as a con-	SEQUENCE C	not enter the n	Rito	chie	Hwy. Bal	timore	e, Mo	Approximately
IFICATION	shock, or heert failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO	aest o for as a con-	SEOUENCE C	1400: not enter the n Hea	Rito	chie	Hwy. Bal	timore	e, Mo	Approximately
ERTIFICATION	shock, or heert failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. OUE TO	OP AS A CONT	SEOUENCE C	1400: not enter the n Hea	Rito	chie	Hwy. Bal	timore	e, Mo	Approx Interva
	shock, or heert failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. OUE TO	O OR AS A CON	SEQUENCE C	Hearth Property of the control of th	1 Ritconode of dyl	chie Ing. auch	Hwy. Balas cardiac or re	timore	e, Morest,	d. 2122 Approximatery onset
AL	shock, or heert failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO	O OR AS A CON	SEQUENCE C	Hearth Property of the control of th	1 Ritconode of dyl	chie Ing. auch	Hwy. Bal as cardiac or re	epiratory arr	e, Morest,	Approximatory Onset 5 WERE AUTOPS AVAILABLE PR AVAILABLE PR COMPLETION
A.	shock, or heert failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO	O OR AS A CON	SEQUENCE C	Hearth Property of the control of th	1 Ritconode of dyl	chie Ing. auch	Hwy. Bal as cardiac or re	timore epiratory arr	e, Morest,	Approximatory Onset 5 WERE AUTOPS AVAILABLE PR AVAILABLE PR COMPLETION OF DEATH?
MEDICAL	shock, or heert failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO	O OR AS A CON	SEQUENCE C	Hearth Property of the control of th	1 Ritconode of dyl	chie Ing. auch	Hwy. Bal as cardiac or re	epiratory arr	e, Morest,	Approximaterya Onset
MEDICAL	shock, or heert failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL	b. OUE TO	O OR AS A CON	SEQUENCE C	Heapers Heapers	1 Ritconode of dyl	chie Ing, auch Cu Ong,	Hwy. Bal as cardiac or re Lupe Part I. 24a. WAS PER 1 YES	epiratory arr	e, Morest,	Approximatory Onset 5. WERE AUTOP: AMALABLE PR AMALABLE PR COMPLETION OF DEATH?
MEDICAL	shock, or heert failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions	b. OUE TO	O OR AS A CONTO	SEQUENCE C	400: not enter the n Hea OF): OF): In the underly OTHER:	1 Ritconode of dyl	chie Ing, auch au	Hwy. Bal as cardiac or re Lupe Part I. 24a. WAS PER 1 YES	epiratory arr	e, Morest,	Approximateryal Onset
MEDICAL	shock, or heert failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. OUE TO d. HOSPITAL: 1 Inpettent 2 260. DATE O	O OR AS A CONTO	SEQUENCE C	400: not enter the n H ea OF): OF): In the underly OTHER: 4 Nursing H ME OF 28c. 1	I Ritconode of dyl	chie Ing, auch au	Hwy. Bal as cardiac or re Lupe Part I. 24a. WAS PERI 1 YES	AN AUTOPSY FORMED?	24b	Approximateryal Onset
PHYSICIAN: MEDICAL	shock, or heert failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	b. OUE TO d. HOSPITAL: 1 Inpetient 2 28e. DATE O (Month,	O OR AS A CONTO	SEQUENCE C	400: not enter the n H ea OF): OF): In the underly: OTHER: 4 Nursing H ME OF 28c. I	I Ritconode of dyl	given in F	Part I. 24a. WAS PERI 1 YES	AN AUTOPSY FORMED?	24b	Approximateryal Onset
BY PHYSICIAN: MEDICAL	ahock, or heert failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	b. OUE TO d. HOSPITAL: 1 Inpetient 2 28e. PLACE	O (OR AS A CONTO O deeth but no	SEQUENCE COSEQUENCE CO	400: not enter the n H ea OF): OF): In the underly: OTHER: 4 Nursing H ME OF 28c. I	I Ritconode of dyl	given in F	Part I. 24a. WAS PERI 1 YES Other (Specify) 28d. DESCRIBE HO	AN AUTOPSY FORMED? 2 NO W INJURY OCC	24k	Approximatory Onset 5 WERE AUTOP: AMAILABLE PR COMPELETION OF DEATH? 1 YES 2
TED BY PHYSICIAN: MEDICAL	shock, or heert failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation	b. OUE TO d. HOSPITAL: 1 Inpetient 2 28e. PLACE	O OR AS A CONTO	SEQUENCE COSEQUENCE CO	A00: not enter the n H Ca DF): OF): In the underly OTHER: 4 Nursing M M OF 28c. I JURY M 1	I Ritconode of dyl	given in F	Part I. 24a, WAS PER 1 YES Other (Specify) 28d, DESCRIBE HO	AN AUTOPSY FORMED? 2 NO W INJURY OCC	24k	Approximatory Onset 5 WERE AUTOP: AMAILABLE PR COMPELETION OF DEATH? 1 YES 2
TED BY PHYSICIAN: MEDICAL	ahock, or heert failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	b. OUE TO d. HOSPITAL: 1 Inpetient 2 28e. PLACE	O (OR AS A CONTO O (OR	SEQUENCE COSEQUENCE CO	400: not enter the n H ca OF): OF): In the underly 26. OTHER: 4 Nursing H ME OF 28c. I JURY M 1 street, factory, of	I Ritconode of dyl	given in F	Hwy. Bal aa cardiac or re lup e Part I. 24a. WAS PERI 1 YES Sk only one) Glother (Specify) 28d. DESCRIBE HO 28f. LOCATION (Str. City or Town, St	AN AUTOPSY FORMED? S 2 NO	24b	Approximatory Onset 5 WERE AUTOP: AMAILABLE PR COMPELETION OF DEATH? 1 YES 2
TED BY PHYSICIAN: MEDICAL	ahock, or heert failure immediate cause or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	b. OUE TO d. HOSPITAL: 1 Inpatient 2 28e. PLACE building: 15 CLAN: To the best of the complete contribution of the cont	O (OR AS A CONTO O (OR AS A CONTO) O (OR AS A CONTO O (OR AS A CONTO O (OR AS A CONTO O (OR AS A CONTO O (OR AS A CONTO O (OR AS A CONTO) O (OR AS A CONTO O (O	SEQUENCE COSEQUENCE CO	400: not enter the n H ca OF): OF): OF): In the underly 26. OTHER: 4 Nursing H ME OF JURY M 1 street, factory, of	I Ritconode of dyl	given in F	Hwy. Bal as cardiac or re lup e Part I. 24a. WAS PERI 1 YES Sk only one) Chy or fown, St Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Str City or fown, St of the cause(e) and	AN AUTOPSY FORMED? S 2 NO W INJURY Oct end Number late)	24b	Approximatery Onset Solution Number, Boute Number,
COMPLETED BY PHYSICIAN: MEDICA	ahock, or heert failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	b. OUE TO c. OUE TO d. HOSPITAL: 1 Inpetion 2 28e. PLACE building SICIAN: To the best of	O (OR AS A CONTO O (OR AS A CONTO) O (OR AS A CONTO O (OR AS A CONTO O (OR AS A CONTO O (OR AS A CONTO O (OR AS A CONTO O (OR AS A CONTO) O (OR AS A CONTO O (O	SEQUENCE COSEQUENCE CO	400: not enter the n H ca OF): OF): OF): In the underly 26. OTHER: 4 Nursing H ME OF JURY M 1 street, factory, of	I Ritconode of dyl PLACE OF D Ome 5 Rev NJURY AT WORK? YES 2 [Vitice	given in F	aa cardiac or re aa cardiac o	AN AUTOPSY FORMED? So 2 No W INJURY OCC menner as state, and due to the	24b CUREO or Rural ted.	Approximaterya Onset John Merica Autops Available Procompletion of obarin? 1 Yes 2
TED BY PHYSICIAN: MEDICAL	ahock, or heert failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	b. OUE TO c. OUE TO d. HOSPITAL: 1 Inpetion 2 28e. PLACE building SICIAN: To the best of	O (OR AS A CONTO O (OR AS A CONTO) O (OR AS A CONTO O (OR AS A CONTO O (OR AS A CONTO O (OR AS A CONTO O (OR AS A CONTO O (OR AS A CONTO) O (OR AS A CONTO O (O	SEQUENCE COSEQUENCE CO	400: not enter the n H ca OF): OF): OF): In the underly 26. OTHER: 4 Nursing H ME OF JURY M 1 street, factory, of	I Ritconode of dyl PLACE OF D Ome 5 Rev NJURY AT WORK? YES 2 [Vitice	given in F	aa cardiac or re aa cardiac o	AN AUTOPSY FORMED? So 2 No W INJURY OCC menner as state, and due to the	24b CUREO or Rural ted.	Approximaterya Onset So. WERE AUTOPS ANALABLE FOR COMPLETION OF DEATH? 1 YES 2

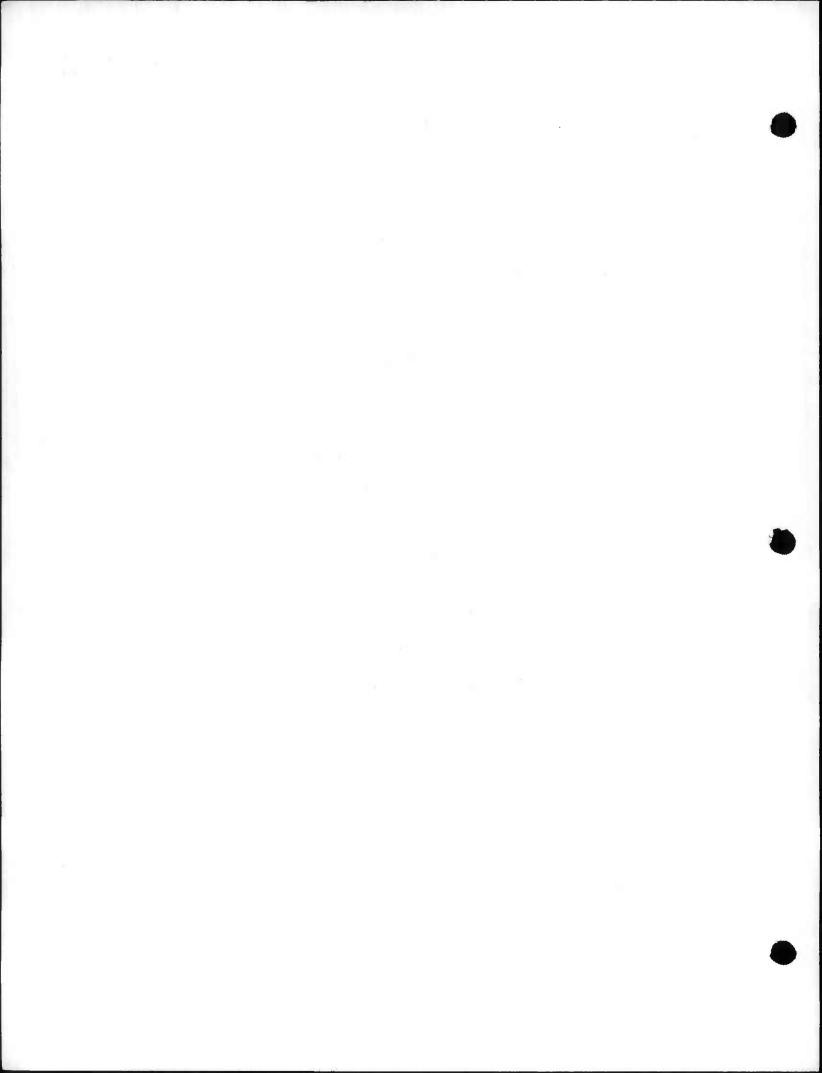
OHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTUBLIES THE law requires that the death certificate be executed within 22-figurs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DEGINERAL THIS certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 from the death within 72 from the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If the provided at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE OF M	ARYLAND / D CER		TMENT ICATE				MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Phyllis Ruth Sr	nith	1						2. DATE C	F DEATH		YEAR 91	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5.	SEX	6. AGE (In yrs. last b		IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE O (Month,	F BIRTH Day, Year)		6. BIRTHP Country)	LACE (State or Foreign
	214-36-7015 9a. FACILITY NAME (If not institution, give street	M 2 F end number)	53_	YRS.	9b. CITY	, TOWN C	R LOCATI	ON OF DE	-	7/38	9c. COUN	TY OF DE	IARYLAND ATH
TOR TOR	St. Agnes Hosp:	ital				Balt	imor	e Ci	ty .	21229			
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN (100						10d, INSIDE CITY LIMITS?
I D	MD 100. STREET AND NUMBER				ватт		ce Ci				10g. CITIZ		YES 2 NO
NER/	2011 Christian							1223				USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		EVER IN U.S. ARME YES 2 NO IR OR DATES			If yes, sp	ecify Cubs		n, Puerto Ri	(Specify Yea can, etc.)	or No	14. RACE - Black, Specify	- American Indian, White, atc. WHITE
TED	15. DECEDENT'S EDUCATION (Specify only highest grade com	pleted)	(Give	kind of	USUAL O work done se retired.)	CCUPATIO	ON st of worki	ng	16b.	KIND OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12) C 9TH	ollege (1-4 or 5+)			AKER					Н	OMEMA	KER	
	17. FATHER'S NAME (First, Middle, Last) CALVIN W. SO'	WERS					18. MOT			ERMAN	Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print)						nd Numbe	or Rural F	Route Numbe	r, City or Town			
-	PAUL SMITH 29a, METHOD OF DISPOSITION		20b. PLACE OF	DISPO	SITION (N	me of cer	netery crer		r, BA	LTIMO	RE, M		21223
	1 N Burial 2 Cremetion 3 Removal 4 Donation 5 Other (Specific)		SUNSET	" MEI	MORIA	AL Ī	ARK						MARYLAND
8	21. SIGNATURE OF PUNERAL SHIVICE LICENS	2	346			DWAR!	D H.		BARD	FUNER, BALT			INC. . 21229
	23. PART I. Entar the diseases, or com shock, or heart fallure. List			th. Do i	not antar								Approximate Interval Batween
	immediate cause (Final disease or condition resulting in death)		tic shoc		F):								Onset and Death
N	Sequentially list conditions,	Prol	bable ba	ctei	rial	endo	ocaro	litis					
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING		oras a conseou lulitis	ENCE O	F):								
TIF	CAUSE (Disease or injury that initiated events resulting in death) LAST	- 0	or as a conseou oetes mel										
8	PART ii. Other aignificant conditions c					nderhyla		diven in	Dart i	24s, WAS AN	Alimbey	245	WERE AUTOPSY FINDINGS
ICAL	Coronary ather	sclero	sis with					_		PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEC	Terminal renal	failure	2						_	Λ			1 X YES 2 □ NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL						LACE OF (DEATH (Ch	eak only one)			
IYSIC	EXAMINER? 1 YES 2 NO 12 27. MANNER OF DEATH	OSPITAL: Unpatient 2 D	ER/Outpatient 3	DOA		sing Hon	URY AT	esidence	6 Other	(Specify)	N IIIIW OO	NIDEO.	
	1 Natural 5 Pending 2 Accident Investigation	(Month, De			JURY	WC	PRK? YES 2 [□ NO	26G. DES	SHIBE HOW I	NJOHY OCC	JUNED	
SKED 6Y	3 Suicide 6 Could not be 4 Homicide datermined		FINJURY — At hom Mc. (Specify)	e, farm,	street, fac	tory, offic	•		28f. LOCA City o	TION (Street or Town, State)	and Number	or Rural Ro	oute Number,
COMPLI	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	on the besis of ax	amination and/or im										and manner as stated.
핆	29b. SIGNATURE AND TITLE OF CENTIFIER	ten, Q	niD.				29c. LIC	DO49			29d, DAT	9/26	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO C William J. Hicken	, M.D.,	St. Agn	es l	Hosp:	ital			Aven		1229		
	31. DATE FILED (Month, Day, Year) 9/26/9SEP 27	32. REGISTRAI	filia Davido	son-V	Pandel	e.							



permit. Pages 1, 2, 3 should retained by the hospital or attending physician. 5 should be detached for use at the buna transit BALTIMORE, MARYLAND 21215-0020 once. Ħ page 5 should be notified 2 pe Раде 6 тау must funeral director, examiner urs after death. n by the f medical filled in by 1 0 completely filled rial, cremation, the requires that the death certificate be executed within event. n and cont to burial, traumatic attending physician a ental Hygiene prior to other DIVISION OF VITAL RECORDS, P.O. 0 the atter Injury, n signed by the Health and A has been signed by e Dept. of Health and m 23 shows any Ir OR ATTENDING PHYSICIAN: The law this certificate har with the State De riked, or Item 2

marked,

After death

TO THE HOSPITAL O
TO THE FUNERAL DI
BE filed within 72 ho
IMPORTANT: II Ite

DIRECTOR: A tours after of term 28 is 40

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 0.9 JAMES H. SOMERVILLE 20 1991 9:00P 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 218-48-1137 DAYS HOURS 45 1 M 2 F VRS 09-01-46 N.C. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BON SECOUR HOSPITAL BALTIMORE CITY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MD BALTIMORE 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 939 VALLEY STREET 21202 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 N NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION ecify only highest grade comple (Spe Elementary/Sec. College (1-4 or 5+) DISABLED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) ETHEL FIELDS CLARENCE SOMERVILLE BE 19a, INFORMANT'S NAME (Type/Print) 19th MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
939 VALLEY ST./BALTIMORE, MD 21202 2 ETHEL SOMERVILLE 204. METHOD OF DISPOSITION

1 X Burlai 2 Cremation 3 Remove from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State RANDALLSTOWN. KTNG MEMORTAL PARK 4 ☐ Donation 5 ☐ Other (Specify) MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY alun Z WM.C.MARCH F.H./1101 E. NORTH AVE. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or heart fallure. List only one cause on each line. Intarvai Between IMMEDIATE CAUSE (Final Onset and Death disease or condition METHADONE INTOXICATION resulting in daath) DUE TO (OR AS A CONSCOUENCE OF): CERTIFICATION Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): . Entar UNDERLYING CAUSE (Disease or injury that initiated avents DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? WAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? FES 2 | NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:

1X | Xnpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) XX YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY UNKNOWN 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED FOUND: 9-20-91 1 Natural 5 Pending Investigation 1 YES 2 NO UNKNOWN BY 2 Accident 28s. PLACE OF INJURY - At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) BON SECOURS HOSPITA 3 Suicide ETED 8 Could not be determined City or Town, State)
BALTIMORE, 4 Homicide IN HOSPITAL BED 29s. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the films, data and place, and due to the cause(a) and manner as stated. COMPL 2X MEDICAL EXAMINER: On the be n and/or investigation, in my opinion, death occured at the fime, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 09 OCME 21 1991 2 10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 PENN STREET

JWR

31. DATE FILED (Month, Day, Year)

GOLLE

JK

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21201

1 = 1

O F =

n C n

1 - FOR STATE REGISTRAR

•
1
á
,

	1. DECEDENT'S NAME (First, Middle, Last) Mae Si	nall		1772	2. DATE O MONTH	DEATH DAY	9 YEAR	3. TIME OF DEATH (029 A
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE 251-36-2814 1 M 2 F	(In yrs. lest bi		YEAR IF UNDER 24 HRS DAYS HOURS MIN.	(Month,	PERTH Day, Year)	6. BIRTH Countr	IPLACE (State or Foreign
СТОВ	98. FACILITY NAME (If not institution, give street and number) SINA' Huspital of Baltu RESIDENCE OF DECEDENT	1016		altimore	DEATH	9c. C	OUNTY OF D	EATH
DIREC	10e. STATE 10b. COUNTY	1	Baltia					10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 4710 Park Heights A	re		10f. ZIP CODE 2/7	45	10g.	CITIZEN OF V	WHAT COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YE	2 NO	14	AS DECENDENT OF HIS yes, specify Cuban, Mex PYES 2 NO Spe	PANIC ORIGIN? cican, Puerto Ri acity:	(Specify Yea or No- lcan, etc.)	14. RACI Blaci Spec	E - American Indian, k, Whita, etc.
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give	DENT'S USUAL OCC kind of work done du NOT use retired.)	CUPATION working most of working	16b.	KIND OF BUSINESS	INDUSTRY	
BE COMPL	17. FATHER'S NAME (First, Middle, Lost) 1 1 1 am S			MOTHER'S	NAME (First, M	Neiden Surnam	+	
2	Clarence Small In	19b. A	710 Pa	rk Heigh	1. A	211	Sim	21215
d			e pate of Dispo	090	9-28-0		City or To	own, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENSON A CO	tt	22.6	Arch F(H	JACILITY Wes	1000	wab	d. 21215
ERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	Ron a consequi	al Fai					Onset and De
MEDICAL CEI	PART II. Other significent conditions contributing to deeth Chronic hepatihis B & Hypertensian		0.7		in Part I.	24a. WAS AN AUTOF PERFORMED? 1 YES 2 NO		D. WERE AUTOPSY FINDIN ANAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER	26, PLACE OF DEATH	(Check only one	n)		
PH	1 VES 2 NO 1 Inpatient 2 ER/O 27. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, Year	Υ :	DOA 4 INurs	ing Home 5 Realder 28c. INJURY AT WORK? 1 YES 2 NO	_	(Specify) CRIBE HOW INJURY	OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural ReCity or Town, State)							Route Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my kn							a) and manner as states
BE	29b. SIGNATURE AND TITLE OF CERTIFIER Develon	M.D.		29c. LICENSE	NUMBER	29d.		O (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D Cychich M . D .		27) (Type, Print)					
	SEP 2 7 1991 July Sunday	GNATURE		550				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death; Page 6 may 6e retained by III	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be drained in the state Dept. of Health and Mental Hydiene brier to burdal, cremation, or removal	200
2	No.	ñ,	100
1	Martin C.	100	
į	Sept.	a demonstrate	once.
	ained by	houid b	filed a
-	y be ret	age 5 s	be not
	18.6 ma	rector, p	must
	ath. Pag	neral d	aminer
i	after de	by the fi	lical ex
	4 nours	filled in	e med
6	within 2	npletely	vent, th
	executed	and con	natic e
	cate be	hysician prior to	r traun
	h certific	Hvaiene	or othe
	the deat	the att	Injury,
	es that	igned by	's any
	w requi	pt. of H	3 show
	V: The la	State De	Item 2
	HYSICIAI	is certify vith the	ed, or
	IDING PI	. After the death w	s mark
	R ATTEN	NECTOR urs after	ım 28
	SPITAL D	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filled within 72 hours after death with the State Dept, of Health and Mental Hydiene brind to burial cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	THE HOS	I'HE FUN	ORTAN
	2	2 3	E

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEATH	AY	YEAR	3. TIME OF DEAT	тн
	CHARLE	MICHAEL	SWORD			09 2			10:59	Рм
	4. SOCIAL SECURITY NUMBER 214-56-3291	1 M 2 D F	38 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-21-195	3	Countr	IPLACE (State or Fo	oreign
DIRECTOR	90. FACILITY NAME (If not institution, give THE JOHNS HOPKI RESIDENCE OF DECEDENT			96. CITY, TOWN O	OR LOCATION OF DI	EATN	1	TIMO		Y
EC	10e. STATE 10b. COUNT	тү	10c. CIT	Y, TOWN OR LOCAT	TION			-	10d. INSIDE CITY	
	MARYLAND E	BALTIMORE		D	UNDALK				LIMITS?	
FUNERAL	105 WILLIAMS AVE					222			S.A.	
B	1 Never Merried X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	R IN U.S. ARMED	If yes, sp	ENDENT OF HISPAI ecity Cuban, Maxica 2 XNO Specifi	NIC ORIGIN? (Specify Yei in, Puerto Rican, atc.) y:	or No—	14. RACE Black Speci	- American India c, White, etc.	
Į į	15, DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON set of working	16b, KIND OF BU	SINESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) N/A	me. Do NOT U	so rotirod.) EL TECHN		C	URTIS	S ENC	GINES	
00	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden				
BE	WALTER WITTEN SU 19a, INFORMANT'S NAME (Type/Print)	IORD	19h MAII ING	ADDRESS /Street		WILIDEEN F				
5	SUSAN E. SWORD		7			BALTIMORE.			01000	
- CANADA	20a. METNOD OF DISPOSITION	1	Ob. PLACE AND DATE	DE DISPOSITION (No	me of	DATE 200 LO	CATION	City on To-	wa Ctata	
	1 X Jurial 2 Cremation 3 Rer	novel from State	OAK LAWN	CEMETER	y 9-27-	1991 BA	LTTMO)RF	MARVIAN	m
	21. SIGNATURE OF FUNERAL SERVICE U	courte I	/	DUDA-	RUCK FUN	ERAL HOME	OF DU	INDAI	LK INC.	
	23. PART i. Enter the diseases, pr	-110V	4	7922	WISE AV	ENUE DUN	DALK	MD	21222	
	shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition rasulting in death)	List Drily Drie Causa on	aach Ilna.	-1	de by dying, suc	h as cardiac or reapi	iratory am	est,	Approximatinterval Be Onset and	tween
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Mediastricts Towns Due to (or as a consequence of): Survey Due to (or as a consequence of): d. Due to (or as a consequence of): A consequence of):									ys yen
CER	resulting in death) LAST	a. bleedi	ng es	phage	ed var	ices			xuraly	car
MEDICAL	PART II. Other significant condition	ns contributing to death	but not resulting i	in tha underlying) causa given in	Part I. 24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FII AWAILABLE PRIOR COMPLETION OF COMPLETION OF COF DEATH?	TO AUSE
									1 163 2 1 1	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Che					
H	27. MANNER OF DEATH	28e. DATE OF INJUR				6 Other (Specify)				
	Natural 5 Pending	(Month, Day, Year	INJ	URY WO	RK?	28d. DEŞCRIBE NOW II	NJURY OCC	URED		
TED BY	2	building, etc. (Specify)					and Number	or Rural A	oute Number,	
COMPLETED	29e. CERTIFIER (Check only CERTIFYING PNYS	ICIAN: To the best of my kno	wiedge, death occurre	d at the time, date	and place, and due	to the cause(a) and man	ner as state	ıd.		
SON	one) 2 MEDICAL EXAMINI	ER: On the basis of examinat	ion and/or investigation	n, In my opinion, de	eath occured at the	time, data and place, an	d due to the	ceuse(a)	and manner as st	sted.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	Abile	.40		29c. LICENSE NUM	IBER	29d. DATE	SIGNED	(Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF C	DEATH (ITEM 27) (Type,	Print)	11-40-	718	9	12	4/91	
	David R	- H67+	Johns	Hophin	Hosai	tal				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	ANATURE	2	1			_		

ICA-

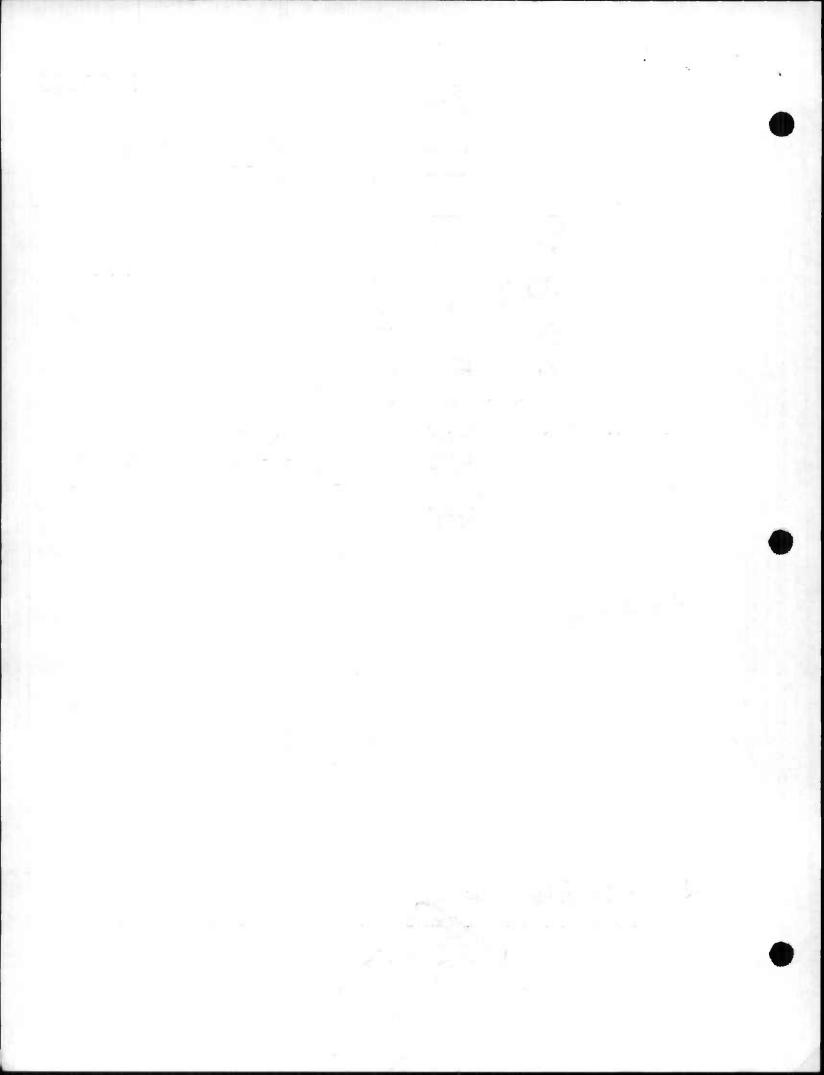
tach	1	Sce.
9		9
9		2 3
SPO		┋
9		9 10
Pag		P P
ctor.		SAE
9		101
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
g	Nal.	9
6	гет	dici
- DG	0	E
=	tion,	#
ete	еша	H,
DE O	E C	Š
2	pni	atic
an a	9	E
ysici	DN9	t ta
E 5	iene	華
ugu	£	0 10
atte	emtal	2
/ the	Ž	를
2	h an	any
Signe	teat	22
eeu	6	Sho
as p	Sept.	23
ate h	ate (E
tifica	e St	= 10
s cer	4	å,
Ě	h W	arke
Afte	deat	E
OR:	fter	8
RECI	JIS 3	E
07	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bun'al, cremation, or removal.	=
ERA	in 72	T. H
E.N	with	TAN
光	Fled	POR
2	8	E

Jacob K. Felix, M.D.
31. OATE FILEO (Morith, Day, Year)

MARYLAND 10e. STREET AND NUMBER 7 WATERVIEW 11. MARITAL STATUS 1 Never Married 2 Ma 3 Widowed 4 Divorce 15. OECEDI (Specify only nix Elementary/Secondary (0-12) N/A 17. FATHER'S NAME (First, Middle JOHN LAWRENCE 19a. INFORMANT'S NAME (First, Middle JOHN LAWRENCE 19a. METHOD OF DISPOSITION 1 WBurlai 2 Cremation 1 WBurlai 2 Cremation 1 WBurlai 2 Cremation 1 Signature of Funeral S	JENN 5. SEX 1 M 2 F Lition, give street and number) FAL DENT 10b. COUNTY BALTIMOR ROAD 12. WAS DECEDED FORCES? IF YES, GIVE 1 10 College (1-4 or 5 N/A 10c, Lest) CE SIMONS, JR 17 JOHN L. SIMON 18 Removal from State	A LEE S 6. AGE (In yrs. In 1 Yes 2 WAR OR OATES 18a. D 1 20b. PLAC	I MONS ast birthday) YRS. 10c. CIT IRMED DOCCEOCENT'S Grow End of the Do NOT up DE	IF UNDER 1 Y MONTHS D 9b. CITY, TO 13. WAL If y 1 E USUAL OCCI Work done duri se netical. TERVII E OF OISPOS OF OISPOS OF OISPOS OF OISPOS OF OISPOS OF OISPOS OF OISPOS OF OISPOS OF OISPOS OF OISPOS OF OISPOS OF OISPOS	Street and Street and	IF UNDER 24 HRB. HOURS MIN. R LOCATION OF OE TIMORE C ON DUNDALK ZIP CODE 21 ENGENT OF HISPAN city Cuban, Mexicas 2 XX(0 Specify N 16. MOTHER'S NAI BONN nd Number or Rural F ROAD B (Name AL 9-26	2. DATE OF DE MONTH 9 - 9 - 7. OATE OF BIF (Month, Day, 9 - 3 - 1 C) ATH ITY 222 IC ORIGIN? (Spen, Puerto Rican, Puerto Rican, Puerto Rican, IE BOLE Route Number, Chip ALTIMOR	DAY 23- 109. COL 109.	Count INTY OF E II. A RACE Spec Id. Blace Spec Id. Code) / LANT - City or T.	Maryland DEATH 10d. INSIDE CITY LIMITS? 1 VES XX NO WNAT COUNTRY? S.A. S.A. Ck, White, stc. Chy: WHITE
NONE 9a. FACILITY NAME (If not Institute SINAI HOSPIT RESIDENCE OF DECENT 10a. STATE 10 MARY LAND 10a. STREET AND NUMBER 7 WATERVIEW 11. MARITAL STATUS 1 Never Married 2 Max 3 Widowed 4 Divorces 15. OECEDI (Specify only high properties of the state of the stat	S. SEX 1 M 2 F 1 M 2 M 2 F 1 M 2 M 2 F 1 M 2 M 2 F 1 M 2 M 2 F 1 M 2 M 2 F 1 M 2 M 2 M 2 F 1 M 3 DECEDER 1 M 2 M 3 DECEDER 1 M 3 DECEDER 1 M 3 DECEDER 1 M 4 M 3 DECEDER 1 M 4 M 3 DECEDER 1 M 4 M 3 DECEDER 1 M 4 M 3 DECEDER 1 M 4 M 3 DECEDER 1 M 4 M 4 M 4 M 4 M 4 M 4 M 4	NT EVER IN U.S. A T S YES 2 WAR OR OATES 18a. D 18. JR.	PECEOENT'S Give kind of the box Noru DECEOENT'S Give kind of the box Noru DECEOENT'S ARMED NOT WA EE ANO DAT	IF UNDER 1 Y MONTHS D 9b. CITY, TO 13. WAL If y 1 E USUAL OCCI Work done duri se netical. TERVII E OF OISPOS OF OISPOS OF OISPOS OF OISPOS OF OISPOS OF OISPOS OF OISPOS OF OISPOS OF OISPOS OF OISPOS OF OISPOS OF OISPOS	DOWN OF BAL LOCATH 101. 101. 102. SSTREET MAN AND AND AND AND AND AND AND AND AND A	R LOCATION OF OE TIMORE C ON DUNDALK ZIP CODE 21 ENGENT OF HISPAN city Cuban, Mexican 2 XXO Specify N 18. MOTHER'S NAI BONN nd Number or Rural F ROAD B (Name AL 9-26	7. OATE OF BIF (Month, Dey. 9 – 3 – 1 G ATH ITY 222 IC ORIGIN? (Spen, Puerto Rican, Puerto Rican, ISb. KIND IE BOLE ALTIMOT OATE	OF BUSINESS/IN Maiden Surname) ES Y Or Town, State, Z RE, MAR 20c. LOCATION —	6. BIRTY COURT INTY OF E 14. BAC Spec DUSTRY ID Code) / LANT - City or T.	HPLACE (State or Foreign for) Maryland DEATH 10d. INSIDE CITY LIMITS? 1 YES XX NO WNAT COUNTRY? S.A. DE — American Indian, ck, Whita, atc. City: WHITE D 21222 Town, State
NONE 9a. FACILITY NAME (If not Institute SINAI HOSPIT RESIDENCE OF DECENT 10a. STATE 10 MARY LAND 10a. STREET AND NUMBER 7 WATERVIEW 11. MARITAL STATUS 1 Never Married 2 Max 3 Widowed 4 Divorces 15. OECEDI (Specify only high properties of the state of the stat	I M 2 F wition, give street and number) TAL DENT DENT DENT DENT DENT DENT DENT DENT DENT DENT DENT BALT IMOR ROAD 12. WAS DECEDET FORCES? IF YES, GIVE to THE STANDING OF	NT EVER IN U.S. A 1 YES 2 WAR OR OATES 18a. D 1/5. JR.	INMED NO NOT WAS BE ANO DATE AND DATE A	9b. CITY, TO 9b. CITY, TO 13. WAL 14. WAL 15. WAL 16. WORK done duri 16. WORK done duri 17. PENDAL 18. ADDRESS (S. TERVII) 18. OF OISPOS 18. OF OI	DOWN OF BAL LOCATH 101. 101. 102. SSTREET MAN AND AND AND AND AND AND AND AND AND A	R LOCATION OF OE TIMORE C ON DUNDALK ZIP CODE 21 ENGENT OF HISPAN city Cuban, Mexican 2 XXO Specify N 18. MOTHER'S NAI BONN nd Number or Rural F ROAD B (Name AL 9-26	(Month, Day, 9-3-19 ATH ITY 222 IC ORIGIN? (Spen, Puerto Rican, 19 16b. KIND IE BOLE ALTIMOT OATE	10g. CIT 10g. CIT 10g. CIT OF BUSINESS/IN Maiden Surname) ES Y Or TOWN, State, Z RE, MAR 20c. LOCATION —	Count INTY OF E II. A RACE Spec Id. Blace Spec Id. Code) / LANT - City or T.	Maryland DEATH 10d. INSIDE CITY LIMITS? 1 YES X NO WNAT COUNTRY? S.A. E — American Indian, ck, Whita, atc. City: WHITE
SINAL HOSPIT RESIDENCE OF DECER 10a. STATE 10 MARYLAND 10a. STREET AND NUMBER 7 WATERVIEW 11. MARITAL STATUS 1 Never Married 2 Ma 3 Widowed 4 Divorce (Specify only his Elementary/Secondary (0-12) N/A 17. FATHER'S NAME (First, Middle JOHN LAWRENCE 19a. INFORMANT'S NAME (First, Middle JOHN LAWRENCE 20a. METHOD OF DISPOSITION 1 WBurdel 2 Cremation 1 WBurdel 2 Cremation 1 WBurdel 2 Cremation 1 WBurdel 2 Cremation 1 Signature of Funeral S	BALTIMOR ROAD 12. WAS DECEDED FORCES? IF YES, GIVE 1 COILEGE (1-4 or 5 N/A) IN CESTIMONS, JR Print) JOHN L. SIMON REMOVE (1-4 or 5 N/A) REMOVE (1-4 or 5 N/A) REMOVE (1-4 or 5 N/A) REMOVE (1-4 or 5 N/A) REMOVE (1-4 or 5 N/A) REMOVE (1-4 or 5 N/A) REMOVE (1-4 or 5 N/A)	NT EVER IN U.S. A 1 YES 2 WAR OR OATES 18a. D 1 1 1 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1	DECEOENT'S Give kind of the bin not up to the bi	USUAL OCCUMENTAL SE REPORTEDATE ADDRESS (STERVII) E OF OISPOS (STERVII) E OF OISPOS (STERVII) E OF OISPOS (STERVII)	BAL LOCATHING TO THE STORY OF T	TIMORE C ON DUNDALK ZIP CODE 21 ENOENT OF HISPAN city Cuben, Mexicas 2 (X)(O Specify N it of working 18. MOTHER'S NAI BONN MM Number or Rural F ROAD B (Name AL 9-26	222 IC ORIGIN? (Spen, Puerto Rican, .: 16b. KIND ME (First, Middle, TE BOLE ROUTE Number, City ALTIMOT OATE	of Business/in Maiden Surname) ES Yor Town, State, Z RE, MAR 200. LOCATION —	II. RAC Blac Specific Code) // LANT - City or T.	10d. INSIDE CITY LIMITS? 1 YES XX NO WNAT COUNTRY? S.A. E.— American Indian, ck, Whita, atc. city: WHITE 21222 Town, State
TESIDENCE OF DECECTION. STATE MARY LAND 10e. STREET AND NUMBER 7 WATERVIEW 11. MARITAL STATUS 1 Never Married 2 Ma 3 Widowed 4 Divorce. 15. OCCEDI (Specify only high Elementary/Secondary (0-12) N/A 17. FATHER'S NAME (First, Middl) 19a. INFORMANT'S NAME (Type MR, & MRS, 20a. METHOD OF DISPOSITION 1 Never Married 21. SIGNATURE OF FUNERAL S 23. PART I. Enter the dise	BALTIMOR ROAD 12. WAS DECEDENT FORCES? IF YES, GIVE 1 LENT'S EQUATION gyheat grade completed) 10. College (1-4 or 5 N/A) 10. Lest) CE SIMONS, JR 10. JR 10. JR 11. TRANSON AND AND AND AND AND AND AND AND AND AN	NT EVER IN U.S. A 1 YES 2 WAR OR OATES 18a. D 1 1 1 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1	DECEOENT'S Give kind of the bin not up to the bi	13. WALL OCCI Work done during retired.) TPENDAL ADDRESS (STERVI) E OF OISPOS (proting place)	10f. 10f.	DUNDALK ZIP CODE 21 ENOENT OF HISPAN city Cubin, Mexicai 2 XX(0 Specify N 18. MOTHER'S NAI BONN nd Number or Rural F ROAD B (Name AL 9-26	222 IC ORIGIN? (Spen, Puerto Rican, Puerto R	of Business/in Maiden Surname) S or Town, State, Z RE, MAR)	U. 14. HACE Blace Spec Spec Spec Spec Spec Spec Spec Sp	LIMITS? 1 YES XX NO WNAT COUNTRY? S.A. E — American Indian, ck, Whita, atc. City: WHITE D 21222 Town, State
10a. STATE MARYLAND 10c. STREET AND NUMBER 7 WATERVIEW 11. MARITAL STATUS 1 Never Married 2 Ma 3 Widowed 4 Divorce 15. OECEDI (Specify only high Elementary/Secondary (0-12) N/A 17. FATHER'S NAME (First, Middl JOHN LAWRENC 19a. INFORMANT'S NAME (Typo- MR. & MRS. 20a. METHOD OF DISPOSITION 1 Nourish 2 Cremation 1 Nourish 2 Cremation 1 Nourish 2 Cremation 1 Surish 2 Cremation 2 Surish 2 Cremation 2 Surish 2 Cremation 1 Surish 2 Cremation 2 Surish 2 Cremation 2 Surish 2 Cremation 1 Surish 2 Cremation 2 Surish 2 Cremation 2 Surish 2 Cremation 2 Surish 2 Cremation 2 Surish 2 Cremation 2 Surish 2 Cremation 2 Surish 2 Cremation 2 Surish 2 Cremation 2 Surish 2 Cremation 2 Surish 2 Cremation 2 Surish 2 Cremation 2 Surish 2 Cremation 2 Surish 2 Cremation 3	BALTIMOR ROAD 12. WAS DECEDED FORCES? IF YES, GIVE 1 ENT'S EQUCATION gheet grade completed) College (1-4 or 5 N/A ie, Lest) CE SIMONS, JR Wrint) JOHN L. SIMON 1 3 □ Removal from State specify)	NT EVER IN U.S. A 1 YES 2 WAR OR OATES 18a. D 1 1 1 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1	DECEOENT'S Give kind of the bin not up to the bi	USUAL OCCI Work done duri Se retred. PENDAL TERVII E OF OISPOS OF OISPO	101. 101. 101. 101. 101. 101. 102. 103. 104. 105. 105. 106. 106. 107.	DUNDALK ZIP CODE 21 ENOENT OF HISPAN city Cuben, Mexicas 2 (X)(O Specify N of of working 18. MOTHER'S NAI BONN and Number or Rural F ROAD B (Name AL 9-26	IC ORIGIN? (Spen, Puerto Ricen, of Business/in Maiden Surname) S or Town, State, Z RE, MAR)	U. 14. HACE Blace Spec Spec Spec Spec Spec Spec Spec Sp	LIMITS? 1 YES XX NO WNAT COUNTRY? S.A. E — American Indian, ck, Whita, atc. City: WHITE D 21222 Town, State	
10e. STREET AND NUMBER 7 WATERVIEW 11. MARITAL STATUS 1 Never Married 2 Ma 3 Widowed 4 Divorce 15. OCCEDI (Specify only his Elementary/Secondary (0-12) N/A 17. FATHER'S NAME (First, Middl JOHN LAWRENC 19a. INFORMANT'S NAME (Type MR, & MRS, 20a. METHOD OF DISPOSITION 1 Neurisi 2 Cremation 4 Donation 5 Other (Sp 21. SIGNATURE OF FUNERAL S	ROAD 12. WAS DECEDER FORCES? IF YES, GIVE to ENT'S EQUATION gheat grade completed) College (1-4 or 5 N/A Io, Lest) CE SIMONS, JR VPrint) JOHN L. SIMON Removal from State	NT EVER IN U.S. A 1 YES 2 WAR OR OATES 18a. D 1 1 1 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1	DECEOENT'S Give kind of the bo NOT DE 9b. MAILING 7 WA E ANO DAT	USUAL OCCI work done duri se retred.) PENDAI ADDRESS (STERVII) E OF OISPOS (STERVII) E OF OISPOS (STERVII) E OF OISPOS	Street and EW I	ZIP CODE 21 ENGENT OF HISPAN city Cuben, Mexicas 2 XX(0 Specify Not of working 18. MOTHER'S NAI BONN and Number or Rural F ROAD B (Name AL 9-26	IC ORIGIN? (Spen, Puerto Ricen, of Business/in Maiden Surname) S or Town, State, Z RE, MAR)	U. 14. HACE Blace Spec Spec Spec Spec Spec Spec Spec Sp	1 — YES XX NO WNAT COUNTRY? S.A. EE — American Indian, ck, Whita, atc. City: WHITE D 21222 Town, State	
10e. STREET AND NUMBER 7 WATERVIEW 11. MARITAL STATUS 1 Never Married 2 Ma 3 Widowed 4 Divorce 15. OCCEDI (Specify only his Elementary/Secondary (0-12) N/A 17. FATHER'S NAME (First, Middl JOHN LAWRENC 19a. INFORMANT'S NAME (Type MR, & MRS, 20a. METHOD OF DISPOSITION 1 Neurisi 2 Cremation 4 Donation 5 Other (Sp 21. SIGNATURE OF FUNERAL S	ROAD 12. WAS DECEDER FORCES? IF YES, GIVE to ENT'S EQUATION gheat grade completed) College (1-4 or 5 N/A Io, Lest) CE SIMONS, JR VPrint) JOHN L. SIMON Removal from State	NT EVER IN U.S. A 1 YES 2 WAR OR OATES 18a. D 1 1 1 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1	DECEOENT'S Give kind of the bo NOT DE 9b. MAILING 7 WA E ANO DAT	USUAL OCCI work done duri se retred.) PENDAI ADDRESS (STERVII) E OF OISPOS (STERVII) E OF OISPOS (STERVII) E OF OISPOS	Street and EW I	ZIP CODE 21 ENGENT OF HISPAN city Cuben, Mexicas 2 XX(0 Specify Not of working 18. MOTHER'S NAI BONN and Number or Rural F ROAD B (Name AL 9-26	IC ORIGIN? (Spen, Puerto Ricen, of Business/in Maiden Surname) S or Town, State, Z RE, MAR)	U. 14. HACE Blace Spec Spec Spec Spec Spec Spec Spec Sp	wnat country? S.A. E.— American Indian, ck, Whita, atc. City: WHITE D. 21222 Town, State	
11. MARITAL STATUS 1 Never Married 2 Ma 3 Widowed 4 Divorce 15. OECEDI (Specify only his Elementary/Secondary (0-12) N/A 17. FATHER'S NAME (First, Middle JOHN LAWRENC 19a. INFORMANT'S NAME (Types MR. & MRS., 20a. METHOD OF DISPOSITION 1 VBurlel 2 Cremetton 4 Donetton 5 Other (Sp 21. SIGNATURE OF FUNERAL S 23. PART I. Enter the dise	In the second of	1 YES 2 WAR OR OATES 18a. D +) 18a. D	DECEOENT'S Give kind of the bo NOT DE 9b. MAILING 7 WA E ANO DAT	USUAL OCCI work done duri se retred.) PENDAI ADDRESS (STERVII) E OF OISPOS (STERVII) E OF OISPOS (STERVII) E OF OISPOS	VES: UPATION INT Street and EW SITION (CURIT	Note that the second of the se	IC ORIGIN? (Spen, Puerto Ricen, OF BUSINESS/IN Maiden Surname) ES y or Town, State, Z RE, MARS	14. RAC Black Special	E — American Indian, ck, White, atc. city: WHITE D 21222 Town, State	
11. MARITAL STATUS 1 Never Married 2 Ma 3 Widowed 4 Divorce 15. OECEDI (Specify only his Elementary/Secondary (0-12) N/A 17. FATHER'S NAME (First, Middle JOHN LAWRENC 19a. INFORMANT'S NAME (Types MR. & MRS., 20a. METHOD OF DISPOSITION 1 VBurlel 2 Cremetton 4 Donetton 5 Other (Sp 21. SIGNATURE OF FUNERAL S 23. PART I. Enter the dise	In the second of	1 YES 2 WAR OR OATES 18a. D +) 18a. D	DECEOENT'S Give kind of the bo NOT DE 9b. MAILING 7 WA E ANO DAT	USUAL OCCI work done duri se retred.) PENDAI ADDRESS (STERVII) E OF OISPOS (STERVII) E OF OISPOS (STERVII) E OF OISPOS	VES: UPATION INT Street and EW SITION (CURIT	Note that the second of the se	IC ORIGIN? (Spen, Puerto Ricen, OF BUSINESS/IN Maiden Surname) ES y or Town, State, Z RE, MARS	14. RAC Black Special	E — American Indian, ck, White, atc. city: WHITE D 21222 Town, State	
Specify only his Elementary/Secondary (0-12) N/A 17. FATHER'S NAME (First, Middle JOHN LAWRENCE 19a. INFORMANT'S NAME (Types MR. & MRS. 20a. METHOD OF DISPOSITION 1 VBurlel 2 Cremetton 4 Donation 5 Other (Special Control of Contro	in Lest) College (1-4 or 5 N/A in Lest) CE SIMONS, JR VPrint) JOHN L. SIMON Removal from State	*) IS. JR. 20b. PLAC	Give kind of the Do NOT u DE 9b. MAILING 7 WA	A ADDRESS (STERVII) E OF OISPOS OF THE CONTROL OF OISPOS	Street and EW 1	18. MOTHER'S NAI BONN IN Number or Rural F ROAD (Name) AL 9-26	ME (First, Middle, ITE BOLE) Route Number, Clip ALTIMOR	Maiden Surname) ES y or Town, State, Z RE, MARY	ip Code) /LANT - City or T	D 21222
Specify only his Elementary/Secondary (0-12) N/A 17. FATHER'S NAME (First, Middle JOHN LAWRENCE 19a. INFORMANT'S NAME (Types MR. & MRS. 20a. METHOD OF DISPOSITION 1 VBurlel 2 Cremetton 4 Donation 5 Other (Special Control of Contro	in Lest) College (1-4 or 5 N/A in Lest) CE SIMONS, JR VPrint) JOHN L. SIMON Removal from State	*) IS. JR. 20b. PLAC	Give kind of the Do NOT u DE 9b. MAILING 7 WA	A ADDRESS (STERVII) E OF OISPOS OF THE CONTROL OF OISPOS	Street and EW 1	18. MOTHER'S NAI BONN IN Number or Rural F ROAD (Name) AL 9-26	ME (First, Middle, ITE BOLE) Route Number, Clip ALTIMOR	Maiden Surname) ES y or Town, State, Z RE, MARY	ip Code) /LANT - City or T	Town, State
N/A 17. FATHER'S NAME (First, Middle JOHN LAWRENCE 19a. INFORMANT'S NAME (Type MR. & MRS	N/A In Lest) CE SIMONS, JR VPrint) JOHN L. SIMON 1 3 3 Removal from State section	15. JR.	DE 96. MAILING 7 WA	ADDRESS (STERVII)	Street and EW 1	18. MOTHER'S NAI BONN nd Number or Rural F ROAD B (Name) AL 9-26	TE BOLE Number, Cli ALTIMOT	ES or Town, State, Z RE, MARY onc. LOCATION —	LANT	Town, State
17. FATHER'S NAME (First, Middle JOHN LAWRENCE) 19a. INFORMANT'S NAME (Type-MR, & MRS,	In, Lest) CE SIMONS, JR VPrint) JOHN L. SIMON 1 3 3 Removal from State	IS, JR.	96. MAILING 7 WA	TERVII	Street and EW 1	BONN nd Number or Rural F ROAD B (Name AL 9-26	TE BOLE Number, Cli ALTIMOT	ES or Town, State, Z RE, MARY onc. LOCATION —	LANT	Town, State
JOHN LAWRENCE 194. INFORMANT'S NAME (Typo- MR, & MRS, 206. METHOD OF DISPOSITION 1 1	CE SIMONS, JR JOHN L. SIMON Removal from Stata	IS, JR.	7 WA	TERVIII	EW 1	BONN nd Number or Rural F ROAD B (Name AL 9-26	TE BOLE Number, Cli ALTIMOT	ES or Town, State, Z RE, MARY onc. LOCATION —	LANT	Town, State
19a. INFORMANT'S NAME (Type MR. & MRS. 20a. METHOD OF DISPOSITION 1 C Method of Donation 5 C Other (Sp. 21. SIGNATURE OF FUNERAL S 23. PART I. Enter the dise	VPrint) JOHN L. SIMON 1 3 □ Removal from State sectly)	IS, JR.	7 WA	TERVIII	EW 1	ROAD B (Name AL 9-26	ALTIMOR OATE	OF TOWN, State, Z RE, MARS	LANT	Town, State
MR, & MRS,	JOHN L. SIMON 3 Removal from State	S. JR.	7 WA	TERVIII	EW 1	ROAD B (Name AL 9-26	ALTIMOF	RE, MARS	LANT	Town, State
20a. METHOD OF DISPOSITION 1	3 □ Removal from State	20b. PLAC	E ANO DAT	e of olspos or other place E MEM(ORI	(Name AL 9-26	OATE	onc. LOCATION -	- City or T	Town, State
20a. METHOD OF DISPOSITION 1	3 □ Removal from State	20b. PLAC		E MEM	ORI	AL 9-26				
4 Donation 5 Other (Sp. 21. SIGNATURE OF FUNERAL S	pecify)	MEADO	WRTDG	22. NA	ME AN		-1991	DORSE	V. M	ATOVIAMO
21. SIGNATURE OF FUNERAL S 23. PART I. Enter tha dise	***	rend	WICEDO	22. NA	ME AN					
	P. Con	rendo		DUI		D ADDRESS OF FA	CILITY			
					DA-1	RUCK FUN WISE AVE	ERAL HO	ME OF 1 DUNDALK		ALK INC. 21222
	ases, or complications the rt fallure. List only one ca			not anter th	na mod	da of dying, auci	h as cardiac o	r reapiratory a	rrest,	Approximete interval Between Onset and Des
IMMEDIATE CAUSE (Final disease or condition		7.7		17 - C.C.		Diagram				
resulting in death)	a,	O (OR AS A CONS			llan	Disease				21 day
	OUL IN	O (ON AS A CONS	LOOENOL C	. ,.						į
Sequentially list condition	b	2 (02 12 1 00)	FOLIENOF 6	-						
if sny, leading to immedia	ite i	O (OR AS A CONS	EOUENCE O	P):						i
CAUSE (Disease or Injury	C									
that initiated events resulting in death) LAST	DOE 10	O (OR AS A CONS	EOUENCE O	H-):						
resulting in death) EAST	d									
PART II. Other significant	conditions contributing to	o desth but not	resulting	in the unde	ertying	ceuse given in	Part i. 24a.	WAS AN AUTOPS	24	b. WERE AUTOPSY FINOING
		.,					3	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
							— l¹-2	YES 2 NO	- 1	OF DEATH?
									- 1	1 TYES 2 NO
				U						
25. WAS CASE REFERRED TO N						ACE OF DEATH (Ch	eck only one)			
EXAMINER?	HOSPITAL: 1 文Inpatient 2	☐ ER/Outpatient	3 DOA	OTHER:		e 5 🗆 Residence	8 Other (Spe	offy)		
27. MANNER OF DEATH	28a, DATE O	F INJURY	28b. TII	AE OF 2	8c. INJL	URY AT		HOW INJURY O	CCUREO	
1 🖔 Netural 5 🗌 Per	nding	Day, Year)	IN	JURY M		RIC7 (ES 2 NO				
a C Sudalda	restigation 28e. PLACE	OF INJURY — At I	home, ferm				281 LOCATION	(Street and Numb	er or Pare	I Boute Number
	ould not be building termined	g, atc. (Specify)	ratiff,	oriest (Eutor)	y, ornot		City or Tow		. v num	THE PARTY OF THE P
(ontook only	YING PHYSICIAN: To the best of AL EXAMINER: On the besia of									(a) and manner as stated.
29b. SIGNATURE AND TITLE OF	CERTIFIER				_	29c. LICENSE NUI	WBER	29d, D/	TE SIGNE	ED (Month, Day, Year)
014	V-LACO-D	irector	,Divi	sion o	of			L		
30. NAME AND ADDRESS OF P	Moon	atology				D-1928	/1		9-2	23-91

Sinai Hospital, 2401 W. Belvedere Ave. Baltimore, 32. REGISTRAR'S SIGNATURE

Md.,21215



ner must be notified at once.

	8	@ B	2	ľ
6,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely may be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremitten	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	executed	and co	matic e	
SC	cate be	hysician prior t	or trau	
9	h certific	Inding p Hygieni	or other	
S,	the deat	the atte	njury,	
2	es that i	gned by	s any	
THOUSE OF	w requir	been si	show	
AL	The la	ate has	tem 23	
>	ICIAN	the S	0.	
107	G PHYS	er this cath with	narked,	
0	ENDIN	DR: Aft ter des	S is	
	OR ATT	DIRECTO	tem 2	
	SPITAL	VERAL Jin 72 1	VT: If	
	HE HO	HE FUN	ORTA	
	10	5 5	IMP	

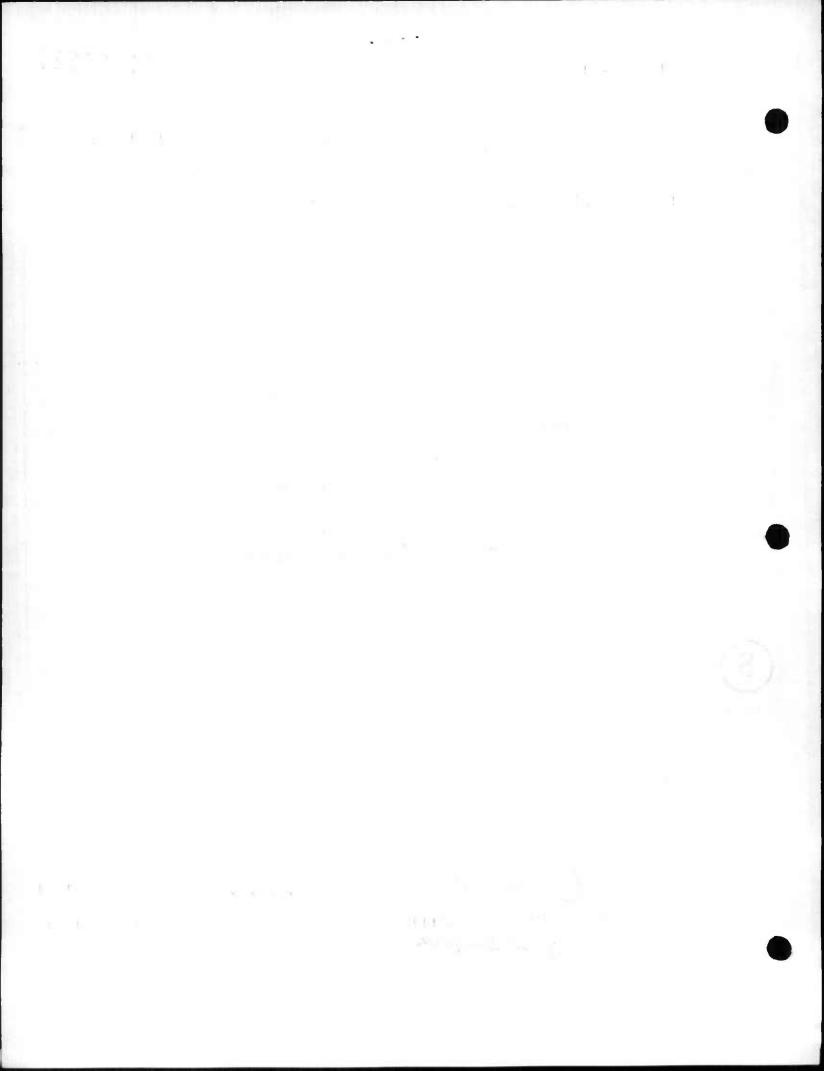
DECEDENT'S NAME (Firs	st, Middle, Last)				3-1-1-1			DF DEATH		3. TIME OF DEATH	1
Matt St	ephen	son Jr.					MONT 9	25		91 4:40	A
SOCIAL SECURITY NUM		5. SEX	6. AGE (In yr	s. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		8. BIRTHPLACE (State or Fon	ign
16-52-20	69	1 X M 2 F	43	YRS.	MONTHS DAYS	HOURS MIN.	2	1.5	48	Virginia	
. FACILITY NAME (# not	institution, give	street and number)			9b. CITY, TOWN	DR LOCATION OF D	EATH			ITY DF DEATH	
Residence		05 Quan	tico	Ave.	Balti	imore, M	Mary	land			
ESIDENCE OF DE	10b. COUNT	ry		10c, CITY,	TOWN DR LOCA	ITION				10d. INSIDE CITY LIMITS?	
Md.				В	Baltimo	ore				1 X YES 2 1	ID.
. STREET AND NUMBER	R				10	H. ZIP CODE			10g. CITIZ	ZEN OF WHAT COUNTRY?	
2805 Qua	ntico	Avenue				21215				USA	
MARITAL STATUS Never Merried 2 Widowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO	If yes, s	CENDENT DF HISPAI pecify Cuban, Mexico 8 2 ND Specif	in, Puerto		n or No—	14. RACE — American India: Black, White, etc. Specify: Black	٦,
	CEDENT'S ED		16	a. DECEDENT'S L			168	. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary	nly highest gred (0-12)	College (1-4 or 5	+)	Ille. Do NOT use		ost of working					
10.00				Cleri	.cal			Bus	ines	SS	
FATHER'S NAME (First,						16. MOTHER'S NA					
Matt Ste		on Sr.						Louis			
Math Cto		on		The second state of the second		end Number or Rural					
Matt Ste	-	OII	1				enue			Md. 21215	
Burlel 2 Cremet	llon 3 🗆 Rer	noval from Stata	ott	her place)		emetery, crematory or	2			City or Town, State	
☐ Donation 5 ☐ Othe	BF (SDBC/IV)		I WE	STATE	STATE	Cemeter	7	IC at	onsv	ville, Md.	
1. SIGNATURE OF FUNER		Walter	20	h	22. NAME /	AND ADDRESS OF FA	CILITY	Derri	ck C	. Jones F.	
23. PART I. Enter the shock, or MMEDIATE CAUSE (Filseese or condition	diecesse, or	complications the	at caused thuse on each	ne deeth. Do no	22. NAME A 4611 of enter the m	Park He	eigh	Derri ts Av	ck Cre. B	Jones F. Balto., Md. Peat, Approximatinterval Be Onset and	te twee
23. PART I. Enter the shock, or MMEDIATE CAUSE (Filseese or condition eaulting in death) Sequentially list cond fany, leading to immeuse. Enter UNDERL' CAUSE (Disease or in hat initiated events	diecece, or heert fellure	complications the List only one cer e. MASS DUE TO b. DUE TO c.	at caused the use on each loss of core as a co	ne deeth. Do no	22. NAME A 4611 ot enter the m	Park He	eigh	Derri ts Av	ck Cre. B	C. Jones F. Balto., Md. Peat, Approximation interval Be Onset and	te twee
1. SIGNATURE OF FUNER 23. PART I. Enter the shock, or MMEDIATE CAUSE (Fiseese or condition eaulting in death) Sequentially list cond if any, leading to immove the condition in death in the condition in the condit in the condition in the condition in the condition in the condi	dieeeeee, or heert feilure	complications the List only one cer e. MASS DUE TO b. DUE TO d. DUE TO	at caused thuse on each	ie deeth. Do no illne. SQUEMMINSEOUENCE OF ONSEOUENCE OF ONSEOUENCE OF	22. NAME A 4611 of enter the m OUS CO	Park He ode of dying, aud	ciury eigh chaa car 2CIN	Derri ts Av dlec or reep	ck Cre. B	Approximatinterval Be Onset and On Part Approximatinterval Be Onset and Onse	te twee Deat
23. PART I. Enter the shock, or MMEDIATE CAUSE (Filseese or condition eaulting in death) Sequentially list cond if any, leading to immeuse. Enter UNDERL' AUSE (Disease or in hat initiated events eaulting in deeth) LA	dieeeeee, or heert feilure	complications the List only one cer e. MASS DUE TO b. DUE TO d. DUE TO	at caused thuse on each	ie deeth. Do no illne. SQUEMMINSEOUENCE OF ONSEOUENCE OF ONSEOUENCE OF	22. NAME A 4611 of enter the m OUS CO	Park He ode of dying, aud	ciury eigh chaa car 2CIN	Derri ts Av dlec or reep	Ck Cre. E Iratory arr CA AUTOPSY RMED?	Salto., Md. Peat, Approximatinterval Be Onset and	te twee Deat
3. PART I. Enter the shock, or MMEDIATE CAUSE (Filseese or condition eaulting in death) Sequentially list cond I any, leading to immediate. Enter UNDERLE CAUSE (Disease or in hat initiated events eaulting in deeth) LA	diecece, or heert feilure	complications the List only one cere b. DUE TO c. DUE TO d	at caused thuse on each	ie deeth. Do no illne. SQUEMMINSEOUENCE OF ONSEOUENCE OF ONSEOUENCE OF	22. NAME A 4611 of enter the m CUS CO : : : : : : : : : : : : : : : : : :	Park He ode of dying, aud	eigh chas car 2CIN	Derri ts Av diec or reep	Ck Cre. E Iratory arr CA AUTOPSY RMED?	24b. WERE AUTOPSY FI	te twee Deat
23. PART I. Enter the shock, or MMEDIATE CAUSE (Filseese or condition reaulting in death) Sequentially list cond fi any, leading to immediate. Enter UNDERLICAUSE (Disease or in hat initiated events reaulting in deeth) LA	diecece, or heert feilure	complications the List only one cer e. MASS DUE TO b. DUE TO d. DUE TO	of caused thuse on each	ie deeth. Do no illne. SQUEMMINSEOUENCE OF ONSEOUENCE OF ONSEOUENCE OF	22. NAME A 4611 of enter the m OUS CO	PARK He ode of dying, aud	eigh chaa car CUN Part I.	Derri ts Av diec or reep 24a. WAS AA PERFD 1 □ YES	Ck Cre. E Iratory arr CA AUTOPSY RMED?	24b. WERE AUTOPSY FI	te twee Deat
Sequentially list cond fam, leading to immediate CAUSE (Fiseese or condition resulting in death) Sequentially list cond fam, leading to immediate CAUSE (Disease or in that initiated events resulting in deeth) LA PART II. Other algnific 5. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH	diecece, or heert feilure	complications the List only one cere. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 2ee. DATE DI (Month, in)	of Cor As A Cor Or Or	DISEQUENCE OF DISEQUENCE OF DISEQUENCE OF DISEQUENCE DE DI	22. NAME A 4611 ot enter the m CUS CUS CUS CUS CUS CUS CUS CUS	PACE OF OEATH (C) PLACE OF OEATH (C) TOTAL Residence LJUSY AT VES 2 ND	Part I.	Derri ts Av dlec or reep 24a. WAS AN PERFD 1 VES:	AUTOPSY RMED?	24b. WERE AUTOPSY FIRMALLABLE PRIOR I COMPLETION OF COMPLE	te twee Deat
S. PART I. Enter the shock, or MMEDIATE CAUSE (Fiseese or condition reauting in death) Sequentially list cond fam, leading to immediate UNDERL. CAUSE (Disease or UNDERL. CAUSE (Disease or UNDERL. CAUSE (Disease or UNDERL. CAUSE (Disease or UNDERL. CAUSE (Disease or UNDERL.) CAUSE (Disease or UNDERL.) CAUSE (Disease or UNDERL.) CAUSE (Disease or UNDERL.) CAUSE (Disease or UNDERL.) CAUSE (Disease or UNDERL.) CAUSE (Disease or UNDERL.) CAUSE (Disease or UNDERL.) CAUSE (Disease or UNDERL.) CAUSE (Disease or UNDERL.) CAUSE (Disease or COURT (DISEASE) CAUSE (DISEASE)	dieeeee, or heert feilure district dist	complications the List only one cet e. MASS DUE TO b. DUE TO d. DUE TO d. DUE TO d. Inpatient 2 28e. PLACE 0	of Cor As A Cor Or Or	DISEQUENCE OF DI	22. NAME A 4611 ot enter the m CUS CUS CUS CUS CUS CUS CUS CUS	PACE OF OEATH (C) PLACE OF OEATH (C) TOTAL Residence LJUSY AT VES 2 ND	Part I.	Derri ts Av dlec or reep 24a. WAS AN PERFD 1 VES:	INJURY OCC	24b. WERE AUTOPSY FINANCIABLE PRIOR COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF DEATH?	te twee Deat
3. PART I. Enter the shock, or MMEDIATE CAUSE (Filseese or condition eaulting in death) Gequentially list cond find any, leading to immediate. Enter UNDERL'AUSE (Disease or in intrinsical events esuiting in deeth) LA PART II. Other aignifications of the shock of	diecese, or heert feilure diecese, or heert	complications the List only one cer e	of Cor As A Cor Or	DISEOUENCE OF DI	22. NAME A 4611 ot enter the m 26. If OTHER: 4 Nursing Ho EURY M 1 treet, fectory, offi	Park He ode of dying, aud The Code of dying, aud The	Part I. 201 De to the ce	Derri ts Av diec or reep 24a. WAS AN PERFD 1 YES : re) scriBe How CATION (Street or Town, State	INJURY OCI	24b. WERE AUTOPSY FINANCIAN PROPERTY OF DEATH? 1 YES 2 SA	Death NOING TO AUSE
ART I. Enter the shock, or MMEDIATE CAUSE (Filseese or condition eaulting in death) Sequentially list cond a any, leading to immeuse. Enter UNDERL'CAUSE (Disease or in hat initiated events eaulting in deeth) LAPART II. Other algnific eaulting in Death LAPART II. Other algnific eaulting in Death LAPART II. Other algnific eaulting in deeth LAPART II. Other algnific eaulting in Check only in Cause eaulting in C	dieeeee, or heert feilure finel heert feilure finel heert feilure finel heert feilure finel heert feilure finel heert condition from the finel finel heert condition from the finel	complications that. List only one cet e. MRSS DUE TO b. DUE TO c. DUE TO d	of CRAS A CO O (OR AS A CO O (DISEOUENCE OF DI	22. NAME A 4611 ot enter the m 0005 Cl i: i: i: i: i: i: i: i: i: i	Park He ode of dying, aud The Code of dying, aud The	Part I. 201 DE 281 LOCAL time, det	Derri ts Av diec or reep 24a. WAS AN PERFD 1 YES : re) scriBe How CATION (Street or Town, State	AUTOPSY HAMED?	24b. WERE AUTOPSY FINANCIAN COMPLETION DF CO	Death NOING TO AUSE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

iming physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should life prior to burial, cremation, or removal. certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTOR: After this certificate has been so be filed within 72 hours after death with the State Dept. of Heal IMPORTANT: It item 28 is marked, or item 23 shown

,	
TE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN
ISTRAR	CEDTIFICATE OF DEATH

	1 - STATE REGISTRAR	OIME OF MAILE		ICATE OF		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH			3. TIME O	OF DEATH
- 1	Gwendoline	Muriel		Shor	+	09 24	AY 1.0	YEAR Q 1	8:2	0 p M
3	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHP	LACE (Sh	ete or Foreign
	213-82-8160	1 M 2 K F	70 yrs.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	20	Engla	and	200
	9e, FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWN	OR LOCATION OF DE			TY OF OE		
OR	1086 Tunbride	re Road		Baltin	0.00			N/A		
ᇈ	1086 Tunbride RESIDENCE OF DECEDENT							W/A		
DIRECTOR				Y, TOWN OR LOC					10d, INSIC	DE CITY
	Maryland N/1	4	Ba	ltimore						2 NO
FUNERAL	1086 Tunbridge	Road			01. ZIP CODE 21212			zen of wi		ITRY?
5	11. MARITAL STATUS	12. WAS OECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS OF	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yes		14. RACE	— Americ	en Indien,
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR		1 TYE	pecify Cuben, Mexice S 2 X NO Specif	n, Puerto Rican, etc.)		Specify Whit		2,
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION te completed)	18e. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/IND	USTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during n se retired.)	ost or working					
MP		4 Yrs.	Tele-Pr	inter		B.O.A.C.				
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden	Surneme)			
8	Frederick John 1	veal			Violet					
2	190. INFORMANT'S NAME (Type/Print) Lawrence V. Shot	rt	196. MAILING	ADDRESS (Street		Poute Number, City or Tow Baltimore			nd 21	1212
	20e. METHOD OF DISPOSITION 1 Burlel 2 N Cremation 3 Ref	20	b. PLACE AND DATE	OF OISPOSITION (A	lama of		CATION —	_		
	4 Donallon 5 Other (Specify)	novali from state	reen Mou	nt Ceme	tery ·		Ltimo			and
	21. SIGNATURE OF FUNERAL SERVICE L	1 1	,	22. NAME /	ND ADDRESS OF FA	CILITY				
	* Kathlier	111	oly	6415	C. Miller Belair Ro	ad, Baltin	more,	Mary	/land	1 21206
	23. PART I. Inter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease Dr condition resulting in deeth)	complications that cause. List only one cause on a	ed the death. Do a			der Di			Intai	roximata rvsi Batwean et and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS .	A CONSEQUENCE OF	F):						-
DICAL	PART II. Other significant condition	na contributing to death i	but not resulting	in the underlying	g cause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	6	AVAILABLE	ON OF CAUSE
ME						_		1	T YES	2 🗌 NO
AN	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER.	LACE OF DEATH (Che					
<u>~</u>	27. MANNER OF DEATH	1 Inpatient 2 ER/Out 28s. DATE OF INJURY	patient 3 DOA 28b. TIM		ne 3 Residence					
ВУР	1 Return 5 Pending Investigation	(Month, Day, Year)	INJ	URY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCC	URED		
COMPLETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, lerm, a	street, lactory, offi	•	281. LOCATION (Street e City or Town, State)	and Number	or Rural Roo	ute Numbe	4.
J.	29e. CERTIFIER (Check only	BICIAN: To the beet of my know	riedge, death occurre	ed at the time det	and place and dis-	to the equactes and		4		
Ž I	one) 2 MEDICAL EXAMIN	ER: On the basis of examination	end/or investigation	n, in my opinion,	feath occured at the	time, date end place, en	d due la the	couse(s)	end mann	er on stated
	200 MONATURE AND TITLE OF CERTIFIE		1		29c. LICENSE NUM					
2	Manne	es le M						SIGNED (A		
2	30. NAME AND ADDRESS OF PERSON WE	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	0.C.	M.E.	- (09	25	1991
		reket AX	(1)		root D	21+im2	Messe	. 1	7 0	1201
	31. DATE FILED (Month, Day, Year) SFP 9 7 1991	32. REGISTRAR'S SIGN	ATURE CONTRACTOR	EIIII ST	reer, B	altimore	Mar	vian	<u>a</u> 2	1201



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	The this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be attended for the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	m 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.	
TENDING PHYSICIAN: The law requires that the	The Atter this certificate has been signed by the	18 is marked, or item 23 shows any inju	
年	E E	F	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	REGISTRAR		CERTIF	ICATE C	F DEATH	REG.	NO.			
		Schaeffer,	Sr.			2. DATE OF DEATH MONTH Sep. 25,	1861	YEAR 3	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 212-10-2391	1 M 2 F	75 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year 05/19/10		8. BIRTHPL Country) Mary	LACE (State or Foreign	
TOR	99. FACILITY NAME (If not Institution, give Meridian Nursing RESIDENCE OF DECEDENT				N OR LOCATION OF I	DEATH	9c. cour Balti	NTY OF DEA		
DIRECTOR	100 STATE 100 COUNT	10c, Cl	Catons	cation SVille				0d. IHSIDE CITY LIMITS?		
FUNERAL	2 Poolside Court	, Apt 1-D			21228		USA	TIZEH OF WHAT COUNTRY?		
ВҰ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes,	DECENDENT OF HISPA specify Cuben, Mexic (ES 2 HO Spec		Yes or Ho	14. RACE - Black, V Specify: White	- American Indian, White, atc.	
ED	15. DECEDENT'S EDU (Specify only highest grade	ICATIOH	16e. DECEDENT'S	USUAL OCCUP	ATION	16b, KIND OF	BUSIHESS/IHD			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Chauffe	work done during se retired.)	most of working	Trucki	.na			
	17. FATHER'S NAME (First, Middle, Last) George Schaeffer				18. MOTHER'S N	AME (First, Middle, Main				
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Stre		Route Number, City or	Town State 7in	Code		
T0	Rose Chalkley Sc.		2 Poo	lside C	ourt, Apt	Catonsvil	le	Md	21228	
	1 Suriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	ioval from Stata	b. PLACE AND DATE	ge Memo	rial Park	124/41	Dorsey	, Mar	vland	
	21. SIGNAPURE OF POWERAL SERVICE LI	CEHSEE	2	22. NAME	AND ADDRESS OF F	Spring Ro	Funer	al Ho	me	
	23. PARTY. Enter the diseases, or	complications that cause	ed the death. Do						Approximete	
	shock, or heart failure. IMMEDIATE CAUSE (Finei disease or condition resulting in death)	List Unity Ona Cause On	aach iina.		carlin	1	nd		Interval Between Onset and Death	
ATION	Sequentielly list conditions, If any, lauding to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease Dr injury thet initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):						
	PART II. Other aignificant condition	te contribution to death	h							
: MEDICAL	Otter agrinoani Condition	is contributing to death	but not resulting	in the underly	ing ceuse given in	PERI	AN AUTOPSY FORMEO? 2 MO	AN CC Of	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION DF CAUSE F DEATH? YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF DEATH (C)	best astronal				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Ou	patient 3 DOA	QTHER:	ome 5 - Residence					
r PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b, TIM	E OF 26c.	NJURY AT WORK?	2ad. DESCRIBE HO	W IHJURY OCC	URED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE OF IHJUR building, etc. (Sp.	Y — At home, ferm,			261. LOCATION (Stree City or Town, Ste	et and Number (or Rural Rout	te Number,	
COMPLET	290. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my known	wledge, death occurr	ed at the time, d	eta end placa, and du	to the cause(s) and r	nanner ee state	d.		
	29b. SIGNATURE AND TITLE OF CHAMPLE	R: On the basis of examination	on end/or investigation	n, in my opinion			end due to the	ceuse(s) er	nd menner es stated.	
TO BE	(///				29c. LICENSE NU	Yrgh	≥ 9d. DATE	SIGNED (M	onth, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WH HOWARD J G	O COMPLETED CAUSE OF D	^ -	Print)	Cart	Ball	2001	11-1	A MOZUS	
	31. DATE FILED (Month, Day, Year) SEP 2.7 1991	32. REGISTHAR'S SIGN	NATURE	UIC		HUAC,	AN DO	IDIO	own, MDZ1133	
	041 67 1991	TUMBUNDUH diren	- LIGHTON DE							

1811. 11

DHMH-16 Rev 1/89

-	=
	O
	2
	.5
ď.	₽
9	₹
7	B
∞	Š
9	8
-	8
2	9
\mathbf{O}	60
$\mathbf{\alpha}$	at
-	ĵ,
0	5
٧.	8
₾.	=
-	Ba
S	O
0	The law requires that the death certificate be executed within 24 hours
~	-
-	Pa
\circ	10
O	ě
ш	3
~	ě
_	*
_	10
4	90
-	5
=	R
_	畜
LL.	В.
0	Æ
~	10
z	CD
0	3
\simeq	물
S	W
=	5
>	~
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	0
	-
	K
	0.
	8
	I
	4
	THE HOSPITAL OR ATTENDING PAPER
	0

- 6	1. DECEDENT'S NAME	(First, Middle, Last)						2. DATE OF D	DAY	,	YEAR	3. TIME OF DEAT
		16	Ethe1	M. Wo	olfe				9	25		991	9:30 P
- 6	4. SOCIAL SECURITY	NUMBER	5. SEX	6. AGE (In yrs. la	est birthday)	IF UNDER 1 YEAR		ER 24 HRS.	7. DATE OF B (Month, Day			8. BIRT Cour	THPLACE (State or Fo
	216 05	1453	1 M 2 X F	83	YRS.	MONTHS DAY	HOURS	MIN.	12/15		7		arvland
	9e. FACILITY NAME (#	f not institution, give	street end number)			9b. CITY, TOW	N OR LOCA	TION OF OR			9c. COU		
СТОВ	Cherrywood Manor Care Centre					Reis	terst	own			В	Balt	imore Co
5	RESIDENCE OF	T											T
DIRE	10e. STATE	10b. COUN			1	Y, TOWN OR LO							10d. INSIDE CITY
	Maryland		1timore C	County	Re	eisters							1 □ YES 2 🔀
34	104. STREET AND NU			- 1/14			101. ZIP CO			- 4			WHAT COUNTRY?
NER		Reisters	town Road	-				136				S.A	
FUN	11. MARITAL STATUS 1 Never Married	2 Married	12. WAS DECEDEN		NO				IIC ORIGIN? (S _f n, Puerto Rican		or No-	14. RAG	CE — Americen India ock, White, etc.
B	3 🕅 Widowed 4	_	IF YES, GIVE \	WAR OR DATES		101	YES 2 X NO	Specify	r:			Spe	White
8	11	5. OECEOENT'S EC	DUCATION	16a, D	ECEDENT'S	USUAL OCCUPA	ATION		18b. KIN	D OF BUS	INESS/IND	DUSTRY	WIII CE
		cify only highest gra-	de completed)		(Give kind of vite. Do NOT us	work done during se retired.)	most of wor	king	1000 1000				
4	7th Gra		College (1-4 or 5		lousew	rife			Uc	ome M	iakar	_	
COMI	17. FATHER'S NAME (F			- 1	Jusew	110	18. MO	THER'S NA	ME (First, Middle			_	
D III			George M.	Cord				Anni	e E. H	Jamne	on		
0	190, INFORMANT'S NA		ocorde H.	7	19b. MAILING	ADDRESS (Stre	eet and Numb					p Code)	
임	Colleen	Dennste	adt	19.5	2804	Oak G	rove	Aveni	e Bal	timo	re.	Mar	yland 21
	20s. METHOO OF DIS	POSITION		20b. PLAC		E OF DISPOSITI			DATE				Town, State
	1 Donation 5		moval from State	of cemetar	ry crematory	or other place)	-	Davle	1				e, Marvl
	21. SIGNATURE OF FL		LICENSEE	- 1 GTEII	паче		E AND ADDR			GTE	en Bu	TL III	e, Maryi
		0 0	CLO.	00.5		Con	YOU T	Cov		1	Llow	- D	. 3
		the diseases, or, or heert fellure	r complications the	at caused tha duse on each lin	ne.	400 not anter tha	1 Rit	chie lylng, suc	4	Balti or respir	more	e, M	
IFICATION	shock, IMMEDIATE CAUS disease or condition resulting in desth Sequentially list of if any, leading to cause. Enter UND CAUSE (Disease of that intitleted evan	the diseases, o, or heert fellure E (Final on) onditions, immediate ERLYING or injury its	e	at caused tha	ruly EQUENCE OF	400 not anter tha	1 Rit	chie lylng, suc	Hwy . F	Balti or respir	more	e, M	Approxim
AL CERTIFICATION	shock, IMMEDIATE CAUS disease or condition resulting in destrict Sequentially list of if any, leading to cause. Enter UND CAUSE (Disease of that initiated evan resulting in death	the diseases, o, or heert fellure E (Finel on) conditions, immediate ERLYING or injury its	e	at caused that cause on each life of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the cons	TEOUENCE OF	400 not anter tha	1 Rit mode of d	chie lyling, suc	Hwy. F h as cardiac est	Balti or respir	MOTE ratory and	e, M	Approximinterval B Onset and
: MEDICAL CERTIFICATION	shock, IMMEDIATE CAUS disease or condition resulting in destrict Sequentially list of if any, leading to cause. Enter UND CAUSE (Disease of that initiated evan resulting in death	the diseases, o, or heert fellure E (Finel on) conditions, immediate ERLYING or injury its	e	at caused that cause on each life of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the cons	TEOUENCE OF	400 not anter tha	1 Rit mode of d	chie lyling, suc	Hwv. F h as cardiac est	Balti or respir	MOTE ratory and analysis of the second secon	e, M	Approximinterval B Onset and Onset a
: MEDICAL	shock, IMMEDIATE CAUS disease or condition resulting in death Sequentially list of if any, leading to cause. Enter UND CAUSE (Disease of that initiated evan resulting in death	the diseases, or, or heert fellure E (Finel on) conditions, immediate ERLYING or injury its) LAST	e	at caused that cause on each life of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the cons	TEOUENCE OF	400 not anter tha	1 Rit mode of d	chie lyling, suc	Part I. 24a	a. WAS AN / PERFORI	MOTE ratory and analysis of the second secon	e, M	Approximinterval B Onset and Onset a
CAL	shock, IMMEDIATE CAUS disease or condition resulting in desth Sequentially list of if any, leading to cause. Enter UND CAUSE (Disease of that initiated evan resulting in death PART II. Other sig	the diseases, or, or heert fellure E (Final lon	b. DUE TO d. HOSPITAL:	of OR AS A CONS	EQUENCE OF	400 not anter tha F): F): In the underly	1 Rit mode of d	Chie lying, suc	Part I. 24a	a. WAS AN. PERFORI	MOTE ratory and analysis of the second secon	e, M	Approximinterval B Onset and Onset a
: MEDICAL	shock, IMMEDIATE CAUS disease or condition resulting in death Sequentially list of it any, leading to cause. Enter UND CAUSE (Disease of that initiated evan resulting in death PART II. Other sig	the diseases, or, or heert fellure E (Final Ion Ion Ion Ion Ion Ion Ion Ion Ion Ion	e. DUE TO d. DUE TO d. HOSPITAL: 1 Inpatient 2	at caused that course on each life of the course of the co	EQUENCE OF	## 400 not anter that the interest of the underly in the underly i	I Ritt mode of d ying cause s. PLACE OF	Chie lying, suc	Part I. 24a	a. WAS AN. PERFORM	AUTOPSY MED?	Trest,	Approximinterval B Onset and Onset a
PHYSICIAN: MEDICAL	shock, IMMEDIATE CAUS disease or condition resulting in death resulting in death Sequentially list of if any, leading to cause. Enter UND CAUSE (Disease of that initiated evan resulting in death PART II. Other signal of the sequential sequent	the diseases, or, or heert fellure E (Finel on	e. DUE TO b. DUE TO d. One contributing to	of COR AS A CONS O COR AS A CONS O COR AS A CONS O COR AS A CONS O COR AS A CONS O COR AS A CONS	EQUENCE OF THE PROPERTY OF THE	400 not anter tha F): F): In the underly 4 CL Minsing to AE OF 28c. JURY 28c.	1 Rit mode of d	Chie lying, suc	Part I. 24a	a. WAS AN. PERFORM	AUTOPSY MED?	Trest,	Approximinterval B Onset and Onset a
ED BY PHYSICIAN: MEDICAL	shock, IMMEDIATE CAUS disease or condition resulting in death Sequentially list of if any, leading to cause. Enter UND CAUSE (Disease of that initiated evan resulting in death PART II. Other signal of the sequential sequ	the diseases, or, or heert fellure (conditions, immediate ERLYING or injury its (conditions) (co	b. DUE TO d. DUE TO	at caused that course on each life of the course of the co	EQUENCE OF TEMPORAL TO THE COLUMN TO THE COL	F): In the underly OTHED 4 CLAMPING 1	ying cause	Chie lying, suc	Part I. 24a eck only one) 8 Other (Sp 28d. DESCRIII	. WAS AN PERFORM YES 2	AUTOPSY MED?	Trest,	Approxim Interval B Onset and Onset
ETED BY PHYSICIAN: MEDICAL	shock, IMMEDIATE CAUS disease or condition resulting in death Sequentially list of it any, leading to cause. Enter UND CAUSE (Disease of that initiated evan resulting in death PART II. Other signal of the sequential of the seque	the diseases, o, or heert fellure of the conditions, immediate ERLYING or injury its of the condition of the	b. DUE TO d. DUE TO	at caused that course on each life to the course of the co	EQUENCE OF The Section 19 1 3 DOA 1	## 1 A Company A Compa	I Rit mode of d	Chie lying, suc	Part I. 24a Part I. 24a Other (Sp 28d. DESCRIII 28f. LOCATIO City or To	a. WAS AN PERFORM YES 2 Oncity) BE HOW IN ON (Street e. www., State)	AUTOPSY MED?	24 CCURED or or Auranted.	Ab, WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 3
ED BY PHYSICIAN: MEDICAL	shock, IMMEDIATE CAUS disease or condition resulting in death sequentially list of if any, leading to cause. Enter UND CAUSE (Disease of that inflitted evan resulting in death PART II. Other signal of the cause of	the diseases, or or heert fellure or or heert fellure or on the fellure or on the fellure or injury its or injury	b. DUE TO c. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO DUE TO One contributing to Value Duilding VSICIAN: To the best of NER: On the basis of	at caused that a consum of the	EQUENCE OF Tresulting To DOA 28b. TIME 19 13 DOA 28b. TIME 19 13 Control of the court of	## 400 not anter tha ## ## ## ## ## ## ## ## ## ## ## ## ##	ying cause ying cause s. PLACE OF Home 8 INJURY AT WORK? YES 2 office date and pla in, death occ	Chie lying, suc	Part I. 24a Part I. 24a Other (Sp 28d. DESCRIII 28f. LOCATIO City or 76 to the couse(s time, date and	a. WAS AN PERFORM YES 2 Oncity) BE HOW IN ON (Street e. www., State)	AUTOPSY MED? TUNO NJURY OC INDEX TO THE T	CCURED or or Auranted.	Ab, WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 3

DIVISION

	1. DECEDENT'S NAME (First, Middle, Last)					- 01	DEAI			TEG. NO.			
1	List of the control o	. T.		,.	1 /	1:11			2. DATE OF	DEATH		YEAR :	S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	QUELIA 6. AGE (In yrs. les		1		IAMS		7	72		9/	6 Am
	610-79-9230	IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE OF (Month, P	LACE (State or Foreign						
	98. FACILITY NAME (if not institution, give street and number)					TY, TOWN OR LOCATION OF DEATH							
0	SINA! ILAS PITA!								AIH		9c. COUN	TY OF DEA	ТН
2	RESIDENCE OF DECEDENT					lti	more						
E C	10s. STATE 10b. COUNT	Υ		10c. CIT	TY, TOWN O	R LOCAT	CHON						
DIRECTOR	Md		1.69	B	ALT	-	nok	12	,				Od. INSIDE CITY LIMITS? YES 2 NO
A	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CITIZ	EN OF WH	AT COUNTRY?
FUNERAL	2623 204	OLA 3	SOUTH	5W	44		21	121	5				. A.
5	11. MARITAL STATUS	12. WAS DECEDENT			13. V	MAS DEC	ENDENT OF	F HISPAN	IC ORIGIN? (S	pecify Yas o		14. RACE -	- American Indian.
	1 Never Married 2 Married	FORCES? 1 [10			ecify Cuban		, Puarlo Rica	n, etc.)		Black,	White, etc.
ВУ	3 ★ Widowed 4 Divorced		., .,, .,,			_ TES	2 110	эреспу.				Specify:	
COMPLETED	15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON		16b. KII	ND OF BUSIN	FSS/INDU	STOV	Black
ᆸ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(G	ive kind of	work done dise retired.)	luring mo	st of working	7	100.110.	0. 00011	123711100		
7	11th Grade	Conlege (1-4 or 5 +)		500	mri t		0551						
M	17. FATHER'S NAME (First, Middle, Last)			sec	curit	СУ							
-	, , , , , , , , , , , , , , , , , , , ,	3 7 3					1000		AE (First, Midd				
H	Charles Edwar	d Jordan					Ch	ris	tine	Morg	an		
0	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS	(Street a	nd Number o	or Rural A	loute Number, (City or Town,	State, Zip (Code)	
-	Christine Jor	dan	2	508	W. T	laf:	avet	te	Ave	Ba 1 +	imo	6	MD 21216
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rem		20b. PLACE	AND DATE	OF DISPOSIT	TION /Ne	me of	3.5.		20c. LOCA			
	1	oval from Stata	cometent cro	motoni or c	there alees 1			7-	1				
	21. SIGNATURE OF FUNERAL SERVICE LIG	CENSEE	TALDU	Lus	Memo) L I C	di P	arĸ	9/28	Ba]	tim	ore	Co., MD
	. 6 , 0		0		22. N	TAME AN	ID AUDRES	S OF FAC	Nut	ter	Fune	eral	Homes In
	Crnest K	/cerre	1. ds.		1 2 5	01	Gwy	nns,	Fall Maryl	s Pa	rķwa	Y.	
	23. PART I. Enter the diseases, or about or heart fellure	complications that	caused the de	ath Do	not enter t	the mo	de of dula	C / 1	Mar yr	and	212	10	Approximate
	ahock, or hasrt fallura. IMMEDIATE CAUSE (Final disease or condition resulting in daath)	DUE TO (C	M AS A COMSES	UENCE O	A	K	ty	t	tw	MA.			interval Between Onset and Death
CERTIFICATION	Sequentially list conditiona, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C)	HAS A CONSECUTE AS A CONSECU	KUENCE O	- Co	2r	i de		.Ha	NX.	Di	H	4~
	PART II. Other significant condition	s contributing to d	eath but not re	esulting	in the und	darlying	cause of	ven in F	Part I. 244	. WAS AN AU	TOPSY	24b W	ERE AUTOPSY FINDINGS
2										PERFORM		A	MILABLE PRIOR TO
MEDICAL									3.0	YES 2	NO		OMPLETION DF CAUSE F DEATH?
-									_ [/		1	☐ YES 2 ☐ NO
Ž													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 VINO 1 Ingelled 2 ERPOrtestion 2 DOS OTHER:												
¥ I	27. MANNER OF DEATH	-	RiOotpatient 3		4 🗆 Nursi		\rightarrow	_	Other (Sp				
	1 Natural 5 Pending	28s. DATIF OF IN (Month, Day,		26b. TIM INJ	E OF 2	28c. INJU			28d. DESCRIE	BE HOW INJ	JRY OCCU	RED	
B	2 Accident Investigation				M	1 🗌 Y	ES 2	NO					
	3 Suicide 8 Could not be	28s. PLACE OF building, et	INJURY - At hor	ne, ferm, s	street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				te Number,	
E	4 Homicide determined		(City or 10	wn, State)			
7 1	290. CERTIFIER	CIAN: To the heat of	. beautate de			-							
COMPLETED	(Check only one) MEDICAL EXAMINE	CIAN: To the best of m	y knowledge, des	nn occurr	ed at the tim	ne, date	end place, e	end due t	o the cause(a	and menne	r as stated	l.	
8		R: On the beals of axer	mination and/or if	TVestigatio	n, in my op	inion, de	ath occured	d at the ti	ime, data and	place, and d	lue to the	cause(a) a	nd menner as stated.
BE	296 SIGNATURE AND TITLE OF CERTIFIER	6	10				29c. LICEN	SE NUME	BER	2	9d. DATE S	SIGNED IN	iunth, Day, Year)
	1 willow	up n					DZ	52	550		D 4	121	191
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)				- 3		10	77	
	Kubert 11	NILLIA	ms L	F2	00	E0	MON	CON	SON A	tre	15	tac	021229
	SFP 9 7 1001	32. REGISTRAR	S SIGNATURE	1.00									

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First	, Middle, Last)									2. DATE OF				3. TIME OF DEATH
ROBERT D	ANIEL	WILSO	N							09	25		991	Рм
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In	yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE OF	BIRTH		8. BIRTI	IPLACE (State or Foreign
242-18-2625		1 X M 2 - F	69		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, E		922	NOR	TH CAROLINA
9a. FACILITY NAME (If not in	stitution, give s	street and number)				9b. CITY	TOWN	OR LOCATI	ON OF DE	ATH			NTY OF D	DEATH
8389 ELM RO	AD					MIL	LER	SVILL	E			AN	INE A	RUNDEL
RESIDENCE OF DEC	10b. COUNT	v			40 - CITY	TOWN		471011						
MD		ARUNDEL				ITY, TOWN OR LOCATION ILLERSVILLE					10d. INSIDE CITY LIMITS?			
10e, STREET AND NUMBER	ANNE	ARUNDEL			PLL	LLEK		DLE Of, ZIP COD						1 YES 2 NO
														WHAT COUNTRY?
SAME AS # 9		12. WAS DECEDEN	IT EVER IN I	19 ADA	ecn.	12.	WAS DE	21108		HC ORIGIN? (.A.	
1 Never Married 2		FORCES? 1 IF YES, DIVE W	YES	2 XN	0	1 1	t yes, s	specify Cuba	n, Mexica	n, Puarto Rici	on, etc.)	or No-	Blac	E — American Indian, k, White, atc.
3 🔀 Widowed 4 🗌 Divo	rced	1 123, 0112 1	an on bar				YE	S 2 X NO	Specin	<i>f</i> :			Spec	WHITE
15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)	1	18a. DEC	EDENT'S I	USUAL O	CUPAT	ION nost of working		16b. KI	ND OF BUS	INESS/INI	DUSTRY	111111111111111111111111111111111111111
Elamentary/Secondary (0		College (1-4 or 5		life.	Do NOT use	retired.)	running in	IOST OF WORK	v					
8		NONE	M	IECH	ANIC					WE	LL PU	MP I	NSTA	LL.
17. FATHER'S NAME (First, M	100				017					ME (First, Mick	de, Maiden	Surname)	-	The state of the s
W	C.		W	ILS					ANNI					ATE
19a, INFORMANT'S NAME (I					AME A			and Number	or Rural F	Poute Number,	City or Town	, State, Zip	Code)	
ROBERT WILS										-				
1 X Burial 2 Crematio	n 3 🗌 Rem	oval from State	camet	ery, crem	ND DATE O	ner place)				DATE			-	own, Stata
4 Donation 5 Other 21. SIGNATURE OF FUNERAL		CENSEE	- IMT.	VI	EW M			PARK		Dit 1774	BLAG	CK MI	ľ., ľ	N. C.
18	15	,								ERAL I	HOME			
23. PART I. Enter the di	Nati	Occ.				1	SE	COND	AVE.	S.W.	GLEN	BUR	NIE,	MD 21061
disease or condition resulting in death) Sequentisity list conditi if sny, lasding to immecause. Enter UNDERLYI CAUSE (Disease or injuthat initiated evente resulting in death) LAS	diate ING Iry	с	(OR AS A C		JENCE OF):):	M	æ	J	free	8			Onsst and Death
PART II. Other significa	nt condition	e contribution to	doeth but		outiles le		al section of			I				
		- continuoting to	death but	not re	auting ii	i the un	oarryn	ng ceuse g	liven in	Pert 1. 24	a. WAS AN A		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
										1	YES 2	NO		COMPLETION OF CAUSE DF DEATH?
										_				1 TYES 2 DING
25. WAS CASE REFERRED TO	O MEDICAL				_		28 5	N ACE OF D	EATU M	ack only one)				
EXAMINER?	_	HOSPITAL:	ER/Outnet	lent 3		OTHER	1:	1507			14 . 7			
27. MANNER OF DEATH		28a. DATE OF	INJURY	1	28b. TIME	DF	28c. IN	JURY AT	sidenca	8 Other (S 28d. DESCR	-	JURY OC	CURED	
	Pending Investigation	(Month, D.	ay, Year)		INJU	M	W	YES 2	NO	+ ***				
2 0 2 4 4	Could not be	28a. PLACE O	F INJURY -	At hom	e, term, et	rest, tacto	ory, offi	ca				nd Number	or Rural F	Route Number,
	determined	Sunding,	etc. (Specify,	,						City or T	own, State)			
29a. CERTIFIER	IFYING PHYSI	CIAN: To the best of	my knowled	ige, deat	h occurred	at the ti	me, dat	a and place.	and due	to the causel	a) and man	ner se etel	ed.	
one) 2 MEDI	CAL EXAMINE	gron the spale of an	camination a	ind/or In	veatigation	, in my o	pinion,	death occur	ed at the	time, data and	d place, and	due to th	na cause(a) and manner as stated.
	OF CENTIFIED	-		_		_	-	29c, LICE						(Month: Day: War)
SO, NAME AND ADDRESS OF	OFFICEN WA	Dee-e	- N	1)	hint		DI	85	29		12	6-	reta/
31. DATE FILED (MAGES, GRADE)	Low	estip,	. 6	00	KII	261	1	Hy	9	Ster	31,	Hy	me	rada M
SEP	27 1	9912 MEGISTRA	ns sident		-Asnd	482		. for					4	2140

I hjury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CE	KIIFK	AIE	FDEATH	T	REG. N	O	-	
and the second second second second	CEO		5.711 T.O.	177		MON		DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	WHIT	F UNDER 1 YEAR	IF UNDER 24 HRS.	0 9	2 3 E OF BIRTH	3 19		PLACE (State or Foreign
076-16-4984	1 G-M 2 🗆 F	76		ONTHS DAYS		(Mor	nth, Day, Year)	015	Country)
9a. FACILITY NAME (If not institution, give s	street and number)	70	9	b. CITY, TOWN	OR LOCATION OF		31	1915	A OF DE	labama
LIBERTY MEDIC	AL CENT	ER		BALT	TIMORE					MORE
10a. STATE 10b. COUNT			10c CITY 1	TOWN OR LOC						
Maryland										10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER				Balti	MOTE Of, ZIP CODE			T 40- 0171		1 XXYES 2 NO
_3211 Sequoia	Avenue				21215					
11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. ARM	1ED	13, WAS DE	CENDENT OF HISP		IN? (Specify V	U Or No		American Indian.
1 Never Married 2 Merried	FORCES? 1	AER 5 THU	0	It yes, i	specify Cuban, Maxies 2 NO Spec	can, Puarto		0	Black, Specifi	White, atc.
3 Widowed 4 Divorced						ary.			Specin	Black
15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DEC	EDENT'S US	WAL OCCUPAT k done during n etired.)	ION nost of working	16	b. KIND OF B	JSINESS/INO	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +	,								
17. FATHER'S NAME (First, Middle, Last)	ollege 4	4 P	rint	er/Te	acher				Pos	t/Balto
George White					18. MOTHER'S N					
19a. INFORMANT'S NAME (Type/Print)		Lan					Freem			
Jennie D. White	0				and Number or Rura					21215
20a. METHOD OF DISPOSITION	e				ia Ave					21215
1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify En	oval from Stata	20b. PLACE AN	natory or other	place)		1		OCATION —		
21. SIGNATURE OF FUNERAL SERVICE LIC		Wood	lawn		tery	9/	2/ Ba	ltimo	ore	Co, MD
1 10	1			2501	C	T =	Nutte	r Fui	nera	1 Homes 1
Ke mes K.	1Em 1			14301	GWVnns	s ra	IIS P	コドドボニ	4 V	
23. PART I. Enter the diseases, or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition	List only one ceus	se on eech line.		Balt enter the m		Mar ch aa ca	yland rdlec or reap	212 piratory arm	216 eat,	
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. APTRA	caused the dee	JENCE OF):	Balt enter the m	ode of dying, su	Mar ch aa ca	yland rdlec or reap	212 piratory arm	216 eat,	intervel Between
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate	a. AFTER DUE TO (caused the dee se on each line. OSCUE PU (OR AS A CONSEOU	JENCE OF):	Balt enter the m	ode of dying, su	Mar ch aa ca	yland rdlec or reap	212 piratory arm	216 eat,	intervel Between
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. APTER/ DUE TO (COLUMN (OR AS A CONSEOL	JENCE OF): JENCE OF):	enter the m	1More, ode of dying, su	Mary ch as car	VI and rdiec or real PICC	212 212 AUTOPSY RMED?	216 eat,	Intervel Betwee Onset and Dea
IMMEDIATE CAUSE (Final diaesse or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury thet initiated events resulting in death) LAST	a. APTER/ DUE TO (COLUMN (OR AS A CONSEOL	JENCE OF): JENCE OF):	enter the m	1More, ode of dying, su	Mary ch as car	VI and rdiec or reap P(S)	212 212 AUTOPSY RMED?	216 pat,	Intervel Betwee Onset and Dea
IMMEDIATE CAUSE (Final diaesse or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury thet initiated events resulting in death) LAST	a. APTER/ DUE TO (COLUMN (OR AS A CONSEOL	JENCE OF): JENCE OF):	enter the m	1More, ode of dying, su	Mary ch as car	VI and rdiec or real PICC	212 212 AUTOPSY RMED?	216 pat,	Intervel Betwee Onset and Dea
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Diabetes mellitus	a. APTER/ DUE TO (b. DUE TO (d. DUE TO (COLUMN (OR AS A CONSEOL (OR AS A CONSEOL (OR AS A CONSEOL (OR AS A CONSEOL (OR AS A CONSEOL (OR AS A CONSEOL deeth but not reconsected)	JENCE OF): JENCE OF): JENCE OF):	enter the m	1More, ode of dying, su	Marych as call	VI and rdiec or reason PIC	212 212 AUTOPSY RMED?	216 pat,	Intervel Betwee Onset and Dea
IMMEDIATE CAUSE (Final diaease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Diabetes mellitus	a. APTER/ DUE TO (COLUMN (OR AS A CONSEOL (OR AS A CONSEOL (OR AS A CONSEOL (OR AS A CONSEOL (OR AS A CONSEOL (OR AS A CONSEOL deeth but not reconsected)	JENCE OF): JENCE OF): Suiting in t	THER:	ode of dying, su OVASCU The course given in	Mary ch as call LAK	PISON PERFORMANCE TO THE PERFORM	212 212 AUTOPSY RMED?	216 pat,	Intervel Betwee Onset and Dea
IMMEDIATE CAUSE (Final diaease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Diabetes mellitus 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH	a. APTER/ DUE TO (b. DUE TO (c. DUE TO (d	CAUSED THE CONSEQUENCE OF AS A CONSEQUENCE OF	JENCE OF): JENCE OF): JENCE OF): Builting in to the control of	the underlyle	ode of dying, su OVASCU The course given in PLACE OF DEATH (Course 5 - Residence JURY AT	Mary	PISON PERFORMANCE TO THE PERFORM	212 Platory arm AUTOPSY RMED? 2 NO	216 pat,	Intervel Betwee Onset and Dea
IMMEDIATE CAUSE (Final diaease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury thet initiated events resulting in death) LAST PART II. Other significant condition Diabetes mellitus 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (CAUSED THE CONSEQUENCE OF AS A CONSEQUENCE OF	JENCE OF): JENCE OF): JENCE OF): Builting in t	the underlying the underlying the underlying the second	ode of dying, su NASCU The course given in PLACE OF DEATH (Course 5 - Residence	Mary	PISON PERFORMANCE (Specify)	212 Platory arm AUTOPSY RMED? 2 NO	216 pat,	Intervel Betwee Onset and Dea
IMMEDIATE CAUSE (Final diaease or condition reculting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Diabetes mellitus 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	B. DUE TO (DUE	CAUSED THE CONSEQUENCE OF AS A CONSEQUENCE OF	JENCE OF): JENCE OF): JENCE OF): JENCE OF): JENCE OF): JENCE OF): JENCE OF):	26. F THER: Nursing Ho F 28c. IN Nursing Ho F 28c. IN Nursing Ho F	ode of dying, su DVASCU The seldence JURY AT ORK? YES 2 NO	Mary ch as call check only a s oth 28d. OE	24a. WAS ALPERFO	212 Pleatory arm AUTOPSY RIMED? 2 NO	216 pat, 24b.	WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IMMEDIATE CAUSE (Final diaease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other significant condition Diabetes mellitus 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 1 Suicide 6 Could not be determined	B. DUE TO (DUE	CAUSED HEROLE (OR AS A CONSEOL (OR AS A CONSEOL	JENCE OF): JENCE OF): JENCE OF): JENCE OF): JENCE OF): JENCE OF): JENCE OF):	26. F THER: Nursing Ho F 28c. IN Nursing Ho F 28c. IN Nursing Ho F	ode of dying, su DVASCU The seldence JURY AT ORK? YES 2 NO	Mary ch as call check only a s oth 28d. OE	24a. WAS AI PERFO	212 Pleatory arm AUTOPSY RIMED? 2 NO	216 pat, 24b.	Intervel Betwee Onset and Dea
IMMEDIATE CAUSE (Final diaease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significant condition Diabetes mellitus 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation investigation 3 Suicide 6 Could not be determined Check only 1 CERTIFVING PHYSIC	B. DUE TO (b. DUE TO (c. DUE TO (d. B. CONTRIBUTING TO (d. B. CONTRIBUTING TO (MOSPITAL: 28a. OATE OF I (Month. De) 28a. PLACE OF building, a	Caused the dee se on each line. COSCUE PU (OR AS A CONSEOUTOR	JENCE OF): JENCE OF): JENCE OF): Builting in to a second of the secon	THER: Nursing Ho V W W at, tactory, offi	ode of dying, su OVASCU The School of Death (Come 5 Residence JURY AT ORK? YES 2 NO ce	Mary ch as call LAK Part I. S Oth 28d. 0E	24a. WAS AI PERFO 1 VES CATION (Street or Rown, Stellands and management)	212 Plattory arm AUTOPSY RMED? 2 NO INJURY Occ and Number	24b. 1	Intervel Betwee Onset and Dea
IMMEDIATE CAUSE (Final diaease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Diabetes mellitus 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	B. DUE TO (b. DUE TO (c. DUE TO (d. B. CONTRIBUTING TO (d. B. CONTRIBUTING TO (MOSPITAL: 28a. OATE OF I (Month. De) 28a. PLACE OF building, a	Caused the dee se on each line. COSCUE PU (OR AS A CONSEOUTOR	JENCE OF): JENCE OF): JENCE OF): Builting in to a second of the secon	THER: Nursing Ho V W W at, tactory, offi	ode of dying, su OVASCU The School of Death (Come 5 Residence JURY AT ORK? YES 2 NO ce	Mary ch as call LAK Part I. S Oth 28d. 0E	24a. WAS AI PERFO 1 VES CATION (Street or Rown, Stellands and management)	212 Plattory arm AUTOPSY RMED? 2 NO INJURY Occ and Number	24b. 1	Intervel Betwee Onset and Dea
IMMEDIATE CAUSE (Final diaease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significant condition Diabetes mellitus 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation investigation 3 Suicide 6 Could not be determined Check only 1 CERTIFVING PHYSIC	B. On the basis of exp.	Caused the dee se on each line. COSCUE PU (OR AS A CONSEOUTOR	JENCE OF): JENCE OF): JENCE OF): Builting in to a second of the secon	THER: Nursing Ho V W W at, tactory, offi	ode of dying, su OVASCU The School of Death (Come 5 Residence JURY AT ORK? YES 2 NO ce	Mary ch as call LAR Part I. S Oth 28d. 0E 28t. LO(Ch)	24a. WAS AI PERFO 1 VES CATION (Street or Rown, Stellands and management)	212 Pleatory arm NAUTOPSY RMED? 2 NO INJURY Occ and Number inner as state and due to the	24b. 24b. URED or Rural Ro	Intervel Betwee Onset and Des
IMMEDIATE CAUSE (Final diaease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significant condition Diabetes mellitus 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 21. MEDICAL EXAMINE	a. APTER DUE TO (b. DUE TO (c. DUE TO (d	Caused the deese on each line. COCCEPT (OR AS A CONSEOUTOR AS	JENCE OF): JENCE OF): JENCE OF): Builting In to the course of the cou	the underlyle 26. F THER: Nursing Ho Strictory, offile at, tactory, offile at the time, dat a my opinion,	ng ceuse given in PLACE OF DEATH (Come 5 Residence JURY AT ORK? YES 2 NO ce a and placa, and du death occured at th	Mary ch as call LAR Part I. S Oth 28d. 0E 28t. LOC City e to the call time, det.	24a, WAS AL PERFO 1 VES CATION (Street or Town, Stella and place, a and place, a	212 Plattory arm NAUTOPSY RMED? 2 NO INJURY OCC and Number and due to the	24b. 24b. URED or Rural Ro d. cause(s)	Intervel Betwee Onset and Deal Properties of the
IMMEDIATE CAUSE (Final diaease or condition reculting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseees or injury their initiated events resulting in death) LAST PART II. Other significant condition Diabetes mellitus 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Investigation Pending Investigation Pendi	a. APTER DUE TO (b. DUE TO (c. DUE TO (d	Caused the deese on each line. COCCEPT (OR AS A CONSEOUTOR AS	JENCE OF): JENCE OF): JENCE OF): Builting In to the course of the cou	the underlyle 26. F THER: Nursing Ho Strictory, offile at, tactory, offile at the time, dat a my opinion,	ng ceuse given in PLACE OF DEATH (Come 5 Residence JURY AT ORK? YES 2 NO ce a and placa, and du death occured at th	Mary ch as call LAR Part I. S Oth 28d. 0E 28t. LO(Ch)	24a, WAS AL PERFO 1 VES CATION (Street or Town, Stella and place, a and place, a	212 Plattory arm NAUTOPSY RMED? 2 NO INJURY OCC and Number and due to the	24b. 24b. URED or Rural Ro d. cause(s)	Intervel Betwee Onset and Deal Properties of the Number, and menner es stated.
IMMEDIATE CAUSE (Final diaease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significant condition Diabetes mellitus 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 21. MEDICAL EXAMINE	a. APTER DUE TO (b. DUE TO (c. DUE TO (d	Caused the dee se on each line. COCCEPT (OR AS A CONSEOUTOR A	JENCE OF): JENCE OF): JENCE OF): Builting In to the course of the cou	THER: Nursing Ho F Y M 1 at, tactory, offi	DUASCU To couse given in PLACE OF DEATH (C) The S Residence JURY AT ORK? YES 2 NO Ce a and placa, and du death occured at the 29c. LICENSE NL O. C	Mary ch as call check only of s Oth 28d. OE 28t. LOC Chy e to the call the	24a. WAS AI PERFO 1 VES CRIBE HOW CATION (Street or Fown, Stella and main and place, a	NAUTOPSY RIMED? 22 NO INJURY OCC and Number as state and due to the 29d, OATE 0	24b. 24b. URED or Rural Ro d. signeo (1)	Intervel Betwee Onset and Des

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that be the destined within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Meillar Frygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1991

31. DATE FILED (Month, Day, SEP 27

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

182 REGISTRAR'S SIGNATURE who Daydoon - Hondoon

900 5

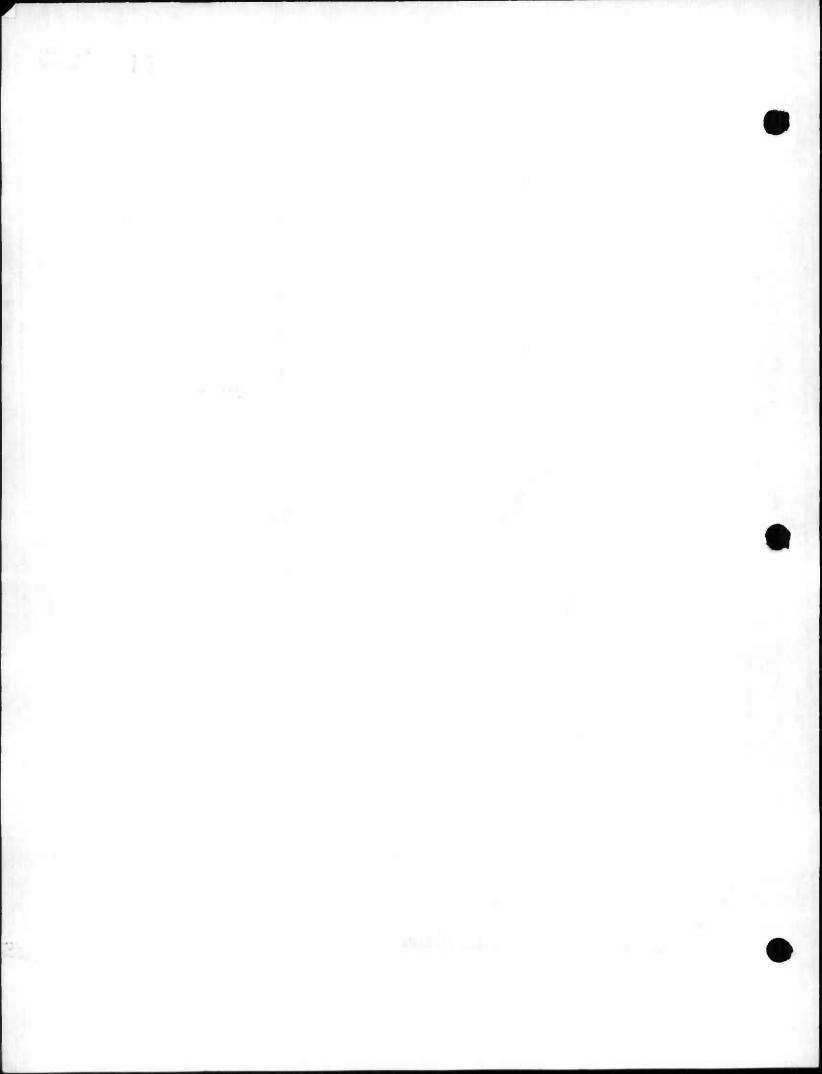
1. DECEDENT'S NAME (First, Middle, Last) BA B BC 4. SOCIAL SECURITY NUMBER	silliams					2. DAT			7 (3. TIME OF DEATH
	1 2 M 2 D F	E (In yrs. lest birthda YRS	MONTH	DER 1 YEAR DAYS	HOURS MIN.	(Mor	E OF BIRTH oth, Day, Year)		Country)	LACE (State or For
9a. FACILITY NAME (If not institution, give STAGNES HORRESTORNE)	street and number)		9b. C	. 11-	A LOCATION OF	DEATH		The second second	ty of DE	
MARYAND BA	time			N OR LOCATI						IOd. INSIDE CITY
813 STAM (01	D 20 B	affin	uno	101.	ZIP CODE	9		10g. CITIZ	EN OF WH	TAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	1	If yes, spe	ENDENT OF HISP city Cuban, Maxi 2 NO Spec	can, Puerto	N? (Specify Ye Rican, etc.)	a or No-	14. RACE - Black, Specify: BLA	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	UCATION le completed) Collège (1-4 or 5+)	18a. DECEDENT (Give kind a life. Do NOT	of work don	ne durina mos	N It of working	16	b. KIND OF BU	SINESS/INDU		IOR
17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S N		Middle, Maiden		AMS	
19a, INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADORE	ESS (Street an	nd Number or Rure	al Route Nun	nber, City or Tow	m, State, Zip (Code)	
20a, METNOD OF DISPOSITION 1 Department 2 Cremetton 3 Rem	noval from State	0b. PLACE AND DAT emetery, crematory o	r other plac	(e)		DA		CATION — CI		n, Stata
4 Donalion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LII		EW CATHE	DERA	I CEM	FTFRV	19/	27 B	ALTIMO	ORF.	
	CENSEE_ A) ICL	
> m Nost	CENSEE	/	² H	2. NAME AND	D ADDRESS OF P	ACILITY	OME IN	С		
23. PART I. Enter the diseases, Dr.	Coleman complications that cause	ed the death. Do	2 H 4	UBBAR	D ADDRESS OF I D FUNER ILKENS	ACILITY AL H	OME IN	C LTIMOR	RE, M	D. 2122
23. PART I. Enter the disease, Dr shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Coleman complications that caus List only one cause on	each line.	H 4	2. NAME AND IUBBAR 107 W or the mod	D ADDRESS OF IT. D FUNER LILKENS le of dying, au	ACILITY AL H	OME IN	C LTIMOR	RE, M	D. 2122 Approximat Interval Bet Onast and (
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	Coleman complications that cause	A CONSEQUENCE	H 4 o not ent	2. NAME ANI IUBBAR 107 W oer the mod	D ADDRESS OF IT. D FUNER LILKENS le of dying, au	ACILITY AL H	OME IN	C LTIMOR	RE, M	Approximat
iMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause on List only one cause on a. TMMAT DUE TO (OR AS OUE TO (OR AS C.	A CONSEQUENCE	P not ent	2. NAME ANI IUBBAR 107 W oer the mod	D ADDRESS OF IT. D FUNER LILKENS le of dying, au	ACILITY AL H	OME IN	C LTIMOR	RE, M	Approximat
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complications that cause on List only one cause on DUE TO (OR AS OUE TO (OR AS DUE	A CONSEQUENCE A CONSEQUENCE	2 H 4 4 O not ent	2. NAME ANI (UBBAR 107 West the mod	D ADDRESS OF I D FUNER ILKENS is of dying, au	AL H	OME IN	C LTIMOF irstory arre-	RE, M	Approximat interval Bet Onset and I
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	complications that cause on List only one cause on DUE TO (OR AS OUE TO (OR AS DUE TO	A CONSEQUENCE A CONSEQUENCE	2 H 4 4 O not ent	2. NAME ANI (UBBAR 107 West the mod	D ADDRESS OF I D FUNER ILKENS is of dying, au	AL H	OME INC UE, BA	C LTIMOF Iratory arres	RE, M	Approximat interval Bet Onaet and I
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complications that cause on List only one cause on DUE TO (OR AS OUE TO (OR AS DUE TO	A CONSEQUENCE A CONSEQUENCE	2 H 4 4 O not ent	2. NAME ANI (UBBAR 107 West the mod	D ADDRESS OF I D FUNER ILKENS is of dying, au	AL H	OME INCLUE, BA	C LTIMOF Iratory arres	Z4b. W	Approximat interval Bet Onaet and I
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions.	complications that cause on List only one cause on DUE TO (OR AS OUE TO (OR AS DUE TO	A CONSEQUENCE A CONSEQUENCE	2 H 4 4 O not ent	2. NAME ANIIUBBAR 107 Wer the mod 2. YTTL	D ADDRESS OF ID FUNER (ILKENS) le of dying, au cause given in	ACILITY AL HI AVEN	OME INCLUE, BA	C LTIMOF Iratory arres	Z4b. W	Approximat interval Bet Onaet and I Onaet
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	complications that cause on List only one cause on DUE TO (OR AS OUE TO (OR AS DUE TO	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE but not resulting	OF):	2. NAME ANI (UBBAR 107 Wer the mode) VTAC UMALE	D ADDRESS OF ID FUNER ILKENS ie of dying, au cause given in	AVEN	OME INCLUE, BA	C LTIMOF Iratory arres	Z4b. W	Approximat interval Bet Onaet and I Onaet
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	complications that caus List only one cause on a. TMMAT DUE TO (OR AS b. QUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE but not resulting	OF):	2. NAME ANIIUBBAR 107 Wer the mod 2. TAC LUCK LUCK LUCK 26. PLA ER: LUCK LUCK 28. PLA LUCK	D ADDRESS OF ID FUNER I LKENS To of dying, au Cause given in CE OF DEATH (C	AVEN	OME INCLUE, BA	C LTIMOF Iratory arres	RE, Mat,	Approximat interval Bet Onaet and I Onaet
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	Complications that caus List only one cause on a	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE but not resulting	OF): OF): OTHER OF NUMBER OF NUMBER OF	2. NAME ANIIUBBAR 107 Wer the mod	D ADDRESS OF ID FUNER ILKENS is of dying, au Cause given is Cause given is The property of the property of	ACILITY AL HI AVEN Ich as car Ich	OME INUE, BA	AUTOPSY IMED?	24b. W AA COO	Approximat interval Bet Onast and I Onast
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	Complications that caus List only one cause on a	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE but not resulting tipetient 3 DOA 28b. Till active At home, farm ecity)	OF): OF):	2. NAME ANIIUBBAR 107 Wer the mod 2. The mod	D ADDRESS OF ID FUNER ILKENS To of dying, au Cause given in CE OF DEATH (C) S Rasidenca RY AT KY S NO	ACILITY AL HI AVEN The base of the care The	DME INIUE, BA. diac or reapi 24a. WAS AN PERFOR 1 VES 2 ATION (Street a or Town, State)	AUTOPSY IMED?	24b. W. A. A. A. A. A. A. A. A. A. A. A. A. A.	Approximat Interval Bet Onaet and I
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	Complications that caus List only one cause on a	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE but not resulting tipetient 3 DOA 28b. Till active At home, farm ecity)	OF): OF):	2. NAME ANIIUBBAR 107 Wer the mod 2. The mod	D ADDRESS OF ID FUNER ILKENS To of dying, au Cause given in CE OF DEATH (C) S Rasidenca RY AT KY S NO	ACILITY AL HI AVEN The base of the care The	DME INIUE, BA. diac or reapi 24a. WAS AN PERFOR 1 VES 2 ATION (Street a or Town, State)	AUTOPSY IMED?	24b. W. A. A. A. A. A. A. A. A. A. A. A. A. A.	Approximatinterval Bet Onast and Interval Bet Onast and Interval Bet Onast and Interval Bet Inte

AVE

Ballinune

21229

MD



7.36

hite

MALKet

Approximate

interval Between

Onset and Death

3 du

Md

REG. NO

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH -ZLER 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) B. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. -32-84 1 M 2 permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Frederick DIRECTOR FONSVILLE DALTIMOVE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d, INSIDE CITY LIMITS? ALTIMOVE Atensoil 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21726 KMS C MARYLAND 21215 0020 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: COMPLETED BY 3 Widowed 4 Divorced use as irs after death. Page 6 may be retained by the hospital or attern 15. DECEOENT'S EOUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life, Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY for STALL OWNEY-Elementary/Secondary (0-12) College (1-4 or 5+) SELF- CMPLOTED detached once. 17. FATHER'S NAME (First, Middle, Last) 18, MOTHER'S NAME (First, Middle, Maiden Surname) page 5 should be notified at BE 19a. INFORMANT'S NAME (Type/Print) 19h, MAILING ADDRESS (SI and Number or Rural Route Number, City or Town, State: Zip Code: 2 LIAN be 20a. METHOD OF DISPOSITION
1 Sourial 2 Cremetion 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must OATE funeral director, md 9-289 4 ☐ Donation 5 ☐ Other (Specify) BALTO thedrial examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY EDWARD 5311 D. WEBER in by the for medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart failure. List only one cause on each line. d completely filled in urial, cremation, or IMMEDIATE CAUSE (Finel the disease or condition numerus OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event. resulting in death) QUE TO (OR AS A CONSEQUENCE OF): prior to burial, traumatic CERTIFICATION attending physician and ntal Hygiene prior to bur OUE TO OR AS A CONSEQUENCE OF Sequentielly ilet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Cursus other DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in deeth) LAST 6 the atten injury. PART il. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS and I AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? shows any Health a 1 YES 2 NO certificate has been significate better of He State Dept. of He d, or item 23 shown 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 THO 1 Inpetient 2 ER/Outpetient 3 DOA e 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) this co 26b. TIME OF 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCUREO marked, 5 Pending 1 Natural BY 1 YES 2 NO After death 2 Accident 26s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide TO THE FUNERAL DIRECTOR: A be filed within 72 hours after de IMPORTANT. It Item 28 is 6 Could not be 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29a. CERTIFIER 12 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) end manner as stated. (Check only one) HOSPITAL 2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opin occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month Day Year) 0878 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2. RECOTTEAR'S SIGNATURE OF THE MENTINES BY

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

SEP 27 1991

BALTIMORE.

BOX 68760,

P.O. I

DIVISION OF VITAL RECORDS,

FOR STATE REGISTRAR

1 -

BALTIMORE, MARYLAND 21215-0020	shours after death. Page 6 may be retained by the hospital or attending physician.	DRECTOR, After this certificate has been agreed by the amending physicien and computely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be hearth with the State Dept. of Hearth and Mentar Hygens prior to fund, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	ON ATTENDING PRYSHOLMS. The law requires that the death certificate be executed within 22-yours after death. Page 6 may be retained by the hospital or attending physician.	THE DIRECTOR, After this certificate has been agned by the attending physician and completely filled in by the f A hours after death with the State Dept. of Health and Mental Hygens prior to funfal, cremation, or removal.	

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC	MENT OF HEAL ATE OF DE	TH AND N	ENTAL HYGIENE REG. NO.	91 20000				
	1. DECEDENT'S NAME (First, Middle, Last) KNIGHT 1		2.			2. DATE OF DEATH MONTH DAY 25	YEAR 1950				
	4. SOCIAL SECURITY NUMBER 2 / 6 204072	1,520M 2 □ F		UNDER 1 YEAR IF L	INDÉR 24 HRS, IRS MIN.	7. DATE OF BIRTH (Morith, Day, Yber) 6 23 26	BIRTHPLACE (State or Foreign Country) Md .				
TOR	9a. FACILITY NAME (If not institution, give a University Hosp RESIDENCE OF DECEDENT		96	Balt	imore		NTY OF OEATH				
	10a. STATE 10b. COUNT			OWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 JES 2 NO				
ERAL	100. STREET AND NUMBER			10f. ZIP	21217		IZEN OF WHAT COUNTRY?				
BY FUNE	1605 Spray Ct 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	13. WAS DECENDE If yes, specify (NT OF HISPANIC	C ORIGIN? (Specify Yea or No-Puarto Rican, etc.)	USA 14. RACE — American Indian, Black, Whita, atc. Specify:				
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	45 (CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USI	JAL OCCUPATION		16b. KINO OF BUSINESS/IND	Black				
COMPL	17. FATHER'S NAME (First, Middle, Last)		Roof			Construc	tion				
LI I	Isaiah	Knight		18. (Man Man	E (First, Middle, Maiden Surname) Vess	2015				
10 8	19a. INFORMANT'S NAME (Type/Print) Mrs. Elsie Kn				mber or Rural Ro	ute Number, City or Town, State, Zip Balto., Md.	Code)				
	20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	20	b. PLACE AND DATE OF D metery, crematory or other p Garrison	ISPOSITION (Name of place)		OATE 20c. LOCATION -	City or Town, State				
	Garrison Forest 9/30 Owings Mills, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE James A. Morton & Sons 1701 Laurens St. Balto. Md										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	T TO TO TO	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	a stati Cinon	c /	Conor					
MEDICAL	PART II. Other significant condition	a contributing to death i	but not resulting in th	ne underlying cau	se given in P	PERFORMED?	246. WERE AUTOPSY FINDINGS AWARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINENT 1 YES 2 340	HOSPITAL:		HER:	F DEATH (Chec	U.A. COLLANDON CO.					
ВУ РНУ	27. MANNER OF DEATH 1 Selection S Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Mar)	28b. TIME OF BAJURY	Mursing Home 5 26c. MJURY A WORK? M 1 YES	r :	Bd. DESCRIBE HOW INJURY OCC	CURED				
	3 Suitable 6 Could not be 4 Hamicide determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, street city)	, factory, office		BI. LOCATION (Street and Number City or Starn, State)	or Rural Route Number,				
TO BE COMPLETED	29c. CERTIFIER CERTIFIER CERTIFIER CERTIFIER Country Certifier Certi										
	SEP 27 1991	Julia Davidson	-Pandell								

020 physician. burial-transit p	
21215-0 al or attending for use as the	
OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. This certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should write the first and Mental Hygine prior to burial, cremation, or removal.	De nomineo al once.
DF VITAL RECORDS, P.O. BOX 68760, Solidak: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host scentificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the tast of Health and Mental Hygiene prior to burial, cremation, or removed.	HOLICAL CARRILLER INUS
DF VITAL RECORDS, P.O. BOX 68760, PSICIAN: The law requires that the death certificate be executed within 24 hours is certificate has been signed by the attending physician and completely filled in the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or in the present of the part of th	TO HODINGHA CYCH, INC
RECORDS, P.O. requires that the death certification of the attending of the first house and lating of the state of the sta	no in the dist state of our
DON OF VITAL F THYSICIAN: The law I THIS Certificate has be usen, with the State Dept.	Party of House to a
THE HOSPITAL OR ATTEN THE FUNERA CHE TO filed within 72 ours 31	THE REAL PROPERTY.

	1 - STATE REGISTRAR	STATE OF I	MARYLANI	D / DEPAR CERTIF	TMENT O	F HEALTH AND OF DEATH	MEN.	TAL HYGIEN REG. NO.	E	- 1 12000
	FREDERICK		PETTER P.	RS)	WE	TH	2. D/ 0 9	ATE OF DEATH DATH	5 19	3. TIME OF DEATH 11:20 A M
	4. SOCIAL SECURITY NUMBER 216-18-9657	5. SEX 1 X M 2 D F	67	s. lesi birthday) YRS.	MONTHS DA	AR IF UNDER 24 HRS YS HOURS MIN.	(M	TE OF BIRTH Conth, Day, Year) /22/24		BIRTHPLACE (State or Foreign Country)
TOR	98. FACILITY NAME (II not institution, give s HAYDOY, HOSD' HARBOULR ME	ital Tent	ter ENTER	k-		MN OR LOCATION OF		ΤΥ	9c. COUNT	Y OF DEATH A
DIRECTOR	10e. STATE 10b. COUNTY				Y, TOWN OR L		- \			10d. INSIDE CITY
	Maryland N/A 100. STREET AND NUMBER			Ba	ltimor	e (Brook	lyn)		10- CITIZE	1 X YES 2 NO
FUNERAL	806 Pontiac /					212	25		log. Offize	USA
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	X YES 2	□ NO	If ye	DECENDENT OF HISP b, specify Cuben, Mex YES 2 X NO Spe	icen, Puer	GIN? (Specify Yee to Rican, atc.)	or No — 14	I. RACE — American Indian, Black, White, etc. Specify: White
TED	15. DECEDENT'S EDUK (Specify only highest grade	completed)		Give kind of a	vork done durin	PATION of most of working		16b. KIND OF BUS	INESS/INDUS	
COMPLETED	Elementary/Secondery (0-12) 6th Grade	College (1-4 or 5				or Driver		Carr-Lo	wrey (Glass Co.
	17. FATHER'S NAME (First, Middle, Lesl) Ernest	Wenth				18. MOTHER'S I		st, Middle, Meiden Bentle		a+h
) BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Str	eet and Number or Run			-	
10	Mrs. Emma Pauli	ne Wenth		8	06 Pon	tiac Ave.		altimore	, Md.	21225
	1 XBuriel 2 Cremetion 3 Remo	oval from State	20b. PLA cemetery	CEAND DATE O	per place) Park C	emetery	1 7			y or Town, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE KE	vin E.	Ecker	MCC	ully Fune	eral	Home of	Broo	
CERTIFICATION	ahock, or heart feilure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ARTER DUE TO	IOSCL (OR AS A CON		r):	DIOVASC	ULA	R DESE	ASE	Interval Between Onset and Death
MEDICAL	PART II. Other significant conditions	contributing to	death but no	ot resulting i	n the under	ying cause given i	n Part I.	24s. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				. PLACE OF DEATH (C	Check only			
PHYSICIAN:	YES 2 NO	1 Inputient 2 V	A	3 DOA		fome 5 Residence	7			
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Di		INJ	URY	INJURY AT WORK? YES 2 NO	26d, C	PESCRIBE HOW IN	JURY OCCUP	RED
8	3 Suicide 6 Could not be determined	28e. PLACE Of building,	F INJURY — At etc. (Specify)	t home, farm, a	treet, factory, o	office	28f. Li	OCATION (Street all ity or Town, State)	nd Number or	Rural Route Number,
COMPLET						late end place, end du				euse(e) end menner ee atated.
) BE	Marone	ale_	MA			29c. LICENSE NO	OMBER CME		29d. DATE S ▶ 0 9	26 1991
5	A DON T		E OF DEATH (CEREE	TD A 3	T T M C T	D MAS	WI AND CLOCK
	J. LARON LO	32. REGISTRAI		E	PENN	STREET	RA	LTIMOR	L, MAR	YLAND 21201
	SEP 27 1991	Julia David	loon-Par	delle						

Course -

BALTIMORE, MARYLAND 21215-0020 the death Page 6 may be retained by the bosoidal or stranding obtaining

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

entificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

If the medical examiner must be notified at once. LIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OFF TO THE FUNERAL DREAD BE filed within 72 hour IMPORTANT: If I am 2

	1 - STATE REGISTRAR	STATE OF I				F HEALTH		MENTAL HYGIEN	AE	91	26337
	1. DECEDENT'S NAME (First, Middle, Last)				10.			2. DATE OF DEATH			3. TIME OF DEATH
1	CATHERI	INE	ZINNELL					SEPTEMBE	R 26	YEAR	2 • 22 A M
L	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. is		IF UNDER 1 Y		R 24 HRS.	7. DATE OF BIRTH	K. 40.	6. BIRTHP	PLACE (State or Foreign
	216 30 7575	1 □ M 2 🔯 F	87	YRS.	MONTHS D	AYS HOURS	MIN.	(Month, Day, Year)		Country))
	9a. FACILITY NAME (If not institution, give s	street and number)	<u> </u>		9b. CITY, TO	WN OR LOCAT	ION OF D	1 3/4/1904 DEATH		UNTY OF DE	ryland
CTOR	THE JOHNS HOPKIN		AL		BALTI						RE CITY
DIRECTOR	Maryland ===	TY =====			altimo					- 1	10d. INSIDE CITY LIMITS? 1 VES 2 NO
AL	10e. STREET AND NUMBER			_		101. ZIP COD	Œ		10g. Cl		HAT COUNTRY?
FUNERAL	1 West Conway S	Ctroot									na voor
S	11. MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S. A	RMED	13. WAS		201 Of HISPAI	NIC ORIGIN? (Specify Yar		S.A.	— American Indian,
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	1 YES 2 WAR OR DATES	NO	If ye	s, specify Cubi	an, Mexica	an, Puarto Rican, atc.)	II OT HO	14. RACE - Black, Specify	. White, etc.
ED	15. DECEDENT'S EDU	CATION	16e. D	ECEDENT'S	USUAL OCCU	PATION		16b. KINO OF BU	SINESS/IN	PUSTRY	White
COMPLET	(Specify only highest grade Elementary/Secondary (0-12) 8th Grade	College (1-4 or 5	+)	(Give kind of v fe. Do NOT us	work done durin	ng most of worki	ng	Depar			ra.
O	17. FATHER'S NAME (First, Middle, Last)			000	O_LC_	18. MOT	HER'S N/	AME (First, Middle, Maiden			re
			Howser					herine	Strimmer		
BE	19a, INFORMANT'S NAME (Type/Print)				Anneess (St	and Alumba		Ner Ine Route Number, City or Tow	7		
2	Dorothy Giles										
	20a. METHOD OF DISPOSITION		T age By Age				<u> 3</u> Dx	altimore, 1			
	1 Burial 2 Cremation 3 Rem	ioval from State	cemetery, cri	rematory or of						- City or Town	.,
	Holy Cross Cemetery 9/30 Baltimore, Maryland										
	Kukara	d Ex		0	Geo	orge J.	. Gor	nce Funera: Hwv. Ralt:	1 Hor	me P.A	Α.
	23. PART i. Enter the diseases, or c shock, or heart feilure. IMMEDIATE CAUSE (Finel	List only one cau	use on each line	ie.	not anter tha	mode of dy	ring, suc	ch as cardiac or raspi	iratory ar	rrest,	Approximate interval Between Onset and Death
	diseese or condition resulting in deeth)	Co	raich	enic	Shell	E					21-614:
	resulting in deedily	DUE TO	(OR AS A CONST	EOUENCE O	F):						200
z		m	Mocar	disk	2 inf.	action	m			6 days	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	OUE TO	OR AS A CONSE	EQUENCE O	F):	-		rteny disa			manh
S	ceuse. Enter UNDERLYING	as	nerosa	cerch	ic Co.	conore	40	viery dise	110		weeks
Ĭ.	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE OF	F):		/				1
4	resulting in death) LAST	4				-					İ
CE		d									+
MEDICAL	PART II. Other significent condition	s contributing to	death but not	resulting i	in the under	ying cause	given in	Part I. 24a. WAS AN PERFOR	RMED?	â	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?
											DF DEATH?
Y	25. WAS CASE REFERRED TO MEDICAL				2	6. PLACE OF D	FATH (Ch	nack only one)			
Sic	EXAMINER? 1 (YYES 2 NO	HOSPITAL:	50/Outpatient	2 🗆 2004	OTHER:						
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF		28b. TIM			sidenca	8 Other (Specify)	1111001 00		
BY P	1 Netural 5 Pending Investigation	(Month, D.	Day, Year)	INJ	M 1	WORK?	NO	28d. DEŞCRIBE HOW II	NJURY OC	CURED	
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	OF INJURY — At ho , etc. (Specify)	oma, farm, s	itreet, factory,	office		28I. LOCATION (Street a City or Town, State)	and Numbe	r or Rural Rou	ute Number,
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of R: On the beals of a	my knowledge, de	eath occume	nd at the time, on, in my opinic	date end place	, and dua	to the cause(a) end man	mer aa sta id dua lo ti	ited. ha ceuse(a) r	end manner en stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER VINCENT C.		m.D			29c. LICI	ENSE NUM	ABER	29d, DAT	TE SIGNED (A	Month, Day, Yeer)
2	30. NAME AND ADDRESS OF PERSON WHO INCENT K. H.	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type,	Print)		1	2 0		-/	

31. DATE FILED (Month, Day, Year)

27

1991

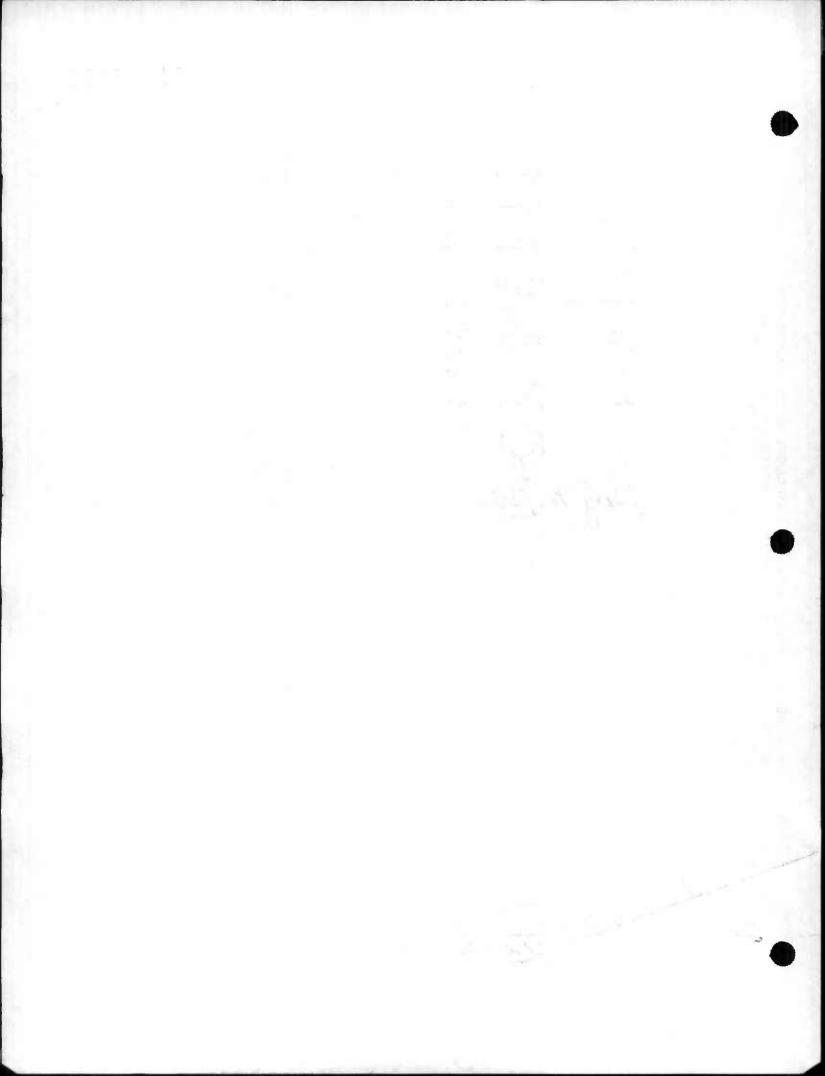
SEP

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randalle

	1. DECEDENT'S NAME (First, Middle, I	VINE APPLE				2. DATE OF DEATH MONTH 9 /4 /91	DAY	year 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 063-24-4554	1 🗆 M 2 💢F	GE (In yrs. lest birthday, YRS.	MONTHS DA	YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/8/18		BIRTHPLACE (State or Foreign Country) Pennsylvania
OR	9a. FACILITY NAME (If not institution, Suburban Hosp	ital			wn or location of d hesda	EATH		tgomery
DIRECTOR	RESIDENCE OF DECEDEN 10a. STATE 10b. CC Maryland Mo			TOMAC	OCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER		377		101. ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?
BY FUNERAL	11822 Enid Dr. 11. MARITAL STATUS 1 Never Married 2 XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI	ES 2 NO	If ye	20854 DECENDENT OF HISPA s, apecity Cuban, Maxic YES 23200 Speci	an, Puerto Rican, etc.)		ted States 14. RACE — American Indian, Black, White, atc. Specify: White
COMPLEIED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		(Give kind o	'S USUAL OCCU if work done durin use retired.)	PATION g most of working	1501/0290075	ledical	
	17. FATHER'S NAME (First, Middle, Las	at)	Nurse			AME (First, Middle, Maid		
) BE	Louis Levine 190. INFORMANT'S NAME (Typo/Print)		19b. MAILIN	IG ADDRESS (St	Gussi		own, State, Zip (Code)
2	Arnold Apple	(husband)			Dr., Poton			
	20a. METHOD OF DISPOSITION 1 Buriel 2 Tormation 3 4 Donation 5 Other (Specify)		of cemetary, cremato Suburban	TE OF DISPOSIT	ION (Name)	016		ny or Town, State pring, Marylar
	21. SIGNATURE OF UNEUAL SERVICE		Dabarban	Dan	zansky-Go	ACILITY Ldberg Men	orial	Chapels, Inc. le, MD.20852
	23. PART I. Enter the disease shock, or hear fall iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CANO DUE TO (OR.	PU LMI AS A CONSEQUENCE	ONAN'	mode of dying, su		spiretory arre	interval Betwee Onset and Deal
	Sequantially list conditions, if any, leading to immediate	DATE TO COD	ARDITIS	00.	4- CA	(1.112 6		2 weeks
3	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE	/1 EA	RT FA	LUKE		Zwan
HIF	resulting in death) LAST	d.						
MEDICAL	resulting in death) LAST	ditions contributing to dea	th but not resulting	g in the under	tying cause given in	PERI	AN AUTOPSY FORMEO? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
MEDICAL	PART II. Other algorificant cone CRUE BRA 25. WAS CASE REFERRED TO MEDIC	C VAS		Ac	dying cause given in	PERI 1 TYES	ORMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other algorificant conditions of the Control of the Contr	AL HOSPITAL:	CULAR Outpetient 3 □ DOA	OTHER:	ce. PLACE OF DEATH (C	PERI 1 YES	ORMEO?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions of the Control of the Contr	HOSPITAL: 1 Dinpetient 2 ERI 28s. DATE OF INJU (Month, Day, Ye	COULAIN.	OTHER: 4 Nursing	CL DENT	PERI 1 YES	ORMEO?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other algorificant conditions are conditional conditions. 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	TAL HOSPITAL: 1 Inpetient 2 ERI 28s. DATE OF INJU (Month, Day, Nation of be 28s. PLACE OF IN. Duilding, etc.	COULAIN. Outpetient 3 DOA JRY 28b, T	OTHER: 4 Nursing IME OF NJURY M 1	26. PLACE OF DEATH (C. Mome 5 Rasidence C. INJURY AT WORK? YES 2 NO	PERI 1 YES Theck only one) 6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other algnificant cone CRUE BRA 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 1 Pending 2 Accident Investigs 3 Suicide 6 Could in 4 Homicide detarming 29e. CERTIFIER (Check only	HOSPITAL: 1 Inpatient 2 EN Inpatient 2 EN (Month, Day, Ye stion ot be ned 28e. PLACE OF IN. building, etc.	COULAIN. /Outpatient 3 DOA JRY 28b. T JURY — At home, farm (Specify)	OTHER: 4 Nursing IME OF 28th NJURY 1 n, street, factory,	28. PLACE OF DEATH (C. Home 5 Raeldence C. INJURY AT WORK? YES 2 NO office	PERI 1 YES Check only one) 6 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Str. City or Yown, St	W INJURY OCCI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED Or Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant cone CRACE BRA 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 1 Pending 2 Accident Investigs 3 Suicide 6 Could in 4 Homicide detarming 29e. CERTIFIER (Check only	AL HOSPITAL: 1 D Inpetient 2 ERI 28a. DATE OF INJU (Month, Day, Ye building, etc. PHYSICIAN: To the best of my I	COULAIN. /Outpatient 3 DOA JRY 28b. T JURY — At home, farm (Specify)	OTHER: 4 Nursing IME OF 28th NJURY 1 n, street, factory,	28. PLACE OF DEATH (C. Home 5 Raeldence C. INJURY AT WORK? YES 2 NO office	PERION PERION (Street, Specify) 28d. DESCRIBE HO 28f. LOCATION (Street, Street, INJURY OCCI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED Or Rural Route Number,	
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other eignificant cone C. E. W. B. R. A. 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investiga 3 Suicide 6 Could in 4 Homicide datarmir 29a. CERTIFIER (Check only one) 2 MEDICAL EX. 29b. SIGNATURE AND TITLE OF CERTIFIER W. C. C. C. C. C. C. C. C. C. C. C. C. C.	AL HOSPITAL: 1 D Inpetient 2 ERI 28a. DATE OF INJU (Month, Day, Ye building, etc. PHYSICIAN: To the best of my I	COULTER 3 DOA STY DOA') 28b, T Specify) At home, farm (Specify) At home, farm (Specify) At home, farm (Specify) F DEATH (ITEM 27) ///	OTHER: 4 Nursing IIME OF NJURY M 1 n, street, factory, urred at the time, atton, in my opini	26. PLACE OF DEATH (C. INJURY AT WORK? YES 2 NO office date and place, and do lon, death occurred at the lon, death occurred at the long	PERI 1 YES 1 Sheck only one) 1 6 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Sin City or Town, St	W INJURY OCCI- et and Number of the state and due to the	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED Or Rural Route Number, d. cause(a) and manner as stated.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



d	-	0.0
	should)
	te has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2. 3 should be betted for use as the burial-transit permit. Pages 1, 2. 3 should be be only and Mental Hydiene prior to burial, cremation or amonal	
ohysician.	burial-transit pen	
tal or attending	for use as the	
ned by the hospi	ould be detached	
e 6 may be retai	ector, page 5 sh	
after death. Pag	by the funeral di- moval.	
within 24 nours	cremation, or re	
icate be executed	ohysician and con e prior to burial.	
the death certif	y the attending of Mental Hydier	
aw requires that	s been signed by	- The sale
The	te ha	

	91-5328-510										91	26	333	
	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / CE	DEPAR	TMEN	T OF I	HEALTH DEAT	AND I	MENTAL	HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE (OF DEATH	AY	YEAR	3. TIME OF	DEATH
	ROCCO Anto			BOND						15			7:14	a M
		5. SEX 6	3. AGE (In yrs. less 29	t birthday)	IF UND	DAYS	IF UNDER	24 HRS. MIN.	7. DATE ((Month,	Day, Year)		8. BIRTH Countr	IPLACE (State	or Foreign
1	013-54-9545 9a. FACILITY NAME (If not institution, give s		23	YRS.						3-196			Italy	
Œ						CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					EATH			
5	JOHNS HOPKINS	HOSPITAL			В	BALTIMORE								
DIRECTOR	10a. STATE 10b. COUNTY	r		10c. CITY	, TOWH	OR LOCA	TION						10d. INSIDE	CITY
	Maryland					Baltimore				ore			LIMITS:	
FUNERAL	10a. STREET AND NUMBER					10	f. ZIP CODE				10g. CIT	ZEN OF Y	WHAT COUNTS	TY?
NEF		c Court A				21237						U. S	. A.	
BY FU	11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 I IF YES, GIVE WAF	YES 2 N	MED	13	It yes, sp	ENDENT O	n, Maxicai	n, Puarto R	(Specify Yar	or No—	14, RACE Black Speci		,
	15. DECEDENT'S EDUC	CATION	16a. DEG	CEDENT'S	USUAL	OCCUPATION	ON .	_	16h	KIND OF BU	SIMESS/INC	HIETOV	Whit	:e
Щ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gh	ve kind of w Do NOT us	rork done	during mo	at of working	g	1000	0. 50	311423371142	Josini		
P P	12		De	live	ry :	Drive	er			Bake	ery			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH			iddle, Maiden			-	
B		Saverio	Abbonda							Picar				
2	19a. INFORMANT'S NAME (Type/Print)									r, City or Tow				
	Lucia Abbondandolo 103 Rivera Street Lehigh Acres, Florida 33936													
	1 Burlet 2 Cremetton 3 Removal from State													
	4 Donation 5 Tother (Specify) Entembrent Lee Memorial Park 9/19 Lehigh Acres, Florida 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										.da			
	richael P.	2	•			. NAME AI	ND ADDRES	S OF PAG	Ma	arzul:	lo Fu	nera	1 Serv	rice
					3	981 (Carro	11tc	n Ro	ad Up	perc	o,Ma	ryland	21155
	23. PART I. Enter the diseases, or o shock, or heert fellure.	List only one ceuse	aused the det on each line.	sth. Do n	ot snte	r ths mo	ds of dyle	ng, such	n aa cerdi	ec or respi	ratory arr	eat,		ximeta ni Between
	IMMEDIATE CAUSE (Final disease or condition	m.		/	1	0	/	1	1					and Death
- 4	resulting in death)	L DUESTO /O	R AS A CONSEQ	elia.	e	In	fur	3	us	/-			-	
-	-	alho	mele	0,814		11/2	a to	9	D.	eu				
ᅙ	Sequentially list conditions, If any, leading to immediate	DUE TO (O	R AS A CONSEQ	UENCE OF):	112		-/	1/2	eu	2.6		1	
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury													
ERTIFICATION	thet initiated events	DUE TO (O	R AS A CONSEQ	UENCE OF)c									
	resulting in destn) LAST	L												
LC	PART II. Other aignificant condition	a contributing to de	seth but not re	sulting in	the u	nderlylne	Cause q	iven in i	Part I. I	24a. WAS AN	AUTOPSY	1 24h	WERE AUTOPS	Y FINDINGS
MEDICAL										PERFOR	IMED?		AVAILABLE PE	OT ROI
Ä									_ /	WES 2	∐ NO		OF DEATH?	
									-			1	WES 2	∐ NO
¥.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF DE	ATH (Che	ck only one)					
Si	1)X) YES 2 □ NO	HOSPITAL:	R/Outpetient 3 (OTHE		e 5 🗆 Rea	ildenca (6 🗆 Other	(Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF IN. (Month, Day,	JURY Year)	28b. TIME	OF	26c. INJ				RIBE HOW I	NJURY OCC	URED		
B	Natural 5 Pending investigation				M	1 🗆 Y	'ES 2	NO						
COMPLETED	3 Suicide 8 Could not be datarmined	28a. PLACE OF II building, atc	NJURY — At hom: (Specify)	o, ferm, st	reet, tac	tory, office			28t. LOCAT City or	ION (Street a Town, State)	and Number	or Rural A	oute Number,	
, E	29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.													
ME	(Check only one) MEDICAL EXAMINER	R: On the basis of exam	nination and/or in	veatigation	, in my	ume, data opinion. 4	and place,	and dua i	to the caus	e(a) and man	nor as state	ed.	and manne	an whole d
- 10	29K SIGNATURE AND TITLE OF CERTIFIER					1				preve, an				
BE	112124	1							SIGNED (Month, Day, Year)					
2	30 NAME AND ADDRESS DE FERSON WHO	COMPLETED OFFICE					UC	M	E		- 9-	-15-	91	

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Suide Devideon-Randall

31. DATE FILED (Month, Day, Year)
SEP 1 8 '91

N.

111

DHMH-18 Rev 1/89 asp

PENN STREET BALTIMORE, MARYLAND 21201

	1 - REGISTRAR	CERT	IFICATE OF	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) CHARI	ES J. B	OOVA OC	VA	2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH OQ13 Am	
	4. SOCIAL SECURITY NUMBER 5. SEX 201-18-1503 1 X M 2	04	S. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH [Month, Day, Year) JUNE 29, 1	927 PEN	NSYLVANIA	
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number SHADY GROVE ADV RESIDENCE OF DECEDENT	A	COLDA I	OR LOCATION OF DE		9c. COUNTY OF D		
REC	10e. STATE 10b. COUNTY	10c.	CITY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?	
	PENNSYLVANIA CUMBERLAN		CAMP HIL				1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER 37 SCARSDALE DRIVE			or. ZIP CODE	17011	US		
BY	1 Never Marriad 2 Marriad FORCES?	DENT EVER IN U.S. ARMED 1 XYES 2 NO VE WAR OR DATES WWIT	If yes, a	CENDENT OF HISPAR pecify Cuban, Mexica S 2 NO Specify		or No— 14. RAC Blee Spec	E — American Indian, k, White, atc. WHITE	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4	16e. DECEDEI (Give kin- life. Do Ni	NT'S USUAL OCCUPAT d of work done during n OT use retired.)	ost of working	16b. KIND OF BUS	SINESS/INDUSTRY		
MP	12 AUTO LICENSING 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Malden Surname)							
		OOVA		CATHE		1000	VERA	
BE	19a. INFORMANT'S NAME (Type/Print)		LING ADDRESS (Street		Route Number, City or Town		VBIGI	
2	MARK A. BOOVA (SOI	N) 37	SCARSDALE	DRIVE, C	AMP HILL,	PENNSYL	ANIA 17011	
	20e. METHOD OF OISPOSITION 1	other place)	SPOSITION (Name of c			SVER Chy or T VSHIP, I	PENNSYLVANIA	
	21. SIGNATURE FUNERAL SERVICE LIGENSEE	0	FRAN		LLINS FUNE		, INC. P., MD 20901	
	23. PART I. Enter the diseases, or complications						Approximete	
	ahock, or heart fellure. List only one IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a.	Cardio	Dulana	any,	Arres	1	Interval Between Onset and Death	
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	E TO (OR AS A CONSEQUENT E TO (OR AS A CONSEQUENT E TO (OR AS A CONSEQUENT	OF SOFT	edira (fineaf	Lung	diseas e di	e	
MEDICAL (PART II. Other aignificent conditions contributing	g to death but not result	ing in the underlyi	ng cause given in	Part I. 24a. WAS AN PERFOR	RMED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
2							1 ☐ YES 2 DMIO	
AN	25. WAS CASE REFERRED TO MEDICAL		28.	PLACE OF DEATH (C)	eck only one)			
SIC	EXAMINER? 1 VES 2 NO 1 Vinpatient	.: 2 - ER/Outpetlent 3 - Do	OTHER: OA 4 - Nursing He	me 5 🗆 Residence	6 Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	E OF INJURY 28b	INJURY V	IJURY AT /ORK? YES 2 NO	28d. DEŞCRIBE HOW I	INJURY OCCURED		
	3 Suicide a Co. Ida at 28e. PL/	CE OF INJURY — At home, for ding, atc. (Specify)	arm, street, factory, of	Ice	28f. LOCATION (Street City or Town, State)		Route Number,	
4 Homicide detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner at the time, data and place, and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the								
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	11	•	29c. LICENSE NU	MBER	29d. DATE SIGNE	O (Month, Day, Near)	
2	20. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITEM 27)		2 01	+	Taithe	(0/9/	
	31. DATE FILED (Month, Day, Year) 32, REG	STRAR'S SIGNATURE	Suad	y Hro	10 CL A	Laithe	esting the	

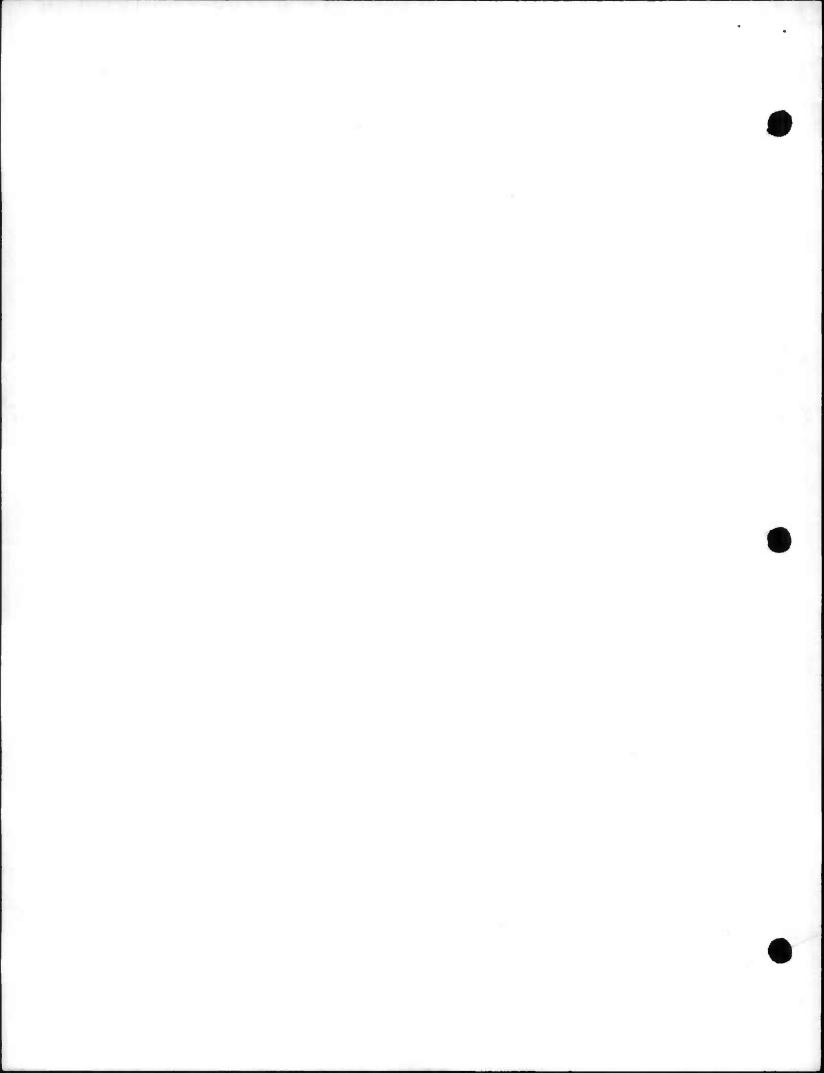
10+1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 periors after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Invitation of the Invitation of the Completely filled in Sylician Page 6 may be retained by the hospital or attending physician.

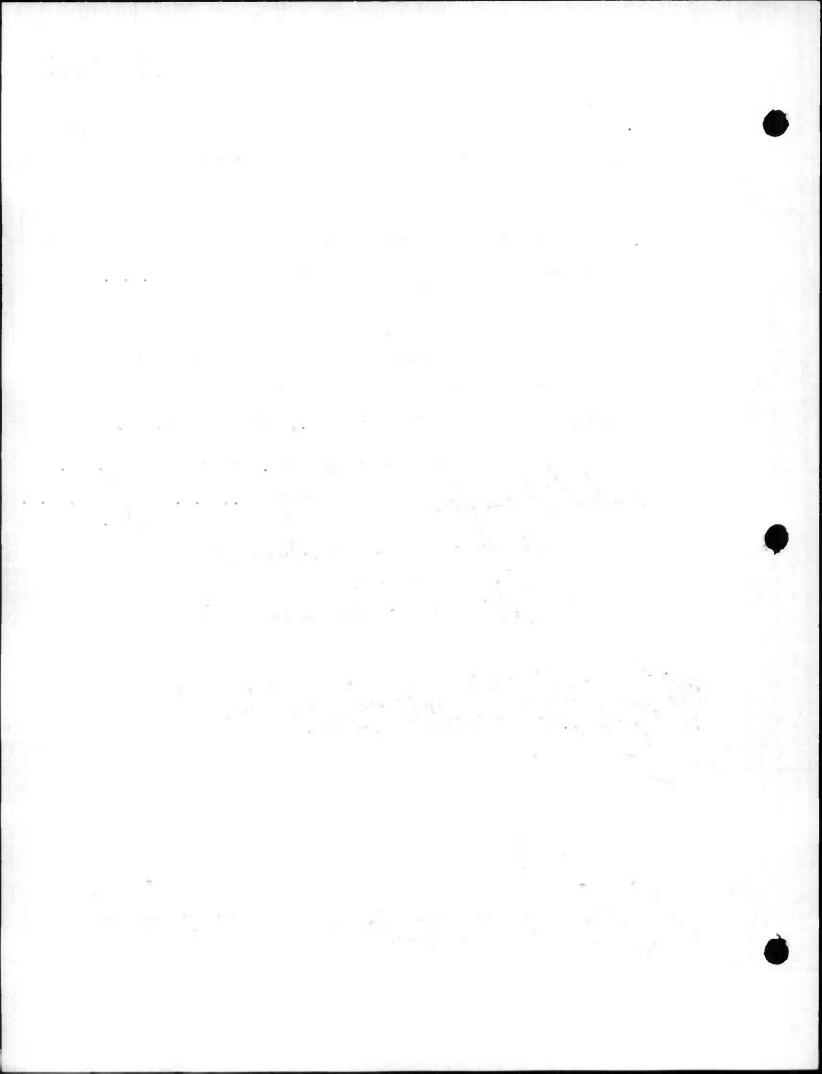
TO THE FUNERAL DIRECTOR: After this certificate has been about the mending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within T2 hours after death with the State Cheen of the mending physician prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. PECEDENT'S NAME (FIGS. MIGHING LASS) BAKNET						2. DATE OF DEATH September	FAY 10	199	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 578-16-3651	5. SEX 1 M 2 X F	8. AGE (In yrs. Ia:	est birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7 Month, Par You		SOUTH	PLACE (State or Foreign Yth Carol
90. FACILITY NAME (If not institution, give Doctors Community RESIDENCE OF DECEDENT		2		96. CITY, TOWN	OR LOCATION OF D	EATN	100	nty of d	Beorge
10e. STATE 10b. COUN	TY		10c, CIT	TY, TOWN OR LOC	ATION				10d. INSIDE CITY
	NCE GRO	RGE	CO	LLEGE	PARK				LIMITS?
104. STREET AND NUMBER					Of. ZIP CODE		10g. CIT	IZEN OF W	HAT COUNTRY?
9725 53rd A		IT EVER IN U.S. A	Mara		20740			.S.F	
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2	NO	If yes, s		NIC ORIGIN? (Specify an, Puerto Rican, etc.) y:		Black	- American Indian, White, atc. Y: White
15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	18a. DE	ECEDENT'S	S USUAL OCCUPAT	TION	16b. KIND OF	BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	e) life	itre	rse retired.)	wat or working	Rest	aura	nt	
17. FATHER'S NAME (First, Middle, Lest) ELSIE FRA	n kli n i	BAYNE				ME (First, Middle, Maid	TZAR	ETH	HORTON
Glenda Carlson		9	725	53rd	and Number or Rural	Houte Number, City or Dilege P	own, State, 21	Md.	20740
20a. METNOD OF DISPOSITION ↑ ☐ Burlel 2 ☐ Cremetion 3 ☐ Ref 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	cemetery, cre	ematory or o			DATE 20c.	LOCATION -	-	
21. SIGNATURE OF FUNERAL SERVICE I	CENSES	7 60019	B 100		on Cem.	CILITY	T AGE	STDII	i Md.
23. PART i. Enter tha diseasea, or shock, or heart fellure IMMEDIATE CAUSE (Final	J-6	t caused the de		254 (ode of dylng, suc	St., N.	W.Wa:	shin	Approximate interval Between
shock, of heart lanute	complications that List only one cau	se on each lips	OUENCE OF	254 (not enter the mardio Pt	Carroll ode of dying, suc almonary ARR Pur	St., N. h as cardiac or re	W.Was	shin	Approximate interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other significant conditions.	complications that Liet only one cause of th	OR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSE	OUENCE OF	pot enter the mardio Pulle MAR Pille	Carroll ode of dying, suc ilmonary PR Pur Plants Re Cause given in Clorecy	Pert I. 24s. Was.	W . Was	shin rest,	Approximate interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complications that List only one cause of the complete to the cause of	OR AS A CONSECUTOR AS A CONSEC	OUENCE OF	pot enter the mardio Pulle NAR Piller	Carroll ode of dying, suc almonary of PR fur fur fur fur fur fur fur fur fur fur	Pert I. Sta. Was.	W . Was	shin rest,	Approximate interval Between Onset and Daeti Onset and Daeti Onset and Daeti Onset and Daeti Onset and Daeti Onset and Daeti Onset and Daeti Onset and Daeti Onset and Daeti Onset and Daeti Onset and Daeti Onset and Daeti
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death and conditions in death and conditions in the cond	complications that Liet only one cause to be a superior of the complete to be a superior of the com	COR AS A CONSECUTOR AS A CONSE	OUENCE OF	254 (not enter the mardio Pt Mardio	Carroll ode of dying, suc ilmonary ilmo	Pert I. Sta. Was.	W . Was	shin rest,	Approximate interval Between Onset and Dasti Onset and Dasti Onset and Dasti Onset and Dasti Onset and Dasti Onset and Dasti Onset and Dasti Onset and Dasti Onset and Dasti Onset and Dasti Onset and Dasti Onset and Dasti
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are suiting in death. LAST	complications that List only one cause of th	COR AS A CONSECUTOR AS A CONSE	OUENCE OF COUNTY OF THE PROPER	D54 not enter tha m ardio Pt Very Resolution Fig. 1 Price Resolution The underlyin A Nursing No. B OF 28c. IN WAY M 1	Carroll ode of dying, suc ilmonary if PR full Cause given in Cause	Part I. Ste. Was peer 1 yes	W . Was	Shin rest,	Approximate interval Between Onset and Dast Onset and Dast Onset and Dast Onset and Dast Onset and Dast Onset and Dast Onset and Dast Onset and Dast Onset and Dast Onset and Dast Onset O
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMIMER? 1 YES 2 NO 27. MANNER OF-DEATN 1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	complications that List only one cause of th	COR AS A CONSECTION OF THE PROPERTY OF THE PRO	OUENCE OF COURSE	potenter than ardio Pt All Market File The market	Carroll ode of dying, suc ilmonary if PR fur fur fur fur fur fur fur fur fur fur	Part I. Pessential Part II. Pessential Part I. Pessential Part III. Pessential Part II. Pessential Part II. Pessential Part II. Pessential Par	W . Was apiratory are an autrops to and Number to and Number to an autrops to autrops to an autrops to aut	24b.	Approximate interval Between Onset and Dasti Onset and Dasti Onset and Dasti Onset and Dasti Onset and Dasti Onset and Dasti Onset and Dasti Onset and Dasti Onset and Dasti Onset and Dasti Onset and Dasti Onset and Dasti
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions in death) LAST 25. WAS CAST REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined to conditions in the	complications that Liet only one cause of the Liet only one cause of the Liet only one cause of the Liet only one cause of the Liet on the Liet of the	GOR AS A CONSECTION OF THE CON	OUENCE OF COUENCE OF COUNTY OF COUNT	254 not enter tha m ardio Pt All MAR Fi: A Company North Enter 1: 4 Nursing North Equation 1: 4 Nursing North Equation 1: 4 THER: 4 Nursing North Equation 1: 4 In the underlying North Equation 1: 4 In t	Carroll ode of dying, suc ilmonary if PR fur fur fur fur fur fur fur fur fur fur	Part I. A Was Perent I YES Other (Specify) 281. LOCATION (Streetly or Town, State to the cause(a) and in time, date and place,	W . Was apiratory are and Number to state and Number and due to the	24b. 24b. CURED or Rural Ro	Approximate interval Between Onset and Daeti Onset and Daeti Onset and Daeti Onset and Daeti Onset and Daeti Onset and Daeti Onset and Daeti Onset and Daeti Onset and Daeti Onset and Daeti Onset and Daeti Onset and Daeti

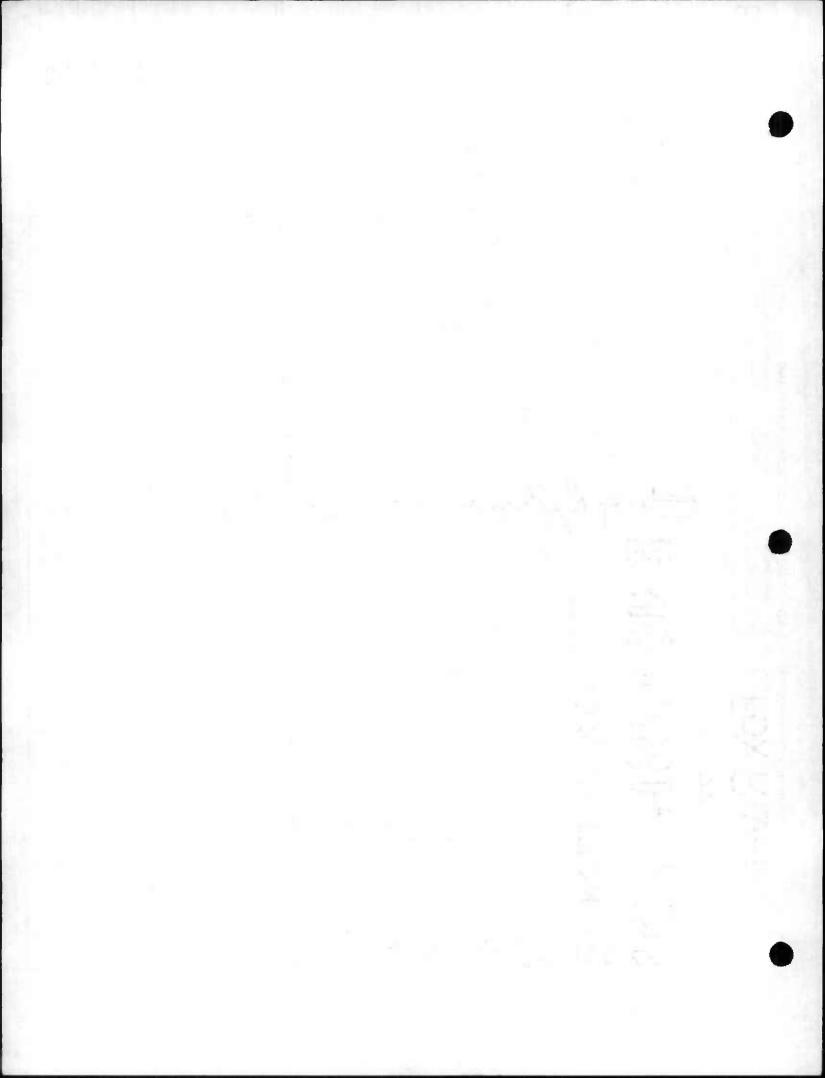


TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		CERTIF	ICATE O	HEALTH AND DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Linste ROBER	RT A. BECKWI	TH			2. DATE OF OEATH DAY Sept. 1		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. last birthday).	IF UNDER T YEAR		7. DATE OF BIRTH (Month, Day, Year)	8	BIRTHPLACE (State or Foreig Country)
212-24-7139	1 ⊠ M 2 □ F	34 YRS.	MONTHS DAYS	HOURS MIN.	4-5-07	1	Maryland
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D	ATH	9c. COUNT	Y OF OEATH
19825 Blunt	Road		Germ	antown		MON	TGOMERY
10a. STATE 10b. COUN	ITY	10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY
Maryland M	Montgomery		German	town			LIMITS?
10e. STREET AND NUMBER				01. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
19825 Blunt Ro	ad			20837			USA
11. MARITAL STATUS 1 Never Married SMarried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 _ YES IF YES, OIVE WAR OR DA	25 NO	If yes,		NIC ORIGIN? (Specify Yes in, Puerto Rican, atc.) y:	or No- 1	4. RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S ED (Specify only highest gra	DUCATION ode completed)	16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BUS	INESS/INDU	STRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during se retired.)	nost of working			
5th Grade		(Ret)	Far	mer	Far	m	
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden		
Sandy Beckwi					rtie Ta		
19a. INFORMANT'S NAME (Type/Print)	(Wife)				Route Number, City or Town		
Mrs Mary E. Be					ermantown		
20a. METHOD OF DISPOSITION 5€3@urial 2 ☐ Cremation 3 ☐ Ra		o. PLACE AND DAT			DATE 20c. LO	CATION - CI	ity or Town, State
4 Donation 5 Other (Specify)		ohn Wes			5/14 Cla		
21, SIGNATURE OF PUNERAL SERVICE	LICENSEE		SNC	WDEN FU	NERAL HO	ME P.	A. 20850
Frenke K.	mound	w	246	N. Was	hington S	St, F	Rockville,
Sequentielly list conditions, if eny, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE C	PF):				
PART II. Other algorificant conditions and the second seco	EROTIL GAR		acap I	US FASE	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH! 1 YES 2 NO
ARTERIOSCLE							
ARTERIOSCLE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C	heck only one)		
ARTERIOSCLE 25. WAS CASE REFERRED TO MEDICAL	HOSPITAL: 1 Inpettent 2 ER/Outs	patient 3 🗆 DOA	26 OTHER: 4 \(\text{Nursing H}	- 1	neck only one) 8 Other (Specify)		
ARTERIOSCLE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	28b. Til	OTHER: 4 Nursing H	- 1	and a service of	NJURY OCCI	URED
ARTERIOSCLE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day. Year)	28b. Til	OTHER: 4 Nursing H ME OF JURY M 1	ome 5 Raaldence NJURY AT WORK? YES 2 NO	8 Other (Specify)	NJURY OCCI	URED
ARTERIOSCLE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpetiant 2 ER/Outs 26a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spe	28b. Till IN	OTHER: 4 Nursing H ME OF JURY M 1	ome 5 Raaldence NJURY AT WORK? YES 2 NO	8 Other (Specify)	and Number o	-
ARTERIOSCLE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural S Pending Investigation Pending Investigation 2 Accident Guident Gettermined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpetiant 2 ER/Outs 26a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spe	28b. Till IN / — At home, farm, city)	OTHER: 4 Nursing H ME OF JURY M 1 [street, factory, o	NJURY AT WORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street. City or Town, State) a to the cause(a) and med	and Number o	or Rural Route Number,
ARTERIOSCLE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural S Pending Investigation 2 Accident Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1) CERTIFYINO PH	HOSPITAL: 1 Inpatiant 2 ER/Out 26a. DATE OF INJURY (Month, Day, Year) be 26e. PLACE OF INJURY building, atc. (Spe YSICIAN: To the best of my know	28b. Till IN / — At home, farm, city)	OTHER: 4 Nursing H ME OF JURY M 1 [street, factory, o	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW I 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) a to the cause(a) and mee of time, data and place, and	and Number o	or Rural Route Number,
ARTERIOSCLE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatiant 2 ER/Out 26a. DATE OF INJURY (Month, Day, Year) be 26e. PLACE OF INJURY building, atc. (Spe YSICIAN: To the best of my know	28b. Till IN / — At home, farm, city)	OTHER: 4 Nursing H ME OF JURY M 1 [street, factory, o	NJURY AT WORK? YES 2 NO Note and piece, and due, death occured at the	28d. DESCRIBE HOW I 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) a to the cause(a) and mee of time, data and place, and	and Number o	d.
ARTERIOSCLE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/Outs 2 = DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Spe YSICIAN: To the best of my know INER: On the besie of examination	Zeb. Till IN Zeb.	OTHER: 4 Nursing H ME OF 28c. JURY M 1 street, factory, o	NJURY AT WORK? YES 2 NO NICE At and piece, and due, death occured at the	28d. DESCRIBE HOW I 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) a to the cause(a) and mee of time, data and place, and	and Number o	d.
ARTERIOSCLE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be defarmled 29a. CERTIFIER CERTIFYINO PHICH (Check only one) 2 MEDICAL EXAMINED 29b. SIGNATURE AND TITLE OF CERTIF	HOSPITAL: 1 Inpetient 2 ER/Outs 2 = DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Spe YSICIAN: To the best of my know INER: On the besie of examination	28b. Til IN (— At home, farm, orly) riedge, death occur in and/or investigate EATH (ITEM 27) (Typ	OTHER: 4 Nursing H ME OF 28c. JURY M 1 [street, factory, o red at the time, d ion, in my opinion	NJURY AT WORK? YES 2 NO Note and piece, and due, death occured at the	28d. DESCRIBE HOW I 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) a to the cause(a) and mee of time, data and place, and	and Number o	d.



BALTIMORE, MARYLAND 21215-0020

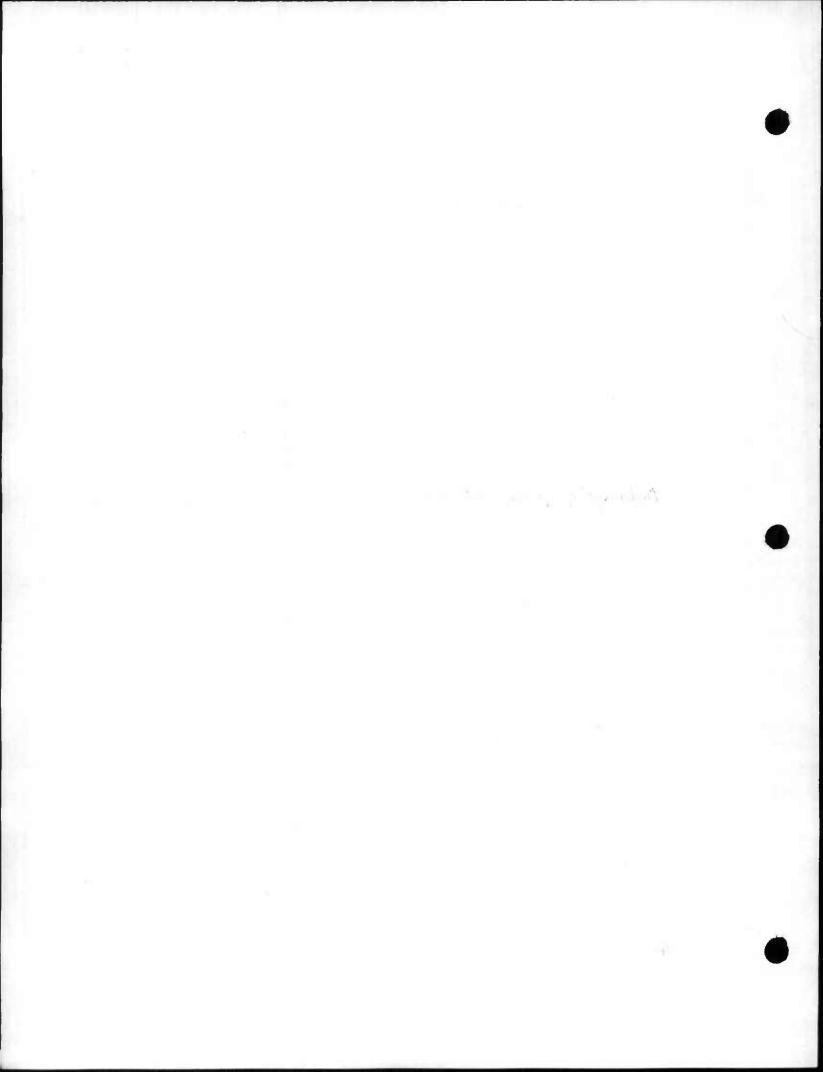
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (FI	rst, Middle, Last)								2. DATE OF DEATN	0.		A THE OF DATE:
		Patrici		Doo	. 1 1					MONTH	DAY	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NU		5. SEX	Bea 6. AGE (In yrs. In		IF UNDER	VEAR	IF UNDER	104 Line	7. DATE OF BIRTH	9	_	L11:55 a'
	E70 E0 407	70	1 M 2 N F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		Count	**
	579-50-197 90. FACILITY NAME (# 170)			53						09/10/19			hington, DC
œ						96. CITY,	TOWN	OR LOCATI	ON OF OE	ATN	9c. CO	UNTY OF I	DEATN
5	Greater Ba	LLIMOR	e Medica	Center				Tows	son_			Ba	ltimore
DIRECTOR	10a. STATE	10b, COUNT	TY		10c. CIT	Y, TOWN O	R LOCA	NTION					10d. INSIDE CITY
a	MD	Mo	ntgomery			Ga	i+h	nersb	ura				LIMITS?
AL	10e. STREET AND NUMBE						_	H. ZIP COD			10g, Cl	TIZEN OF	WHAT COUNTRY?
E	813 Quino	ce Orch	ard Boul	evard. #	14			20	878				States
FUN	11. MARITAL STATUS		12. WAS DECEDER	NT EVER IN U.S. AF	RMED	13. V	AS DE			IC ORIGIN? (Specify)		14. RAC	E — American Indian
	1 Never Married 2			WAR OR OATES	NO] 11	yes, st	pecify Cuba S 2 [X] NO	n, Mexicar	s, Puerto Rices, atc.)		Blec	k, White, etc.
ВУ	3 Widowed 4 Di	vorced				_ ·		2 L (2) 110	GDBCITY.			Spec	White
區	15. DI (Specify of	ECEOENT'S EDU	JCATION e completed)	16a, DI	ECEDENT'S	USUAL OC	CUPATI	ION ost of working		16b. KIND OF B	USINESS/IN	IDUSTRY	***************************************
E	Elementary/Secondary		College (1-4 or 5		. Do NOT u	se retired.)	uning m	OSL OF WORK	v				
OMPL	12				Home	maker				Ow	n_Hom	e	
8	17. FATHER'S NAME (First,	Middle, Last)				11.7		18. MOTI	HER'S NAM	ME (First, Middle, Maide			
BE	Joseph A.	Burke							Eliz	zabeth Tr	unnel	1	
10	19a. INFORMANT'S NAME	(Type/Print)		19	b. MAILING	ADDRESS	(Street	and Number		loute Number, City or To			20070
-	George P.	Beall		8	13 Q	uince	Or	char	d Blv	vd., #14,	Gait	hers	20878 burg, MD
	20e. METNOD OF DISPOS		noval from State	20b. PLACE cemetery, cre	AND DATE	OF DISPOSI					OCATION		
	4 Donation 5 Oth	er (Specify)		Gate	of He	eaven	Ce	mete	ry 9-	-14-91 Si	lver	Spri	ng,Maryland
	21. SIGNATURE OF FUNER			O MOO	381	22. A	AME A	NO ADDRES	SS OF FAC	hrey Fun	ara I	Homo	Wisconsin
	Parbara	Some	nullen of	aurence	_	Be	the	sda -	chevi	Chase,	Inc	755	Wisconsin
CERTIFICATION	Sequentielly list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in thet initiated eventa resulting in death) LA	ediete YING jury	Staphl Extone TO Bladde	OCOCCAL OR AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION	Seps ouence of noma ouence of	is with	Per	rsist	ent	vesico-co	lonio	Fis	tula 2 mos
ᆼ			g,										
N N	PART II. Other signific	cent condition	ne contributing to	deeth but not r	resulting l	in the und	eriyin	g ceuse g	lven in F		M AUTOPSY	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICA										1 TES	/		COMPLETION OF CAUSE OF DEATH?
												- 1	1 YES 2 100
AN		_											
SICI	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:					LACE OF DI	EATN (Chec	ck only one)			
HYS	1 TYES 2		1 Depatient 2	ER/Outpatient 3	□ DOA	OTHER		ne 5 🗆 Re	aldenca 8	3 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Manural 5 2 Accident	Pending Investigation	26a. DATE OF (Month, D	Pay, Year)		M	1 🔲	JURY AT ORK? YES 2		28d. DESCRIBE HOW	INJURY OC	CURED	
ETED	3 Buicide 8 4 Homicide	Could not be determined	26e. PLACE O	of INJURY — At ho atc. (Specify)	oma, farm, a	itraet, facto	y, offic			28f. LOCATION (Street City or Town, State	and Numbe	er or Rural F	Route Number,
ᆲ	(Check only one)	TIFYING PHYS	ICIAN: To the best of	my knowledga, de	ath occurre	ed at the tin	e, date	and place,	and due t	o the cause(a) and m	nner as ste	ned.	
COM	2 L ME	DICAL EXAMINE	ER: On the beals of a	xamination and/or i	investigatio	n, in my op	inion, d	seath occur	ed at the ti	lme, data and placa, a	nd dua to t	ha cause(a	and manner as stated.
8	29b. Sign ATURE AND THE	OU CHATIFIE	mu	an				29c. LICE	NSE NUME	24	29d. DA3	9 /	(Maron Pay mar)
2	30. NAME AND ADDRESS O			SE OF DEATH (ITE	M 27) (Type,	Print)	7	57	111	Thu	Charl	Ton	02000
	31. DATE FILED (Month, Den		SLER Jy. REGISTRA	OR -		017	t	50	7	100-	m	·IVL	0 21204.
	SEP 13 9	1	C MAN DOWN	ason-Nata	,								

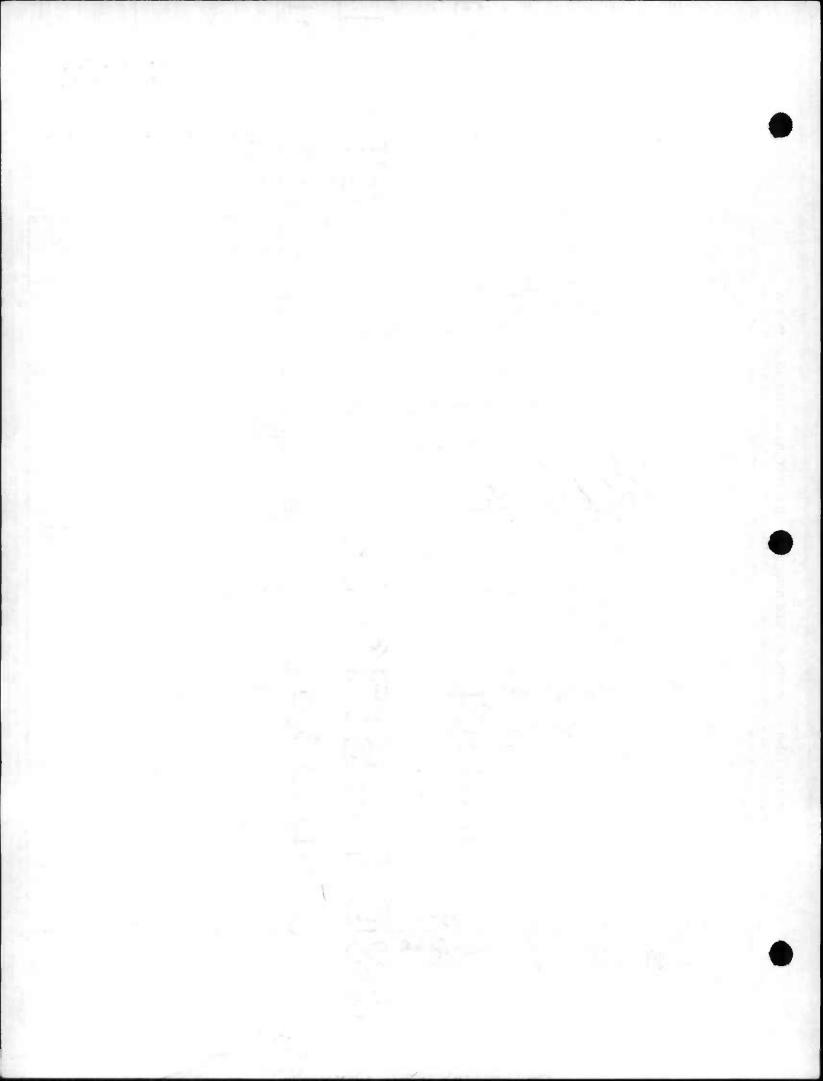
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



DHMH-16 Rev 1/89

	-
	1
	M
	ü
	6
-	
	1
0	3
9	
N	-3
00	4
(0)	- 3
_	3
×	1
0	1
9	-
$\mathbf{\omega}$	4
	ti
0	3
0	1
Δ'	Ì
-	3
	3
S	- 3
	j
=	3
1	- 1
0	4
\sim	1
U	-
ш	1
0	
_	
7	
-	,
-	,
_	3
>	9
	9
=	- 1
0	1
_	ı
2	-
\overline{a}	1
U	i
	3
(J)	1
=	1
-	
\overline{a}	1
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
	The state of the s
	1
	-

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF H	EALTH AND I		YGIENE EG. NO.		0094
	1. DECEDENT'S NAME (First, Middle, Last) TOMAS		ANDA.	JR.		2. DATE OF D	1 DAY	9/	3. TIME OF DEATH 0625 A M
	4. SOCIAL SECURITY NUMBER 578-44-0206	1X□ M 2 □ F 56	YRS. MOH	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day 8-13-	1935	Country)	rizona
TOR	9a. FACILITY NAME (If not institution, give str Washington Adven RESIDENCE OF DECEDENT	•		Takoma	Park	EATH		ntgome	
DIRECTOR		ontgomery	10c. CITY, TO		Spring				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	3104 Cordoba St	reet		10f	ZIP CODE 209	904	10g. Ci	TIZEN OF WI USA	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, spe	ENDENT OF HISPAN Helly Cuben, Mexica 2 NO Specifi	n, Puerto Rican		14. RACE Black, Specify	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of the control of	CATION	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re- Computer	done during mo- ired.)	et of working		of Business/in		
	17. FATHER'S NAME (First, Middle, Lest) Tomas	D. Banda, Sr		Бубсен	16. MOTHER'S NA		s, Maiden Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print) Evelyn C. Banda		19b. MAILING AD		nd Number or Rural	Route Number, C	City or Town, State, 2	(ip Code)	Md. 20904
	20s. METHOD OF DISPOSITION 1 G Burlal 2 G Cremetion 3 G Remo	oval from state of	b. PLACE AND DATE OF cemetary, crematory or c	oisposition other place)	(Name	0ATE 13-91	20c. LOCATION - Brentwo	- City or Tow	rn, Stata
	21. SIGNATURE OF FURERAL SERVICE LIG			22. NAME AN Hines	Rinaldi	Funer	al Home		Md. 20904
	23. PART I, Enter the diseases, or cahocy, or heert fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Pre	ech line.	enter the mo	de of dying, suc	h aa cardiac	or respiratory a		Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF:	f.It	reli	ing			
PHYSICIAN: MEDICAL CE	PART II. Other algorificant condition Distribution Distribution Distribution Curching				g couse given in	الما	NAS AN AUTOPS: PERFORMED? YES 2 ANO		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	petient 3 DOA 4	THER:	ACE OF DEATH (Ch		neclfy)		
у РНУ	27. MANNER OF DEATH 1 Netural 8 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ			BE HOW INJURY O	CCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, streeterly)	at, factory, offic	â		N (Street and Numb wn, State)	per or Rural R	oute Number,
COMPLETED	one)	ICIAN: To the best of my know				- in .			and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	Lair	MD.		DO 2	182	Md, > 9	ATE SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH	olumbia	HIKE, S	oilve	r Spr	ring	Md.	200	904
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	P. 40			0			



FOR

BALTIMORE, MARYLAND 21215-0020	n 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burfal, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAI CERTIF					MENTA	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Donald	н.	Bangs					2. DATE MONTO	OF DEATH	199	EAR	TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 501- 10-9104	5. SEX 6.	AGE (In yrs. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	(Monti	OF BIRTH h, Day, Year) 20,192		Country)	ACE (State or Foreign Dakota
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY	, TOWN	R LOCATI	ON OF DE			9c. COUNTY		
OR	3406 May Street				Sil	ver S	Sprin	ng		Mont	gome	ery
딢	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c, Cf	TY, TOWN (OR LOCAT	ION					10	od. INSIDE CITY
뜸	Maryland Mo	ntgomery		Sil	lver	Spr	ing				1	LIMITS?
AL.	10e. STREET AND NUMBER					. ZIP COD				10g. CITIZEN		AT COUNTRY?
ER,	3406 May S	treet				209	906				USA	40
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 S IF YES, GIVE WAR WW II	YES 2 NO		If yes, sp	ENDENT Color Cubic	n, Mexica	n, Puarto	N? (Specify Yea Rican, atc.)	or No 14.	Black, V Specify: WHI	- American Indian, White, etc. I'E
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION is completed)	16a. DECEDENT	S USUAL O	CCUPATIO	ON at of worlds	na	166	. KIND OF BUS	INESS/INDUS	TRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT	use retired.)								
₽ P		1	ANALYST						EPT. O			
8	17. FATNER'S NAME (First, Middle, Last)								Middle, Maiden S			
BE	HANS B. BANGS 190. INFORMANT'S NAME (Type/Print)		I 19h MAIL IN	G ADDRES	S (Street s				VLAST		rdel	
임	FRANCES D. BANGS	G (WIFE							PRING			20006
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Ren		20b. PLACE AND OA	TE OF OISP	OSITION		DILL	OAT		ATION — Ch		
	4 Donation 5 Other (Specify)	noval from State	of cemetary, cremato. PARKLAWN	CEME	TERY			09/	09 ROC	KVILLE	, M	ARYLAND
13	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		22. F	NAME AL	TS T	SS OF FA	CILITY T.T.TN	S FUNE	RAT. HO	MF	TNC
	2 semeger	1000	A									MD.20901
NOIL	shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate	DUE TO (O	A STATICAR AS A CONSEQUENCE		-i11	vq	C	AN	CER			Interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	R AS A CONSEQUENCE	OF):		-				_		
MEDICAL	PART II. Other significent condition	na contributing to de	eeth but not reaulting	In the u	nderlyln	g cause	given in	Part I.	24s. WAS AN PERFOR 1 TYES 2	MED?	o o	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF E	DEATH (Ch	eck only o	ne)			
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetlant 3 🗆 DOA	OTHE		10 5 🗆 R	esidence	6 🗆 Oth	er (Specify)			
PHYSICIAN:	27. MANNER OF GEATN	28a. DATE OF IN (Month, Day,		IME OF	28c. IN.	URY AT		28d. DE	SCRIBE NOW II	YJURY OCCUP	REO	
ВУ	1 Natural 5 Pending 2 Accident Investigation			М		YES 2 [□ NO					
8	3 Suicide 8 Could not be determined	28e. PLACE OF 6 building, et	INJURY — At home, farm c. (Specify)	, street, fac	tory, offic	•		28f. LO	CATION (Street a or Town, State)	nd Number or	Rural Ro	rte Number,
COMPLET	CONSTRUCTION -		y knowledge, death occu mination and/or investiga									and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIF	ER	0 1			29c. LIC	ENSE NU	MBER		29d. DATE S	IGNED (Worth, Day, Year)
TO B	Dupan x	agett -		CAL	an	D	3	810	14	9	-	8-91
	30. NAME AND ADDRESS OF PERSON W SWAAN Leggett	TO LUSE		pe, Print) 401 (oles	111	e 7	BAd	Silv	er S	Drik	ug. Md
	SEP 1 0 1991	July Davidson										()

90% CO110M

Admill Captures (Pt. pp. 137) c.

DHMH-16 Rev 1/89

STATE REGISTRAR

1 -

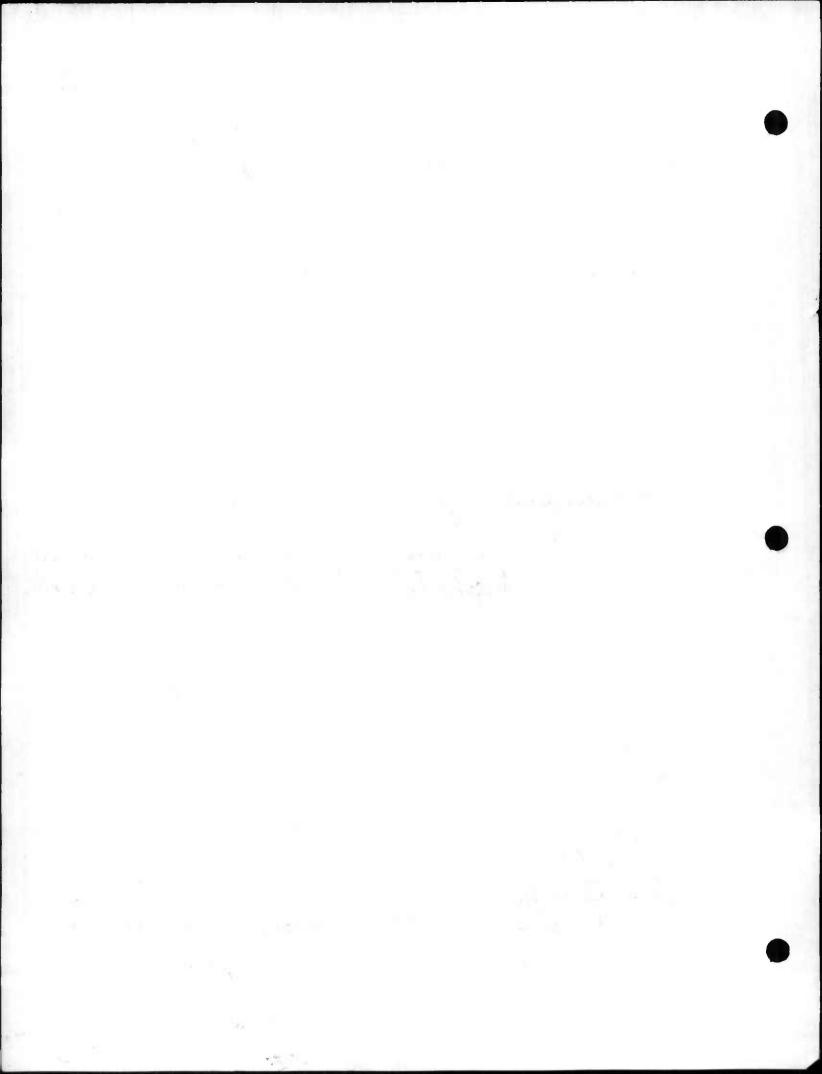
DIVISION OF VITAL RECORDS,

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH LOUIS E. BASKIN 30 9 91 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (St 577-05-553 1 HN 2 DF onth, Day, Year 80 Penn. permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF OEATH FUNERAL DIRECTOR HOLY CROSS HOSPITAL SILVER SPRING MONT. RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? MD MONT. CHEVY CHASE X YES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? page 5 should be detached for use as the burial-transit 4701 WILLARD AVENUE #535 20815 U.S.A. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Widowed 4 Divorced 2 X NO FORCES? 1 YES IF YES, GIVE WAR OR DATES BY 1 TES 2 NO Specify: Specify: WHITE BE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
iile. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest of Elementary/Secondary (0-12) College (1-4 or 5+) 12 MERCHANT RETAIL CLOTHING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at SAUL BASKIN LENA SKLAR 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. ETHEL BASKIN SAME AS # 10 9 20a. METHOD OF DISPOSITION 1 | Burlel 2 | Cremation 3 | Removal from State
4 | Donetion 5 | Other (Specify) 206. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must DATE funeral director, Cemetery 9/16/91 Alex. Va. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Jos. Gawlers Sons Inc. 24 hours after death. unon 5130 WISC., AVE. NW WASH., D.C. filled in by the filon, or removal. medicai 23. PART I. Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause of each lina. interval Batween **IMMEDIATE CAUSE (Finei** Onset end Death completely fille rial, cremation, the disease or condition resulting in death) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within traumatic event, in and cont to burial, CERTIFICATION Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING been signed by the attending physician it, of Health and Mental Hygiene phor to other 1 CAUSE (Disease or injury thet initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in deeth) LAST injury, or PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO r this certificate has been haith the State Dept. oarked, or Item 23 sh unce 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPUML OTHER: 1 YES 2 NO illent 2 ER/Outpatient 3 DOA ng Home 5 🗆 Residence 6 🗆 Other (Specify) marked, or 27. MANNER OF BEATH 26s. DATE OF BUJURY (Month, Day, West) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 AMetural 5 Pending M 1 YES 2 NO After t BY 2 Accident
3 Sulcida PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: At TO THE flood within 72 hours after de IMPORTANT: If item 28 is I 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) .50 COMPLETED 6 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the Mass of axe d/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. BE 29c. LICENSE NUMBER 2 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE 2 LEVIN MD. OF DEATH (ITEM 27) (Type, Print) BARRY J. 80 A 6 0 31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE °Q

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: if Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
DIVIS	TO THE HOSPITAL OR ATT	TO THE FUNERAL DIRECTO	IMPORTANT: if item 28

	1 - STATE REGISTRAR	STATE OF MARY			F HEALTH A DF DEATH		AL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, LA BUSTAMANTE	AKA GLICE	RIO, M.	BUSTAM		2. DA	TE OF DEATH	- 9	ZEAR 653 AM M
	2/4-04-3983 Bit. FACILITY NAME (If not institution, g)	WW: DF	64 YAS.	# UNDER 1 YE	PS HOURS &	im 1500	E OF BIRTH	P	BIRTHPLACE (State or Foreign Country) HILIPPINES
DIRECTOR	Holy Cross H	spital		Silve	e Speir	OF DEATH ,	1	mon	tg omery
	110	NTGOMERY	10c. CI	INST NO					10d. INTIDE CITY LIMITE? 1 - FES 2 NO
FUNERAL	2911 Foulther	Place		9	208	95		PHIL	N OF WHAT COUNTRYY
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes	DECENDENT OF I s, specify Cuban, i YES 2 X NO	fexican, Puert	ilN? (Specify Yea o Rican, atc.)	or No—	Black, White, atc. Specify: ASIAN
COMPLETED	15. DECEDENT'S & (Specify only highest gr Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT L	work done during	g most of working	1	MEDICI		TRY
BE CO	17. FATHER'S NAME (First, Middle, Last) ARTEMIO	BUSTAMANTE			JUA	ATIV		MONRO	
10	20RAIDA BUSTAMA	(2911	FAULKN					YLAND 20895
	20a. METHOD OF DISPOSITION 1	amoval from State	ob. PLACE AND DATE	MORIAL	CEMETER	RY	Man	ila, F	y or Town, State Philippines
	Francis	Willens!	7	500 UN	SAND ADDRESS IVERSITY	BLVD	., W.,	SIL. S	SP., MD 20901
CERTIFICATION	23. PART I. Enter the diseases, abock, or heart failure immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. MAL	GNG-W CONSEQUENCE O	HC HC	porca Coma	_			Approximate Interval Between Onest and Death S MUH II C
	resulting in death) LAST	d							
IN: MEDICAL	PART II. Other significant condit	iona contributing to death	but not resulting	In the undari	ying cauae giva	n in Part I.	24e. WAS AN PERFORI	MEO?	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	toatient 3 🗆 OOA	OTHER:	OF OEAT				
ву РНУ	27. MANNER OF OEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	AE OF 28c.	INJURY AT WORK?	28d. O	ESCRIBE HOW IN	JURY OCCUR	ED
ETED B	2 Accident Investigation 3 Suicide 8 Could not industrial detarmined	28a. PLACE OF INJUR	IY — At home, farm, ecily)	street, factory, o	office	261. LO	CATION (Street ar y or Town, State)	nd Number or i	Rural Route Number,
COMPLE		SICIAN: To the best of my kno							Ruse(s) and manner as stated.
BE	24 June die fille de chiere		1		DAG	NUMBER 750			GHIJO (Moren, Gree Year)
욘	OO NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF O	EATH (ITEM 27) (Type	Print)	PAULIA	CD	Dasa	Cun	ON MITUR
	31. DATE FILED (Month, Day, Year) CFD 1 7 '91	32. DEGISTRABIS SIG	NATURE ACADO PO	2	CEMUNT	(VIIO	CVG	20776



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to buriat, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (F.	irst, Middle, Last)		٨		ICATE OI			2. DAT	REG. NO	AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NU	NOCE THE	5. SEX	Д.	1	770	NI		C	1-10	1-	91	15:30
467-73-140	9	1 X XM 2 □ F	6. AGE (In yr.	s. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		MIN.	7. DATE (Mon Aug	OF BIRTH	970	Arka	PLACE (State or Foreign ny) ansas
9. FACILITY NAME (# no 2 School	Drive	street and number)			96. CITY, TOWN	thers					nty of c	
Maryland	10b. COUNT	tgomery			ry, TOWN OR LOC							10d. INSIDE CITY LIMITS? 1 YES 2 NO
69 Apples		ne			1	20	e 878			10g. CIT	U.S.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 (3 Wildowed WX D		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. YES 2	ARMED	13. WAS DE If yes, a 1 _ YE	CENDENT pocity Cub s 2 12 NO	OF HISPAI en, Mexice Specif	NIC ORIGI en, Puerto fy:	N? (Specify Yee Rican, etc.)	or No—	14. RACI Blac Spec	E — American Indian, k, White, atc.
15. D (Specify of Elementary/Secondery 12	ECEDENT'S EDU only highest grad	JCATION e completed) College (1-4 or 5 -		Give kind of life. Do NOT us	USUAL OCCUPAT work done during n se retired.)	ost of world	ing	16	E CO	d Ser	Ma.	3
17. FATHER'S NAME (First,	Middle, Last)					_	HER'S NA	ME (First	Middle, Maiden			
James I				19b. MAJLING	ADDRESS (Street	Rel	becca	a				Duckworth
Rebecca C.			200 01 0	69 Ar	pleseed	Lane	e, Ga	aith	ersbur	g, MI	20	0878
20e. METHOD OF DISPOS 1 Burlet 2 Doreme 4 Donation 5 Oth	tion 3 - Ren	noval from State			ther Care emat		9/. m, Ii	15/69:		thes		wn, State Maryland
		CENSEE										_
21. SIGNATURE OF FUNE	RAL SERVICE LI	· & .	م	100522	22 NAME RODE Rock Aven	ville ue, l	Pul Pul e, II Rocky	MpHr nc viii	ey Fune 300 We	eral est M	Home lonto	jomery 0850-2805
21. SIGNATURE OF FUNE 23. PART I. Enter the	diseases, or heert fellure.	complications that List only one ceu	t caused the	death, Dor	22 NAME RODE ROCK Aven	ode of dy	ring, suc	mphrenc. ville	ey Fune 300 We	eral est M yland	Home lonto	_
23. PART I. Enter the shock, or iMMEDIATE CAUSE (F disease or condition	diseases, or heert feliure.	complications that List only one ceu a	t caused the lee on each (OR AS A CON	100522 death, Do r	22 NAME ROCK ROCK AVEN	ode of dy	ring, suc	mphrenc. ville	ey Fune 300 We e, Mary	eral est M yland	Home lonto	Jomery 1850-2805 Approximate Interval Betwee
23. PART I. Enter the shock, or iMMEDIATE CAUSE (f disease or condition recuiting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	diseases, or heert feliure.	complicationa that List only one ceu a	t caused the see on each (OR AS A CON (OR AS	death, Do nine.	22 NAME RODE RODE AVEN	code of dy	ring, suc	mphre nc. villo h as cer	ey Fune 300 We e, Mary diac or respi	eral est M ylanc ratory and	Home fonto 1 20 reat,	Omery 0850-2805 Approximate interval Betwee Onset and Date Onset and Date WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE
23. PART i. Enter the shock, or iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or intat initiated events resulting in death) LA	diseases, or heert feliure.	complicationa that List only one ceu a	t caused the see on each (OR AS A CON (OR AS	death, Do nine.	22 NAME RODE RODE AVEN	code of dy	ring, suc	mphre nc. villo h as cer	ey Fune 300 We e, Mary diac or respi	eral est M ylanc ratory and	Home fonto 1 20 reat,	MOMERY 1850 – 2805 Approximate interval Betwee Onset and Dark Moment and Dark
23. PART I. Enter the shock, or iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list condif any, leading to immeuse. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations of the signification of the significant of the significa	diseases, or heert feliure.	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL:	t caused the lee on each (OR AS A CON (OR AS A CON death but no	death, Do riline. A Secouence of the secone of the se	22 NAME ROCK ROCK AVEN	code of dy	given in	Part i.	ey Fune 300 We e, Mary diac or respi	eral est M ylanc ratory and	Home fonto 1 20 reat,	MOMERY 0850-2805 Approximate interval Betwee Onset and Date on Date
23. PART I. Enter the shock, or iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list condificant, leading to immediase. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other aignificant in the condition of the c	diseases, or heert feliure.	a	t caused the lee on each lee on each lee on each lee on each long as a condition of the least le	death, Do rine. death, Do rine. secuence of secuence of secuence of resulting in the secuence of the secuenc	22_NAME PRODE ROCK AVEN AVEN NOT enter the motenter the m	LACE OF D	given in	Part i.	24a. WAS AN PERFORM	AUTOPSY MED?	Home dont coll 20 reat,	MOMERY 0850-2805 Approximate interval Betwee Onset and Date on Date
23. PART i. Enter the shock, or iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signification of the condition of the cause of the	diseases, or heert feliure. diseases, or heert feliure. Finel ittone, disting finel ittone, disting finel TO MEDICAL	DUE TO B. DUE TO B. DUE TO C. DUE TO d	t caused the lee on each (OR AS A CON (OR AS A CON death but no learn injury by, Year)	death. Do reline. ASEOUENCE OF SECUENCE O	22_NAME PRODE ROCK AVEN AVEN NOT enter the motenter the m	LACE OF D	given in	Part I.	24a. WAS AN. PERFORM 1 YES 2	AUTOPSY MED? (XNO	Home dont collection and collection	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
23. PART I. Enter the shock, or iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other aignification of the condition of the	diseases, or heert feliure. diseases, or heert feliure. finei litione, sediate ying jury ist Condition TO MEDICAL Pending Investigation Could not be determined	Complications that List only one ceuse. B. DUE TO b. DUE TO c. DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. D. D. D. D. D. D. D. D. D. D. D	t caused the lee on each (OR AS A CON (OR AS	death, Do riline. Death, Do riline. SECUENCE OF SECU	22 NAME ARODE ROCK AVEN DOTHER: 4 Nursing Horest, factory, office at the time, det	LACE OF D THE STATE OF D LACE OF D THE STAT	given in	Part I. Part I. 28d. DEt	24a. WAS AN PERFORM 1 YES 20 ATION (Street as or Town, State)	AUTOPSY MED? (XNO	Home Hontola 20 reat,	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
23. PART I. Enter the shock, or iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other aignification of the condition of the	diseases, or heert feliure. diseases, or heert feliure. finel distance feliure. finel declate ying jury ST TO MEDICAL Pending investigation Could not be determined ATTIFYING PHYSIDICAL EXAMINE	COMPlicationa that List only one ceu a. DUE TO b. DUE TO c. DUE TO d	t caused the lee on each (OR AS A CON (OR AS	death, Do riline. Death, Do riline. SEOUENCE OF SEOU	22 NAME ARODE ROCK AVEN DOTHER: 4 Nursing Horest, factory, office at the time, det	LACE OF D TO THE S TO TH	given in	Part I. Part I. 28d. DEt to the cattline, dete	24a. WAS AN PERFORM 1 YES 20 ATION (Street as or Town, State)	AUTOPSY MED? (XNO) AUTOPSY MED? (XNO) IJURY OCC.	Home dont collection of the course of the co	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?

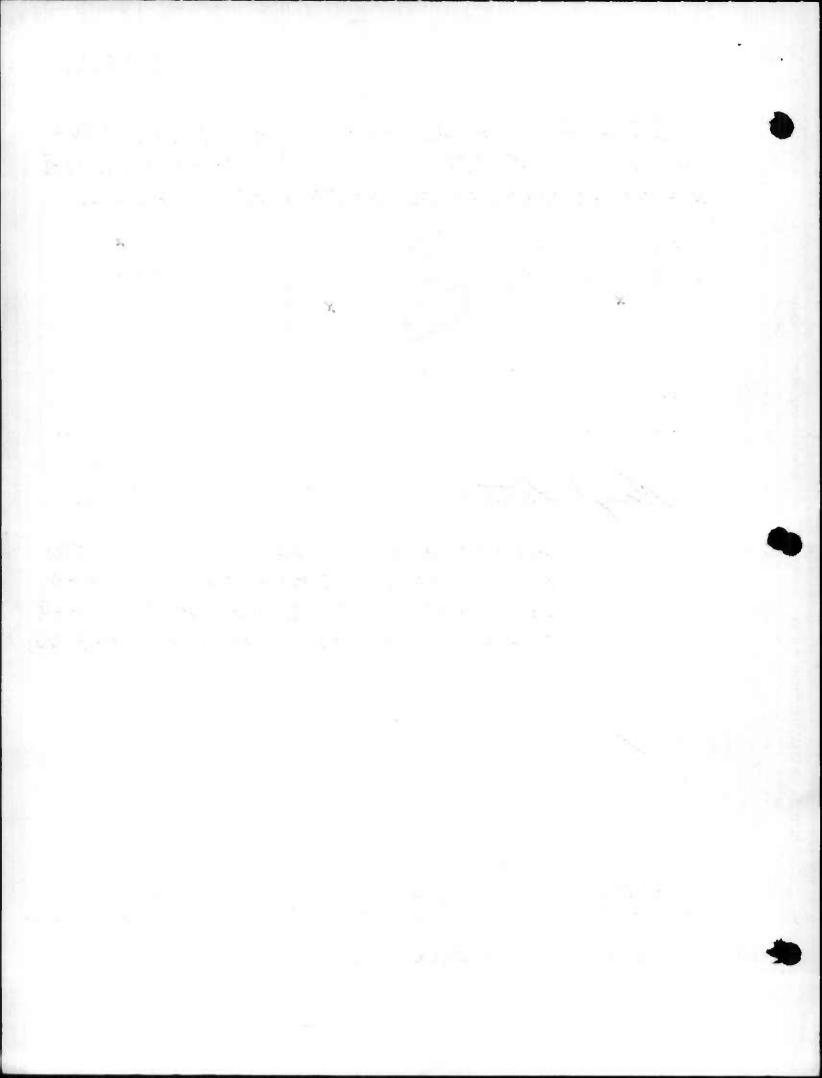
Torred was

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

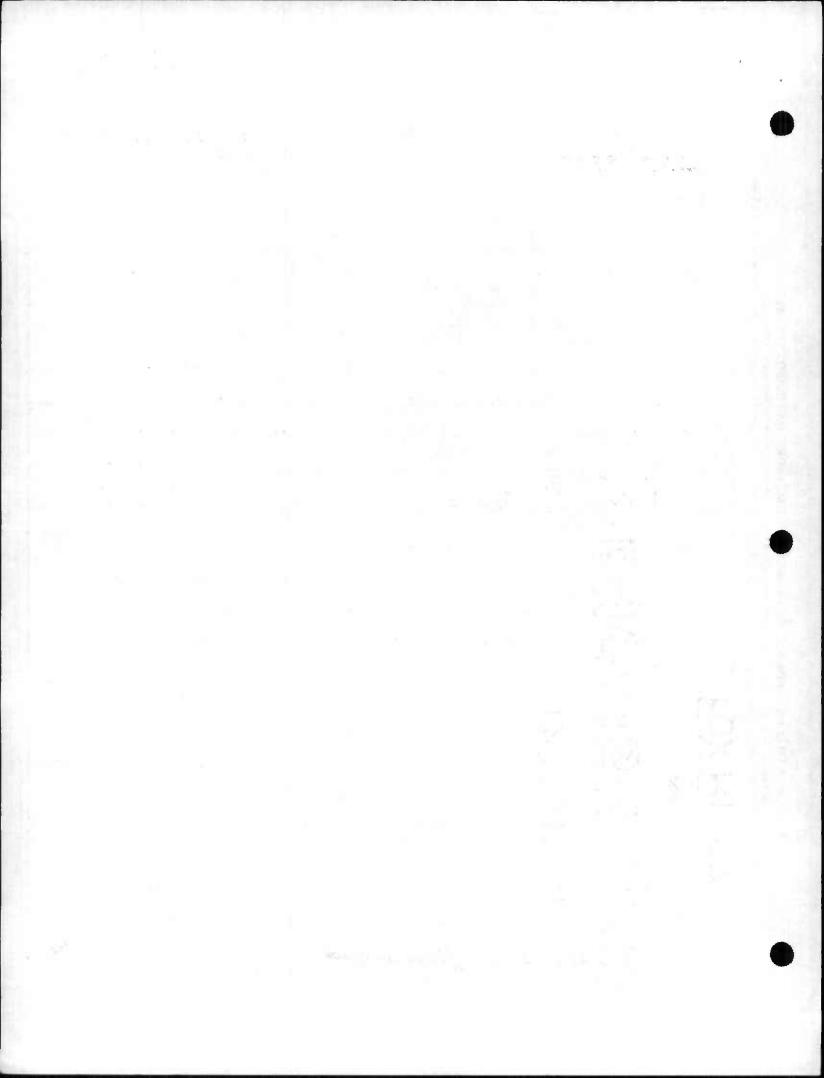
	+ DA Ballo BLACK	MAN	2. DATE OF DEATH	49) 2,50 Am
	217-28-6025 A 1 M 2 F 77 YRS. MO	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	e. EIRTHPLACE (State or Foreign Country) MISCISSIPPI
DIRECTOR	9a. FACILITY NAME (If not Institution, give street and number) WESTMINSTER NURS CONV CTR RESIDENCE OF DECEDENT	WESTMIN		ARROLL.
REC		TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
		tminster		1 YES 2 NO
RAL	10e. STREET AND NUMBER	10f. ZIP CODE	7.00	IZEN OF WHAT COUNTRY?
FUNERAL	32 Timber Ridge Drive 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	21157	ANIC ORIGIN? (Specify Yea or No	J.S.A. 14. RACE — American Indian.
В	1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES.	If yes, specify Cuban, Maxid	can, Puarto Rican, atc.)	Black, Whita, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S US (Give kind of work	k done during most of working	16b. KIND OF BUSINESS/IND	
	Elementary/Secondary (0-12) College (1-4 or 5+)	etired.)		
MP	12 2yrs Housew			
	Rev. Martin Sanford		NAME (First, Middle, Melden Surname) Henry	
BE			al Route Number, City or Town, State, Ziz.	o Code)
10	20. METHOD OF DISPOSITION 20. BLACE OF DISPOSITION	imber Ridge	Drive, Westm:	inster, Md.
	★Surial 2 Cremation 3 Ramoval from State other place)	k Cemetery		ille,Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF I	FACILITY	
	Nanny K. Eletcher	254 East M	letcher & Son Main St.Westm	inster, Md.
	23. PART I. Enter the disease, or complications that caused the death. Do not shock, or heart failure. List only one cause on each line.	enter the mode of dying, su	uch as cardiec or respiratory an	reat, Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in daeth) a. ASPIRATION	PNFUMA NA	4.	Onset and Death
7	DUE TO (OR AS A CONSEQUENCE OF):		MENTIA	1.5 MO.
ATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):		REPRAL VAS	DY EVEADO
FIC	CAUSE (Disease or Injury that initiated events	CHILVIO-CE		
CERTIFICATION	reautting in death) LAST a. DIABETES M	ELLITUS	INSULIA TA	NOVERANDENEN
	PART II. Other eigniticent conditions contributing to death but not resulting in	tha undarlying cause given i	In Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL			1 YES 2 NO	COMPLETION OF CAUSE DF DEATH?
ME				1 WES 2 NO
N.				
ICE I		26. PLACE OF DEATH (
PHYSICIAN:	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 27. MANNER F DEATH 28s. DATE OF INJURY 28b. TIME C	OF 28c, INJURY AT	e 8 ☐ Other (Specify) 28d, DE\$CRIBE HOW INJURY OC	CHRED
BY PI	1 Netural 5 Pending (Month, Day, Year) INJUR 2 Accident Investigation	WORK? M 1 YES 2 NO	200. DECOMBE NOW MOON! OU	
ED	3 Suicide 8 Could not be datarmined 28a. PLACE OF INJURY — At home, farm, street building, atc. (Specify)	eet, factory, offica	281. LOCATION (Street and Number City or Town, State)	r or Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred a medical examiner: On the basis of examination and/or investigation,			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER WELLER	29c, LICENSE N	1496 29d. OAT	1
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pr. DANIEL I, WELLIVER M.D.	MES WES	PSITINCTON	MADI) ANY
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE			
	OFD 1 - '01 /1. Kin 30 am			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR	SINIE UP MANIL		IENT OF HEALTH AND ATE OF DEATH	REG. NO.		
1. OECEOENT'S NAME (First, Middle, Last)	BOSLEY	SP,		2. OATE OF DEATH MONTH DAY	YEAR 91	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-26-9738	1 (X) X4 2 □ F	63 YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH	28 Count	HPLACE (State or Foreign Maryland
99. FACILITY NAME (If not institution, give so Carroll County Go	eneral Hospit	al	Westminster	DEATH	Cari	
10a. STATE 10b. COUNTY	roll		own or Location stminster			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 2552 Albert Rill	Rd.		101. ZIP CODE 21157	7	USA.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 YES	U.S. ARMED 2 NO TES	13. WAS DECENDENT OF HISP, If yes, specify Cuben, Mexic 1 YES 2 NO Specify Cuben, Mexic	can, Puerto Rican, etc.)	Blac	E — American Indien, ck, White, etc.
15. OECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT use re	done during most of working	166. KIND OF BUS		
17. FATHER'S NAME (First, Middle, Last)	oshua G. Bosl	ey Sr.		AME (First, Middle, Maiden :		
19e. INFORMANT'S NAME (Type/Print) Doris V. Bosley		1000	bert Rill Rd.	ACT THE PARTY OF T		21157
20e. METHOD OF OISPOSITION 1		PLACE AND DATE OF	DISPOSITION (Name	9/17 Hamp	CATION — City or T	lown, State
21. SIGNATURE OF FUNERAL SERVICE LIC		D	22. NAME AND ADDRESS OF I	FACILITY 934	S. Main	St.
IMMEDIATE CAUSE (Final	List only originate on a Pulmuni	ach line. Amy Emi		ich sa cardiac or reapii	ratory arrest,	Approximate Interval Between Onset and Dea
that initiated events	b. RUPTUR DUE TO (OR AS A THEROSO DUE TO (OR AS A	CONSEQUENCE OF): LETTOTIC CONSEQUENCE OF):	CARDIOUAS	SWEAR D	ISEASE	
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. RUPTUR DUE TO (OR AS A C. AT INTEROS DUE TO (OR AS A d. CITROAIC	CONSEQUENCE OF: CONSEQUENCE OF: OBSTRU	CARDIOUAS	SWEAR DISEAS	AUTOPSY 24	
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A A TIMENOS OF DUE TO (OR AS A CINCOLIC MS COntributing to death b	CONSEQUENCE OF: CONSEQUENCE OF: OBSTRU ut not resulting in t	the underlying cause given in the un	In Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY 24	Ib. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending	b. RUPTUR DUE TO (OR AS A C. AT INTEROSO DUE TO (OR AS A d. CITROAIC	CONSEQUENCE OF: CONSEQUENCE OF: OBSTRU ut not resulting in t	26. PLACE OF DEATH (I	In Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	Ib. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH	b. PUP TUR DUE TO (OR AS A THEROSO DUE TO (OR AS A d. CHROALC Ins contributing to death b HOSPITAL: 1 (Month, Day, Year)	CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: COSSEQUENCE OF: COSSEQ	28. PLACE OF DEATH (1) THER: Nursing Home 5 Residence of WORK7 M 1 YES 2 NO	In Part I. 24e. WAS AN PERFOR 1 YES 2	AUTOPSY 24 MED? 24 NJURY OCCURED	B. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) CERTIFYING PHYS	DUE TO (OR AS A THEROS DUE TO (OR AS A DUE TO (OR AS A d. CIRCOLC MS CONTributing to death b HOSPITAL: 1 (Xinpatient 2 = ENOuty (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Specialistic)	CONSEQUENCE OF: CONSEQ	28. PLACE OF DEATH (1) THER: Nursing Home 5 Residence of WORK7 M 1 YES 2 NO	In Part I. 24a. WAS AN PERFOR 1 YES 2 Check only one) 6 Other (Specify) 28d. DESCRIBE HOW II 26f. LOCATION (Street a City or Town, State)	AUTOPSY MED? NO NUMBER OF RURE Index ee stated.	Ib. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) CERTIFYING PHYS	DUE TO (OR AS A THEROS DUE TO (OR AS A C. DUE TO (OR AS A d. CHROALC Ins contributing to death b POSPITAL: 1 (Month, Day, Year) 28a. DATE OF INJURY (Month, Day, Year) 28b. PLACE OF INJURY building, etc. (Special Contribution of the page of axamination of the page of the	CONSEQUENCE OF: CONSEQ	the underlying cause given in the time, dete end place, and determine the time, determine the carried and determine the time, determine the carried and determine the time, determine the carried and determine the time, determine the carried and determin	In Part I. 24a. WAS AN PERFOR 1 YES 2 Check only one) a 6 Other (Specify) 26d. DESCRIBE HOW II 26f. LOCATION (Street a City or Town, State) tue to the cause(a) and mer the time, date and place, an	AUTOPSY 24 MED7 NO NO NJURY OCCURED Ind Number or Rural oner se stated. d due to the cause	Ib. WERE ALITOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO



=	0	
5	ā	
pa	묠	
-E	2	
et.	(0)	
80	43	
۵	30	
6	0	
100	10,	
60	00	
0	10	
Q.	70	
€.	10	
ea	1	
-	9	ल
the	20	8
(0)	5	E
5	=	-
8	99	0
2	軍	50
0	2	Jati
=	ete	E S
3	di	0
ed g	00	लं
3	P	5
900	2	0
60	DE DE	T
Q P	ic.	3.
ate	E	0
1	a	90
97	5	ğ
0	5	£
120	tte	3
9	ta ta	en
2	=	Σ
44	3	B
the state of	D	20
92	ne	世
-E	Sig	8
8	U.S	75
-	ě	
8	SS	de
9	2	
F	ate	ate
Z	PC:	S
3	E.	7
20	0	4
F	his	N.
CD	10	4
Z	Atte	63
S	2	1
H	0	afte
A	SEC	50
R	8	חת
		E
-		-
TAL	A	2
SPITAL	FRAL	Jin 72
HOSPITAL	UNERAL	vithin 72
E HOSPITAL	E FUNERAL	d within 72
THE HOSPITAL	THE FUNERAL	51ed within 72
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 mours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be d	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

SEP 1 7 9

- 1	1. DECEDENT'S NAME (First, Middle, Last) CLIFFORD W	ILLARD 1	BAKER					2. DATE MONT	OF DEATH DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTN	1	6. BIRTN	PLACE (State or Foreig
	220-32-0839	1 M 2 - F	72	YRS.	MONTHS DAYS	HOURS	MIN.		th, Day, Year)		Countr	γ)
	9a. FACILITY NAME (If not institution, give st		12		9b. CITY, TOWN	OR LOCAT	ION OF DI		21-18	Lee con	NTY OF D	ELAWARE
		you and namedly						-0111		300		
2	RT. I BOX 307 A				PITT	SVIL	LE			I V	VICOM	IICO
neolon	10e. STATE 10b. COUNTY	7		10c. CIT	Y, TOWN OR LOCA	TION						10d. INSIDE CITY
	MD WICC	OMICO		рт	TTSVILL	E						LIMITS?
	10e. STREET AND NUMBER	MICO		1 11		H. ZIP COD	DE			10a, CIT	IZEN OF V	VHAT COUNTRY?
	DE 1 DOX 2074					2.1	850					
	RT. 1 BOX 307A	12. WAS DECEDE	NT EVER IN U.S. AF	MED	12 WAS DE	_	_	VIC OBIGI	N? (Specify Yes		S.A.	— American Indian,
	1 Never Merried 2 XMarried	FORCES?	TES 2 X	NO	If yee, s	pecify Cub	an, Maxica	in, Puerto	Rican, atc.)	07 140-	Black	t, White, atc.
	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1 U YES	S 2 (X NO	Specif	y:			Spec WH I	
- 1	15, OECEDENT'S EDUC	CATION	16a, D8	CEDENT'S	USUAL OCCUPATI	ION		16	b. KIND OF BUS	SINESS/IN		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(G	ive kind of a	unde dans dudas m	ost of work	ing					
	5 YEARS	College (1-4 or 5	"	FARM	ER				FAI	RMINO		
	17. FATHER'S NAME (First, Middle, Last)			Lilla	. DIC	16. MO	NER'S NA	ME (First.	Middle, Malden		3	
- 1	LEE (UNK) BAKER								(UNK)		r D	
	19a, INFORMANT'S NAME (Type/Print)		10	h MAII ING	ADDRESS (Street							
	HELEN H. BAKER		1.0									
		11 01	201 71 107		1 BOX 3			LISV.			21850	
	20e. METHOO OF DISPOSITION 9- 1 A Buriel 2 Cremetton 3 Rem	oval from Stata	other p	lace)	SITION (Nama of ce						City or To	
	4 Donation 5 Other (Specify)		_ I New .	11113	VILLE C				PI	T12A1	LLLE,	MARYLAN
4	23. PART I. Enter tha diseases, or o	follar complications the	caused the de	eath. Dp :	HOL 501	LOWA'	Y FUI HILI	NERAI L RD	L HOME SALIS		_	
	23. PART I. Enter tha diseases, or contact shock, or heert fellura. IMMEDIATE CAUSE (Final disease or condition				HOL 50 1	LOWA' SNOW	Y FUI HILI ying, suc	NERAI L RD	SALIS		_	Approximate Interval Bets
	shock, or heert fellura. IMMEDIATE CAUSE (Final		typle	M	HOL 501	LOWA' SNOW	Y FUI HILI ying, suc	NERAI L RD	SALIS		_	Approximate Interval Bets
	shock, or heert fellura. IMMEDIATE CAUSE (Final disease or condition	a. Mula DUE TO DUE TO C.	typle	OUENCE O	HOL 501 not anter the m	LOWA' SNOW	Y FUI HILI ying, suc	NERAI L RD	SALIS		_	Approximate Interval Bets
	shock, or heert feilura. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Multiple To Due To Due To Due To d	O (OR AS A CONSE	OUENCE O	HOL 501 not antar the m	LOWA'SNOW ode of de	Y FUN HILI HILI ying, suc	NERA) L RD h as car	SALIS rdiac or reapi	iratory ar	rest,	Approximate Interval Bett Onset and E
	shock, or heert feilura. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Multiple To Due To Due To Due To d	O (OR AS A CONSE	OUENCE O	HOL 501 not antar the m	LOWA'SNOW ode of de	Y FUN HILI HILI ying, suc	NERA) L RD h as car	SALIS rdiac or reapi	AUTOPSY	rest,	Approximate Interval Bett Onset and E
ļ	shock, or heert feilura. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Multiple To Due To Due To Due To d	O (OR AS A CONSE	OUENCE O	HOL 501 not antar the m	LOWA'SNOW ode of de	Y FUN HILI HILI ying, suc	NERA) L RD h as car	SALIS rdiac or raspi	AUTOPSY	rest,	Approximate Interval Bet Onset and I Onset
	shock, or heert feilura. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Multiple To Due To Due To Due To d	O (OR AS A CONSE	OUENCE O	HOL 501 not antar the m	LOWA'SNOW ode of de	Y FUN HILI HILI ying, suc	NERA) L RD h as car	SALIS rdiac or reapi	AUTOPSY	rest,	Approximate Interval Bett Onset and E Onset and E Onset and E Approximate Page 1 of the Amal, able Page 1 of the Completion of the Complet
	shock, or heert feilura. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Multiple To Due To Due To Due To d	O (OR AS A CONSE	OUENCE O	HOL 501 not antar the m	LOWA'SNOW ode of de	Y FUN HILI HILI ying, suc	NERA) L RD h as car	SALIS rdiac or reapi	AUTOPSY	rest,	Approximate Interval Bett Onset and E Onset and E Onset and E Approximate Page 1 of the Amal, able Page 1 of the Completion of the Complet
	shock, or heert feilura. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition	a. Multiple to the total of the	O (OR AS A CONSE	OUENCE O	HOL 50 1 not antar tha more antar tha more antar tha more antar tha more antar tha more antar tha more antar tha more antar tha more antar tha more antar tha more antar tha more antar tha more antar than mo	LOWA'SNOW ode of de	Y FUN HILI ying, suc	NERA) L RD th as car	SALIS rdiac or reapi	AUTOPSY	rest,	Approximate Interval Bett Onset and E Onset and E Onset and E Approximate Page 1 of the Amal, able Page 1 of the Completion of the Complet
	shock, or heert feilura. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition	b. DUE TO d. HOSPITAL:	O (OR AS A CONSE	OUENCE O	HOL 50 1 not anter the m	LOWA'SNOW ode of dy	Y FUN HILI ying, suc	Part I.	SALIS rdiac or respi	AUTOPSY	rest,	Approximate Interval Bett Onset and E Onset and E Onset and E Approximate Page 1 of the Amal, able Page 1 of the Completion of the Complet
	shock, or heert feilura. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetiant 2	O (OR AS A CONSE	OUENCE O	HOL 50 1 not antar tha m F): F): In the undariyle 28.6 OTHER: Nursing Ho IE OF 28.6.IN	LOWA'SNOW ode of displaying cause	Y FUN HILI ying, suc	Part I.	SALIS rdiac or respi	AUTOPSYRMEO?	24t	Approximate Interval Bett Onset and E Onset and E Onset and E Approximate Page 1 of the Amal, able Page 1 of the Completion of the Complet
	shock, or heert feilura. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetiant 2	O (OR AS A CONSE	OUENCE O	HOL 50 1 not antar tha man antar tha man antar tha man antar tha man antar tha man antar tha man antar tha man antar tha man antar tha man antar tha man antar tha man antar tha man antar that man antar	LOWA' SNOW ode of dy	Y FUN HILI ying, suc	Part I.	SALIS rdiac or respi	AUTOPSYRMEO?	24t	Approximate Interval Bett Onset and E Onset and E Onset and E Approximate Page 1 of the Amal, able Page 1 of the Completion of the Complet
	shock, or heert feilura. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	B. DUE TO B. DUE TO C. DUE TO C. DUE TO D. DUE TO	O (OR AS A CONSE	OUENCE O OUENCE O TOUENCE O TOUENCE O TOUENCE O TOUENCE O TOUENCE O	HOL 50 1 not antar tha m Pi: Fi: In the undariyle 28.6 OTHER: 4 Nursing Ho BE OF 28c. N W M 1	DOWA'S NOW ode of de ode of de ode of de ode of de ode of de ode ode of de ode ode ode ode ode ode ode ode ode	Y FUN HILI ying, suc	Part I.	SALIS rdiac or respi	AUTOPSY BMEO?	24t	Approximate Interval Bets Onset and E 2. WERE AUTOPSY FIND AMALAGLE PRIOR TO COMPLETION TO COMPLETION TO COMPLETION TO COMPLETION TO COMPLETION TO COMPLETION TO AMALAGLE PRIOR TO THE TOP T
	shock, or heert feilura. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 Y NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide a Could not be	BLIST ONLY ONE OR A. DUE TO B. DUE TO C. DUE T	D (OR AS A CONSE D (OR	OUENCE O OUENCE O OUENCE O Teaulting 3 □ DOA 28b. Till IN.	HOL 50 1 not antar tha man antar tha man antar tha man antar tha man antar tha man antar tha man antar tha man antar tha man antar tha man antar tha man antar tha man antar tha man antar that man antar	DOWA'S NOW ode of dy ode o	Y FUN HILI HILI ying, suc	Part I.	SALIS rdiac or respi	AUTOPSYRMEO?	24b	Approximate Interval Bett Onset and E Onset and E 2. When E AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
	shock, or heert feilura. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide a Could not be determined 29a. CERTIFIER (Check only)	a. DUE TO b. DUE TO c. DUE TO d	D (OR AS A CONSE D (OR	OUENCE O OUENCE O OUENCE O Teaulting 3 □ DOA 28b. Till IN.	HOL 50 1 not antar tha man antar tha man antar tha man antar tha man antar tha man antar tha man antar tha man antar tha man antar tha man antar tha man antar tha man antar tha man antar that man antar	DOWA'S NOW ode of dy ode of dy ode of dy ode of dy ode of dy ode of dy ode of dy ode ode of dy ode ode ode ode ode ode ode ode ode ode	Y FUN HILI HILI ying, suc	Part I. Part I. Beck only c B Oth 28d. De to the co time, dat	SALIS rdiac or respi	AUTOPSY RMEO? 2 (I) NO INJURY OC and Number nner as at and due to the	24t CCURED or or Rural ated.	Approximate Interval Bett Onset and E Onset and E 2. When E AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law monitors that the death certificate he resented within 32 points when death Deco 6 man by
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attention physician and completely filled in the transpiration of second physician.
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, centration, or enforce, page of several permits. Page
IMPORTANT: If item 28 is marked, or litem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once

TO/BE

David Oza 31. DATE FILED (MONTH, Day, Year) SEP 16 91

REGISTRAR					F HEALTH AND F DEATH		REG. NO.		26352
1. DECEDENT'S NAME (First, Middle, La	st)			0	A .	2. DAT	TE OF DEATH	,	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	Tarm				BER	SEI	1411391		
CM 2	5. SEX	6. AGE (in yrs. i		IF UNDER 1 YE			E OF BIRTN rith, Day, Year)	8	BIRTNPLACE (State or Foreig Country)
99. FACILITY NAME (If not institution, gh	1 M 2 F	76	YRS.			12	111/14		M.d.
			1	DE. CITY, TOV	VN OR LOCATION (OF DEATN		9c. COUNT	Y OF DEATN
PENINSULA GEN	ERAL HUSPI	TAL		SAL1	SBURY			WIC	COMICO
10a. STATE 10b. COU	уту		10c. CITY	TOWN OR LO	CATION				10d. INSIDE CITY
11.C.)	1 (comi	co -)ali:	sbury				LIMITS?
10s. STREET AND NUMBER	0. 1	1			10f. ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY?
400	Kindy.	DRI	VCL		218	01		- 0	1.5 A
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1		RMED NO	13. WAS	DECENDENT OF NI specify Cuban, M	ISPANIC ORIG	IN? (Specify Yee	or No- 1	I. RACE — American Indian, Black, White, atc.
3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES				Specify:	riteari, etc.)		Specify: (); 5/
15. DECEDENT'S E	DUCATION	100.0	DECEDENT'S US	SUAL OCCUR	ATION				XJ/K
Elementary/Segondary (0-12)	nde completed) College (1-4 or 5 -		Give kind of wor	k done during	most of working] "	Sb. KIND OF BUSI	NESS/INDUS	STRY
	consider that the state	(6	inst	ruct	ion		COLD	4740	MON
17. FATURE'S NAME (First, Middle, Last)	0 .				18, MOTHER	S NAME (First	, Middle, Maiglan S	umeme)	
JOSEPH X	DARBER	2			n/	190:	a. B.	do	16
190 NFORMANT'S NAME (Type/Print)	1 11	1	MAILING AL	DDRESS (Stre	et and Number or R	Turel Route Nui	mber, City or Town.	State, Zip Co	ode)
MARGRET H	0/+	V.	OVER	34	4 Me	ChAN	Jisvill	e Me	1 2065
20e METHOD OF DISPOSITION 1/ Burlel 2 Cremetion 3 Re	amoval from State	20b. PLACE	ANDDATEOF	OISPOSITION	(Name of	OA	TE 20c. LQC	ATION - CIT	y or Town, State
4 Donation 5 Other (Specify)		- GKFC	rematory or hine	place)		, 9-0	210,51	Hisba	ury, Hd 218
21. SIGNATURE OF FUNERAL SERVICE	LICENSES			22. NAVE	AND ADDRESS	PICILITY	1.0	4.10	1
Lussell	Tools			Ph	Buch	100	100	ym	GN 218
23. PART I. Sofer the diseases, of	r complications that	t caused the d	lesth. Do not	enter the	mode of dying.	such as ca	rdlac or respire	tory stres	t, Approximats
shock, or heart failur iMMEDIATE CAUSE (Finel	e. List only ons csu	ss on each lin	18.			-	alao or roopire	itory arres	interval Batwe
diseese or condition	Mite	setat,	; /	1					Onset and De
resulting in death)	DUE TO	(OR AS A CONSE	EOUENCE OF):	3	Co	n			
Sequentially ilat conditions, if any, leading to immediate	OUE TO	(OR AS A CONSE	EQUENCE OF):						
cause. Enter UNDERLYING CAUSE (Disease or injury	c								1
thet initieted events	OUE TO	(OR AS A CONSE	EQUENCE OF):						
reaulting in death) LAST	d								
PART II. Other aignificant conditi	ons contributing to	death but not	resulting in t	the underly	ing cause glues	in Best i	T uno		
				ine underry	ing couse giver	im reit i.	24a. WAS AN AI PERFORM		24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO
							1 - YES 2	NO	OF DEATH?
									1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL				20	DI ACE OF ACATA	1.00			
	HOSPITAL:	ED/Dute Mant 1		THER:	PLACE OF OEATN	-			
EXAMINER?	280. DATE OF	INJURY	28b. TIME O		ome 5 Resider		er (Specify) SCRIBE HOW INJ	HBV COOL	DEA.
			INJUR	Υ	WORK?		WIN WORLSONDE	ONT OCCUR	ico
1 U YES 2 NO 27. MANNER OF DEATH Natural 5 Pending	(Month, Da	,,,		PR 1					
27. MANNER OF DEATH Natural 5 Pending Investigation	(Month, Da		ome, farm, atra-				CATION (Common	f Mumb	Orania Davida Abrasia
27. MANNER OF DEATH Natural 5 Pending Investigation	(Month, Da	FINJURY — At he	ome, farm, atre			28f. LO	CATION (Street and or Town, Stete)	Number or i	Rural Route Number,

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29c. LICENSE NUMBER

6

29d. DATE SIGNED (Month, Day.

9 - /5-9/

1×13

D: Joseph 31. DATE FILED (MORTH, DBY, YBBI) SEP 13 31

	DENT'S NAME (First, A	viiddie, Last) GEORGI	Ξ Δ		1	34	4 11	, 1	- 1	2. DATE OF DE	DAY	6	YEAR	3. TIME OF DEATH
4. SOCI	AL SECURITY NUMBER		5. SEX	6. AGE (in y	rs. lest birthday)	J ATU	ER I YEAR	IF UNDER		7. DATE OF BIE		8,15	151	0253
147	-14-60	30	1 2 M 2 F	67	YRS.	MONTHS		HOURS	MIN.	(Month, Day, Nov. 1	Year)		Country,	efield P.
.9a. FACI	ENINSULA	Itution, give st	AL HOSPI	TAL			TY, TOWN	OR LOCATION			9c.	COUNT	Y OF DE	ATH
RESTO	DENCE OF DECE	DENT			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
Dela	aware	Suss	sex		Mi	11s	boro							LIMITS?
	Sussex La	ane (M	lariners	Cove)				1. ZIP CODE	6		10g.	CITIZE	EN OF W	HAT COUNTRY?
11. MARI 1 (6) No	ITAL STATUS Inver Merried 2 Market Idowed 4 Divorce	larried	12. WAS DECEDED FORCES? IF YES, GIVE Y WWII	NT EVER IN U.S	S. ARMED	13	If yes, sp	ENDENT OF	HISPANIC Maxican,	ORIGIN? (Spe Puerto Rican, o	cify Yes or No Mc.)	_	4. RACE	— American Indian, White, atc.
Elem	15. DECED (Specify only hitemary/Secondary (0-12		ATION completed) College (1-4 or 5		e. DECEDENT'S (Give kind of life. Do NOT u	work done	e durino mo	ON ost of working		16b. KIND	OF BUSINESS	/INDUS	STRY	willte
	12		3		esign 1	Engi	neer			AMP.	INC. H	ları	risb	urg, PA.
II .	rbert Baun							Flor		E (First, Middle,				8,
19a, INF	ORMANT'S NAME (Type	e/Print)						and Number o	r Aural Ao	ute Number, City				
	sy A. Bau				38 Su	ssex	x Lar	ne (Ma	rine	er's Co	ve)Mi	11s	boro	DE 199
	The state of the s	N		20b. PL/	ACE AND DATE	OF DISPO	SITION /Ne	eme of		DATE	DC LOCATION	I - CIE	fu or Tow	n State
4 LJ Dor	THOD OF DISPOSITION THE 2 CAMPACTURE OF FURERAL	pecify)]		206. PLA	ACEANDDATE COMPANY OF OF HENLO	pen place	Crei	nator	or Facili	8/91 I	es, L	ord	, De	elaware
23. PAF	ATUME OF FUNERAL S	pases, or of	in plications that	et causad the	HenLo	Me Menot ants	Cres NAME AN elsos ills	nator	or FACIL Pral Dela	8/91 I Service ware J	Frankf ces, L 19966	ord td.	l, D∈	Approximate Interval Betw
23. PAR IMMEDI disease resultin Sequentif sny, to cause. CAUSE that init	Atume of Fusient. RT I. Enter the dise shock, or has late CAUSE (Final a or condition	pachy)	DUE TO	et causad the see on sach	s death. Do r	ther place per 2 M M: M: not ants	Cres NAME AN elsos ills	nator	or FACIL Pral Dela	8/91 I Service ware J	Frankf ces, L 19966	ord td.	l, D∈	Approximate Interval Betw
23. PAF IMMEDI disease resultin Sequentif sny, to cause. CAUSE that init	ATURE OF FUNERAL STATE CAUSE (Final se or conditioning in death) and the condition of the condition is a condition is a condition is a condition is a condition is a condition is a condition is a condition is a condition is a condition is a condition is a condition in the condition is a condition in the condition is a condition in the condition in the condition is a condition in the condition i	pacity) passes, or or rt fallure.	DUE TO	Cape Cape Cape Cape Cape Cape Cape Cape	s death. Do r	ther place pen A M M Inot ants	"Crer NAME AR elsor illsi	Mator NO APPRESSION I FUNC BOORO,	or Facility and Dela	8/91 I	Frankf ces, L 19966	ord td.	Zah. W	Approximate Interval Betwoonset and Do
23. PAF IMMEDI disease resultin Sequen if sny, i cause. CAUSE that ini resultin	ATURE OF FUMERAL STATE OF FUMERAL STATE CAUSE (Final e or condition ng in death) Intially list condition is displayed in death) Consider the state of the state	pachy) BENICE LICE Passes, or or It failure. Basses, or or It failure. Conditions	DUE TO CONTributing to	Con AS A CON	s death. Do r	ther place pen A M M Inot ants	"Crer	Mator NO APPRESSION I FUNC BOORO,	or FACILITY OF FAC	8/91 If Service aware If Service aware If Service as cardisc or If Service as cardisc or If Service are If Service as Cardisc or If Service are If Service a	Frankf ces, L 9966 respiratory	ord td.	Zah. W	Approximate interval Betw Onset and D. Onset
23. PAF IMMED disease resultin Sequentif sny, 1 cause. CAUSE that init resultin PART II	ATURE OF FUMERAL STATURE OF FUMERAL STATURE OF FUMERAL STATURE OF FUMERAL STATURE OF STA	pachy) BENICE LICE Passes, or or If failure. Basses, o	DUE TO	to causad the rise on sach	s death. Do r	in the unit of the	"Cres	matorino appressin Fundoro, da of dylanda of	TH /Check	8/91 If Service aware If Service aware If Service as cardisc or If Service as cardisc or If Service are If Service as Cardisc or If Service are If Service a	AS AN AUTOPERFORMED?	ord td.	24h. W	Approximate interval Betw Onset and Do
23. PAF IMMEDI disease resultin Sequentif sny, to cause. CAUSE that in! resultin PART II	ATURE OF FURENAL STATURE OF FURENAL STATURE OF FURENAL STATURE OF CONTROL OF STATURE OF CONTROL OF STATURE OF CONTROL OF	pacity) service Lice passes, or do rt failure. ans, as conditions service Lice passes, or do rt failure. ans, as de de de de de de de de de de de de de	DUE TO DUE TO	Cape Cape Cape Cape Cape Cape Cape Cape	s death. Do r lins. MEQUENCE OF	in the unit of the	"Cres	mator No appress n Fund boro, da of dyln accordence of Dea	or FACILITY DELEGIES SUCH THE PROPERTY OF FACILITY OF	8/91 If Service aware Jas cardisc or	AS AN AUTOPERFORMED? WES 2 NO	ord td.	Zeh. w	Approximate Interval Betwoonset and Donnet a

iess of person who completed cause of Death (ITEM 27) (Type, Print)

Threefor Walson

at a second and in

	1 - STATE REGISTRAR	STATE OF MARYL					
	1. DECEDENT'S NAME (First, Middle, Last)	1	CERTIFICAT	E OF DEATH	2. DATE C	REG. NO.	3. TIME OF DEA
	THOMAS E.		DARK	LA	SMONTH		YEAR 173
	4. SOCIAL SECURITY NUMBER			N 1 YEAR IF UNDER 24 HRS	3. 7. DATE O		6. BIRTHPLACE (State or I
	215-12-6545	1 M 2 D F 7	2 YRS. MONTHS	DAYS HOURS MIN.	3-	-6-19	Frincess 1
Œ	9a. FACILITY NAME (If not institution, give	street and number) neral Hospital		y, town or Location of Salisbury,		9c. COUN	TY OF DEATH Wicomico
5	RESIDENCE OF DECEDENT	lerar nospital		Salisbury,	FID		WICOMICO
DIRECTOR	10a. STATE 10b. COUNT	1	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CIT
1	10e. STREET AND NUMBER	nerset	Prince	10f. ZIP CODE	e		1 VES 2
FUNERAL	503 Pine k	noll Driv	re	2185	3	10g. CITIZ	EN OF WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 13.	WAS DECENDENT OF HIS	PANIC ORIGIN?	(Specify Yea or No	14. RACE — American Ind
BY F	1 Never Milfried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		If yea, specify Cuben MEX 1 YES 2 NO Spe	ican, Puarto Ri	cen, etc.)	Black, White, etc. Specify:
ED E	15. DECEDENT'S EDU	UCATION	16. DECEDENTIS HOUSE				BIK
Ш	(Specify only highest grade Elementary/Secondary, (9-12)	completed) College (1-4 or 5+)	16e. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired)	during most of working	16b. I	KIND OF BUSINESS/INDU	JSTRY
COMPL	124		UMES/	Vanitor	17	anitor	
00	17. FATHER'S NAME (First, Middle, Last)	11.		18. MOTHER'S	NAME (First, Mi	ddle, Maiden Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)	Barkley		Mar	YE.	Jones	
5	Marca	Stevens	196. MAILING ADDRESS	S (Street and Number or Pur	el Route Numbe	7./	(node)
	20a. METHOD OF DISPOSITION	004	PLACE AND DATE OF DISPOS	SITION (Name of	DATE	20c. LOCATION _ CI	Ity or Town State
	1 Surial 2 Commation 3 Ram 4 Donation 5 Other (Specify)	noval from State	Tea (and Ve	to Comet	- 16	Hurlock	le mid
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	22.	NAME AND ADDRESS OF	FACILITY	17.0.000	7
						The self helmon	4
	IMMEDIATE CAUSE (Fine)	complicatione that caused List only one cause on ea	the death. Do not enter ch line.	West Rd.	-UNE SAL	ISKURN	md. 21
FICATION	IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	S. DUE TO (OR AS A DUE TO JOR AS A C	CONSEQUENCE OF:	West Rd.	-UNE SAL	ISKURN	et, Approxim
CERTIFICATION	IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	S. DUE TO (OR AS A DUE TO JOR AS A C	consequence on:	West Rd.	-UNE SAL	ISKURN	et, Approxim
	IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A C. DUE TO (OR AS A C.	CONSEQUENCE OF:	WATSON I West Rd. The mode of dying, so	SAL SAL uch as cardia	ISKURN	et, Approximinterval E Onset an
	IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C. DUE TO (OR AS A C.	CONSEQUENCE OF:	WATSON I West Rd. The mode of dying, so	SAL uch as cardia	ac or respiratory stre	et, Approximinterval E Onset an Onset a
MEDICAL	IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C. DUE TO (OR AS A C.	CONSEQUENCE OF:	WATSON I West Rd. The mode of dying, so	SAL uch as cardia	ac or respiratory streets ac or respiratory	et, Approximintarval E Onset an Onset a
MEDICAL	IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO (OR AS A C. DUE TO C. DUE TO C	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the un	the mode of dying, so	In Part I. 2	As. WAS AN AUTOPSY PERFORMED?	et, Approximinterval E Onset an Onset a
MEDICAL	IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions.	B. DUE TO (OR AS A CO. DUE	CONSEQUENCE OF): CONSEQUENCE OF): t not resulting in the un	the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying and definition of the mode of dying, so the mode	In Part I. 2 Check only one)	As. WAS AN AUTOPSY PERFORMED?	et, Approximinterval E Onset an Onset a
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. YES 27. MANNER OF DEATH 1 Natural 5 Pending	b. DUE TO (OR AS A C. DUE TO C. DUE TO C	CONSEQUENCE OF): CONSEQUENCE OF): t not resulting in the un	the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying are given in the mode of dying are given in the mode of dying are given in the mode of dying are given in the mode of dying are given in the mode of dying are given in the mode of dying are given in the mode of dying are given in the mode of dying are given in the mode of dying are given in the mode of dying, so the mode of dying are given in the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying are given in the mode of dying, so the mode of dying are given in	In Part I. 2 Check only one)	As. WAS AN AUTOPSY PERFORMED?	et, Approximinterval E Onset an Onset a
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. YES 27. MANNER OP DEATH 1 Netural 5 Pending investigation	B. DUE TO (OR AS A C. DUE TO (OR	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the un Consequence of the consequ	the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying and deciping down to the mode of the	In Part I. 2 Check only one) a 6 Other (a	As was an autopsy performed? Yes 2 No	et, Approximintarval E Onset an 24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. YES NA 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	B. DUE TO (OR AS A C. DUE TO (OR	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the un Consequence of the consequ	the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying, so the mode of dying and deciping down to the mode of the	In Part I. 2 Check only one) 26d. DESCI	As. WAS AN AUTOPSY PERFORMED?	et, Approximintarval E Onset an 24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. VES 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	B. DUE TO (OR AS A C. DUE TO (OR	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the un 26b. TIME OF INJURY M At home, farm, atreel, factor doe, death occurred at the ti	the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying in the mode of dyi	In Part I. 2 Check only one) 8 G Other (c) 26d. DESCI	As. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO Specify) RIBE HOW INJURY OCCU ION (Street and Number or Town, Stete)	PRED Approximation of the control o
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR AS A C. DUE TO (OR AS	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the un 26b. TIME OF INJURY M At home, farm, atreel, factor doe, death occurred at the ti	the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying, stocked in the mode of dying in the mode of dyi	In Part I. 2 Check only one) 8 G Other (c) 26d. DESCI	As. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO Specify) RIBE HOW INJURY OCCU ION (Street and Number or Town, Stete)	et, Approximinterval E Onset an Onset a
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. VES 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	DUE TO (OR AS A C. DUE TO (OR AS	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the un 26b. TIME OF INJURY M At home, farm, atreel, factor doe, death occurred at the ti	the mode of dying, stocked the mode of dying, stocked the mode of dying, stocked the mode of dying, stocked the mode of dying, stocked the mode of dying and decirons of the mode of the m	Check only one) a 6 Other (a) 26d. DESCRIPTION OF CITY OF CI	As. WAS AN AUTOPSY PERFORMED? I YES 2 NO NON (Street and Number or Town, State) (a) and manner as atated and place, and due to the	et, Approximinterval E Onset an Onset a
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES NA 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	B. DUE TO (OR AS A C. DUE TO (OR	CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: The not resulting in the unit of the consequence of the c	the mode of dying, stocked the mode of dying, stocked the mode of dying, stocked the mode of dying, stocked the mode of dying, stocked the mode of dying and deciron, office the mode of t	Check only one) a 6 Other (a) 2ed. DESCRIPTION OF City or use to the cause one time, deta are UMBER	As. WAS AN AUTOPSY PERFORMED? I YES 2 NO Specify) RIBE HOW INJURY OCCU ION (Street and Number or Town, State) (a) and manner as attended place, and due to the town of the state of th	PARED 24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	B. DUE TO (OR AS A C. DUE TO (OR	CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: The not resulting in the unit of the consequence of the c	the mode of dying, stocked the mode of dying, stocked the mode of dying, stocked the mode of dying, stocked the mode of dying, stocked the mode of dying and decirons of the mode of the m	Check only one) a 6 Other (a) 2ed. DESCRIPTION OF City or use to the cause one time, deta are UMBER	As. WAS AN AUTOPSY PERFORMED? I YES 2 NO Specify) RIBE HOW INJURY OCCU ION (Street and Number or Town, State) (a) and manner as attended place, and due to the town of the state of th	PARED 24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages to filled within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE REGISTRAR	STATE OF MA				DEATH AND	MENTAL	REG. NO.		Free (5355
1.	. DECEDENT'S NAME (First, Middle, Last)	DV FITS	ADECTI D	OZMAN			2. DATE O	DAY	91	AR	ME OF DEATH
1			ABETH B		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	E BIRTH	6,1	BIRTHPLAC	E (State or Foreign
	217-03-6038	1 🗌 M 2 💢 F	86	YRS. MO	THE DAYS	HOURS MIN.	(Month,	Dey. Year) -29-05		MARY	LAND
9	e. FACILITY NAME (If not institution, give stre	et and number)		96	CITY, TOWN	OR LOCATION OF	DEATH		9c. COUNTY	OF DEATH	
	ALISBURY NURSING H	HOME			SALISBU	JRY, MD.			WICOM	ICO	
-	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c. CITY. TO	OWN OR LOCA	rion				10d.	INSIDE CITY
	MD WICO	MICO			SALISBU	IRY				1.	LIMITS?
1	IOO. STREET AND NUMBER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1		I, ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
	P.O. BOX 234 SALT	SBURY MO	BIL HOM	E PARK		21801			U.S	.A.	
1	II. MARITAL STATUS I Never Merried 2 Married I Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 I IF YES, GIVE WAT	EVER IN U.S. ARI	MED	13. WAS DE	CENDENT OF HISPA recity Cuben, Mexic 2 NO Spec	en, Puerto Ri	(Specify Yea o	or No- 14.	RACE — A Black, Wh Specify: WHI'	merican Indian, he, atc.
r	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DE:	CEDENT'S USI ive kind of work Do NOT use re	JAL OCCUPATI	ON ost of working	16b.	KIND OF BUSI	NESS/INDUS	TRY	
	Elementary/Secondary (0-12) 7 YEARS	College (1-4 or 5+)	ife.	FOREN				CLOTHI	NG MF	3.	
1	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N	IAME (First, M	iddle, Maiden S	Surname)		
L	PETE (UNK) JARN	IAN		11175) FOSK			
1	19a. INFORMANT'S NAME (Type/Print)		191			end Number or Rure					n 21001
L	RICHARD E. LEWIS	10 01	T			Mt. HE			ATION - City		
L	1 Burial 2 Cremellon 3 Remo 4 Donation 5 Other (Specify)		of cemetary	crematory or MICO	other place) IEMORI	AL PARK		-			RYLAND
2	21. SIGNATURE OF FUNERAL SERVICE LICE	M	2	1	HOLL	ND ADDRESS OF I OWAY FUN SNOW HIL	ERAL I		BURY,	MD	21801
	23. PART I. Enter the diseases, or contained in the conta	lat only one cous	New OR AS A CONSE						atory arres	t,	Approximata interval Betwe Onset and De
	Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		em le DR AS A CONSE	De	metre	-5	eun				
1	that initiated events resulting in death) LAST	DUE TO (C	DR AS A CONSE	OUENCE OF):		(3.0)					
	PART II. Other algnificant conditions Parls	contributing to d	death but not i	resulting in	tha undarlyi	ng cause given	in Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	COL	RE AUTOPSY FINDIN ILABLE PRIOR TO MPLETION OF CAUS DEATHS
	Lypoly	poros	a	-	y	-	_			10	YES NO
	25. WAS CASE REFERRED TO MEDICAL					PLACE OF DEATH	Check only on	•)			
	1 YES 2	HOSPITAL:	ER/Oulpatient		THER:	me 5 🗆 Residenc	e 6 🗆 Other	r (Specify)			
	27. MANNER OF DEATH 1	28e. DATE OF I (Month, De)		26b. TIME (Y V	JURY AT ORK? YES 2 NO	26d. DE9	CRIBE HOW II	NJURY OCCU	RED	
	2 Accident Investigation 3 Suicide 6 Could not be determined		INJURY — Al he	ome, farm, stre	et, factory, of	ice	281. LOC. City	ATION (Street a or Town, State)	and Number or	Rural Route	Number,



TO BE CC

Michael

296. SIGNATURE AND TITLE OF CERTIFIER

SEP 1 1 '91

Atkins,

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

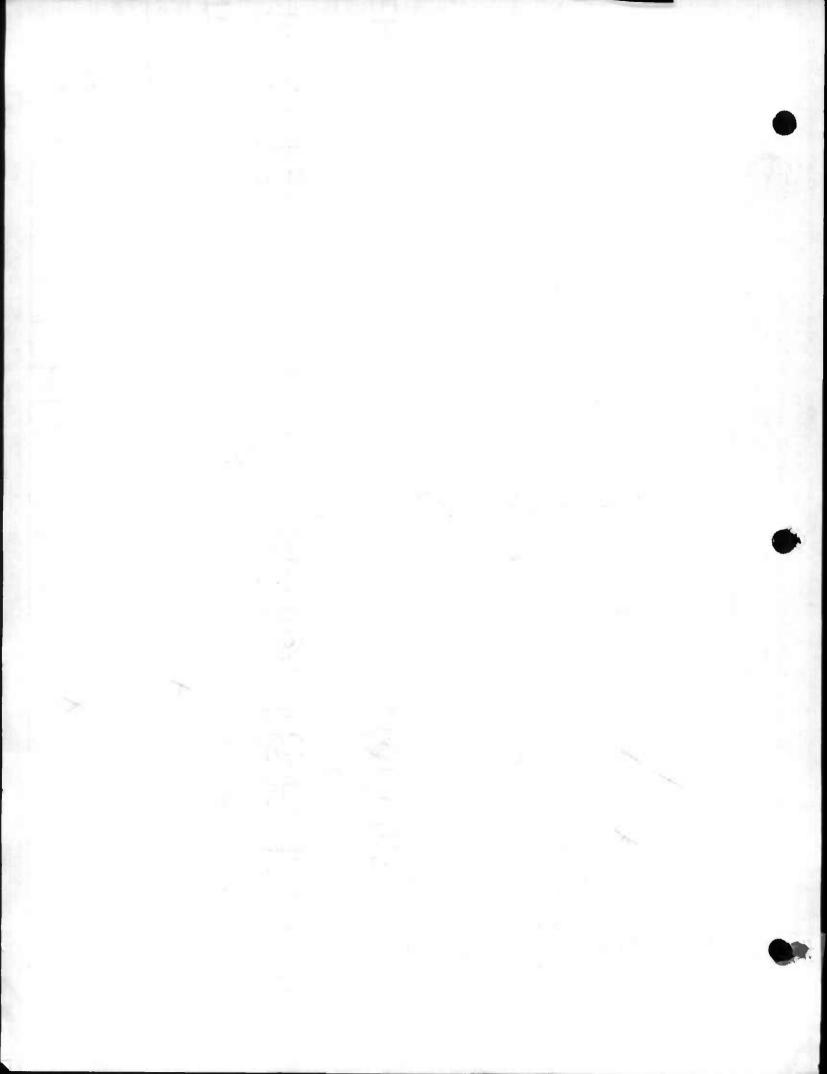
29d. DATE SIGNED (Month, Day, Year)

21801

29c. LICENSE NUMBER

1104 Healthway Drive, Salisbury, Md.

-39



DHMH-16 Rev 1/89

ter death. Page 5 may be retained by the hosy the funeral director, page 5 should be detache yeal. al examiner must be notified at once.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the law state of the state of th
BALTIMORE, MARYLAND free death. Page 6 may be retained by the hospi	DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the death. Page 6 may be retained by the hospital or an executed within the death of the pospital or an executed within the death of the dea

SEP 1 8 '91

REGISTRAR 1. DECEDENT'S NAME (First, Middle,	Last)	CER	I IFIC/	ATE OF	DEA	ПН	REG. NO			3. TIME OF DEATH
Jane Nelson H	lowden						9 1'	PAY	1991	1:30 p
4. SOCIAL SECURITY NUMBER 215-12-9898	5. SEX 1 M 2 AF	6. AGE (In yrs. last birth	RS. IF I	JNDER 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF SIRTH (Month, Day, Year) Aug. 30,	1922	8. BIRTHP	yland
9a. FACILITY NAME (If not institution, 27 Enchar	give street and number)	l.	9b.	CITY, TOWN O				9c. CO	UNTY OF DE Balti	ATH
27 Enchar RESIDENCE OF DECEDER 10a. STATE 10b. C	ounty Baltimore	100		wn or Local Owings		ls		•		10d. INSIDE CITY LIMITS? 1 YES 22 (NO
10a. STREET AND NUMBER	Enchanted I	Hill Rd.		101	ZIP COD	117		10g. Cl	U.S.	A.
3 Widowed 4 Divorced		T EVER IN U.S. ARMED YES 2/ NO AR OR DATES		If yes, sp	ecify Cube	OF HISPAN In, Maxica Specify	IIC ORIGIN? (Specify Yon, Puerto Rican, etc.)	ea or No—	14. RACE Black, Specify	- American Indian, White, stc.
15. DECEDENT' (Specify only highes Elementary/Secondary (0-12) 1.2		(Give ki	nd of work of VOT use ret	AL OCCUPATION of the direct of	ON at of worki	ng	186. KIND OF B			Ward Store
17. FATHER'S NAME (First, Middle, Le Charles	william Cra	wford			18. MOT		ME (First, Middle, Meide uise Davi			
19a. INFORMANT'S NAME (Type/Print) Jane Fuert							nsville, l			
20er METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 5 4 Donation 5 Other (Specify		20b. PLACE OF D other place) Mead		N (Name of ce					- City or Tow	
21. SIGNATURE OF FUNERAL SERV	ELICENSEE	luto			hard	t Fu	neral Chaj		h i i m mm	21117 Mills. Mo
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent con EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO	(OR AS A CONSEQUENT) (OR AS A CONSEQUENT)	ICE OF):							Onset and Dee
PART II. Other significent cor	ditions contributing to	deeth but not recu	iting in th	ne underlyin	g cause	given in		N AUTOPSY DRMED? 2 100		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDI EXAMINER?					LACE OF E	DEATH (Ch	eck only one)			
1 UYES 2 NO		ER/Outpatient 3 🗆 0	10A 4		/4	asidence	8 Other (Specify)			
27. MANNER OF DÈATH 1 Netural 5 Pending 2 Accident Investig	ation	Pay, Year)	b. TIME OF	M 1 🗆	IURY ÅT ORK? YES 2 [□ но	28d. DESCRIBE HOW			
	lot be building,	OF INJURY — At home, atc. (Specify)	farm, stree	t, factory, offic	•		281. LOCATION (Stree City or Town, Star	t and Numb (e)	er or Rural R	oute Number,
one)	PHYSICIAN: To the best of a									and manner as stated.
296. SIGNATURE AND TITLE OF CE	1 pu				29c. LIC	ENSE NUI	Y 6	29d. D/	ATE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERS	ads Di	ive	(Type, Prir	Qw.	vgs.	Mi	1/s, Md	/	211	17
31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE		/						

and the representative mest earlies .c atta tangan " · Column

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 YES 2 NO

Black

Approximate Intarval Batween

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Oneat and Death

8. BIRTHPLACE (State or Foreign Country)

Maryland

PG

USA

Specify

36AM

director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 notified at be must medical examiner the funeral nours after death. filled in by the fi 0 and completely filled burial, cremation, the HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, After this certificate has been signed by the attending physician ar death with the State Dept, of Health and Mental Hygiene prior to to the marked, or Item 23 shows any Injury, or other trauma

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

PHYSICIAN: MEDICAL

BY

4 Homicide

31. DATE FILED (A

COMPLETED

BE

2

60

28

item ;

IMPORTANT: II

THE FUNERAL DIRECTOR: filed within 72 hours after of

23

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH will 35 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 54 YRS. 1 M 2 F 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Southern Maryland Hospital Clinton, 10e. STATE 18b. COUNTY 10c. CITY, TOWN OR LOCATION CHARLES Maryland MALCOLM 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? RT 1 Box 35 20613 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) FORCES? 1 YES 2 NO 1 Never Merried 2 Merried 1 TES 2 NO Specify: 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g Elementary/Secondary (0-12) College (1-4 or 5+) Domestic Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Benny Reid Lottie Cooper 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Larry Ester Addison South Forestville . MD 20e. METHOD OF DISPOSITION
1. Buriet 2 Cremation 3 Removat from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE St Josephs 9/11 Pomfert, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Adams Funeral Home 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Lon IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents reaulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 TYES 2 T NO

1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER 1 YES 2 NO e 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/o stigation, in my opinion, death occured at the time, date and place, end due to the ceuse(e) and menner ee stated.

29d. DATE SIGNED (Month, Day, Year) 3 C

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

0 180 9 0

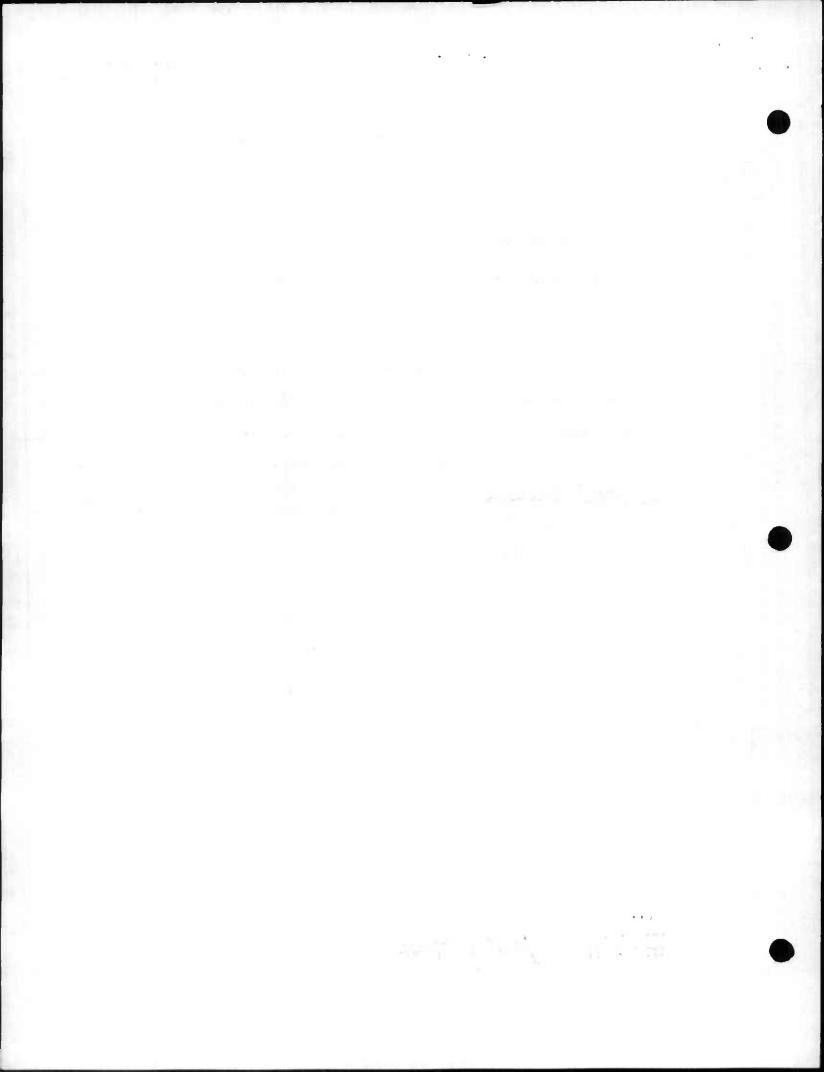
determined

SEP 1 8 '91

DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. N	0.	
	1. OECEDENT'S NAME (First, Middle, Last)	D			2 DATE OF DEATH		3. TIME OF DEATH
	Robert	D.		row	n	Scotemb	er 1619	91 0821
	4. SOCIAL SECURITY NUMBER 215-26-5829	1 🔀 M 2 🗆 F		IF UNDER 1 YEAR KONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month), Day, Year) 10/10/1	020	BIRTNPLACE (State or Foreign Country) Marvland
TOR	9a. FACILITY NAME (If not institution, give PENINGHIA GENERA RESIDENCE OF DECEDENT				OR LOCATION OF DE		9c. COUNT	Y OF DEATH OMICO
DIRECTOR	maryland Wor	cester		omoke	ATION			10d. INSIDE CITY LIMITS? 1 YES 25 NO
FUNERAL	100. STREET AND NUMBER 1027 Holly SW			10	OH. ZIP CODE 21851		10g. CITIZE	N OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OCCEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2X NO	II yes, a	CENDENT OF NISPAN pecify Cubert, Maxical S 2 NO Specify		es or No- 14	Black, White, etc. Specify:
COMPLETED	15. OECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done durina m	ION ost of working	16b. KIND OF B	USINESS/INDUS	white
OMP	1 1 17. FATHER'S NAME (First, Middle, Last)		farmer					
ш	Otho James B	rown				ME (First, Middle, Maide P Jones	n Surname)	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street		Number, City or To	wn, State, Zip Co	ode)
F	Ruby T. Brown		1027	Holly	Swamp I	Rd., Poc	omoke	, Md. 21851
	20a. METHOD OF DISPOSITION 1) Burial 2 Cremation 3 Rai 4 Donation 5 Other (Specify)		20b. PLACE AND DATE OF cemetary, crematory or othe Remson Me	OISPOSITION (N	ame of	DATE 20c. L	DCATION — CIT	y or Town, Stata ke, md.
	21. SIGNATURE OF FUNERAL SERVICE L Scott S. /	Melson		Mels		eral Hom Pocomok	e	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	· arte	AS A CONSEQUENCE OF:	heart	failure disease			Onset and Deati
MEDICAL	PART II. Other significent condition	ns contributing to de	eth but not resulting in	the underlyin	g ceuse given in i		AMED?	24b. WERE AUTOPSY FINDINGS AWILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	28. P	LACE OF DEATH (Che	ck only one)		
BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJ (Month, Day, 1	URY 26b. TIME O	PF 28c. IN.	IURY AT DRK? YES 2 NO	Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	ED
	3 Suicide s Could not be 4 Nomicide detarmined	28a. PLACE OF IN building, atc.	IJURY — At home, term, stra (Specify)	a1, factory, offic	•	281 LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLE			knowledge, death occurred a					ause(s) end manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	Innich	M O. OR DEATH (ITEM 27) (Type, Pri	(met)	29c, LICENSE NUM D 153	84 84	29d. OATE S	GNED (Month, Day, Year)
	RODNEW A.	MENKICI	1 100 P		ST. SA	LISBURY	md.	21801
2	ST. DATE FRED (MONTH, Day, Year)	Sulia Davi	SIGNATURE					



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

8+

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

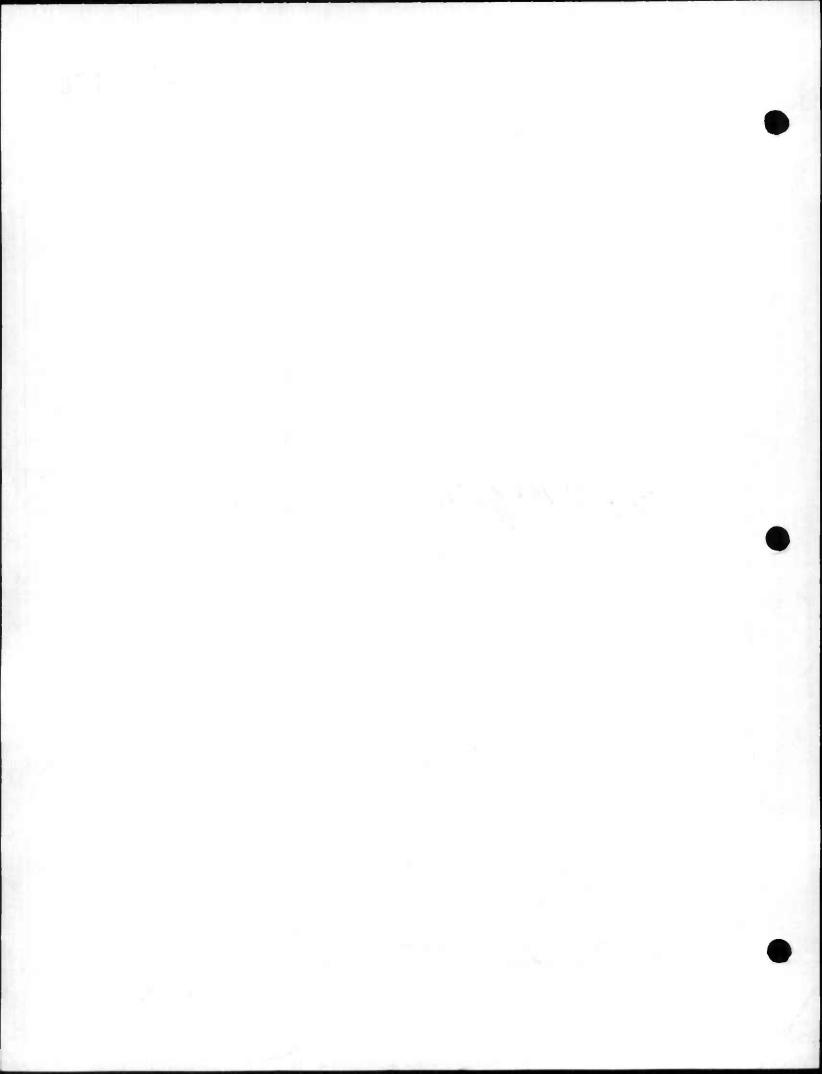
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT ICATE	OF I	DEAT	AND !	MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Las Hazel L. Cu							Sept. 5	y 19	91AR	3. TIME OF DEATH 5:07 a.
	4. SOCIAL SECURITY NUMBER 579-18-9517	1 X M 2 F	E (In yrs. lest birthday) 73 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 15, 1	.917	Countr	PLACE (State or Foreign y) th Carolina
H 5	9a. FACILITY NAME (If not institution, give Southern MD F	Mospital Ce	nter	9b. CITY,		Lint	ON OF DE	ATH	9c. COU	NTY OF D	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	птү	3000	r, TOWN O		TION					10d. INSIDE CITY LIMITS?
	Maryland Prin 100. STREET AND NUMBER		Su	<u>itlar</u>		. ZIP CODE			10g. CIT	ZEN OF V	1 YES 2 NO
DY FUNEHAL	6704 McKe1d in 11. MARITAL STATUS 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	Drive 12. WAS DECEDENT EVER FORCES? 1 LYE IF YES, GIVE WAR OR W.W. II	S 2 NO	11	VAS DEC	2074 ENDENT O	F HISPAN	C ORIGIN? (Specify Yes		Black	— American Indian, , White, afc.
- 11	15. DECEDENT'S EC	UCATION	16a. DECEDENT'S	USUAL OC	CUPATIO	NAC.		16b. KIND OF BUS	SINESS/INI		lack
COMPLETIES	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of ville. Do NOT us				g		-CIO	, Wa	shington D
	17. FATHER'S NAME (First, Middle, Last)	am.				18. MOTH		NE (First, Middle, Malden		OHIL	511
	Jasper Cunningh	ıam	19b. MAILINO	ADDRESS	(Street a			Young Oute Number, City or Town	State 76	Code	
2	Anjarone C	unningham						Suitland M			6
	20a. METHOD OF DISPOSITION 1 Sturiel 2 Cremetion 3 Re 4 Donetton 5 Other (Specify) 21. SIGNATURE OF TIMERAL SERVICE I	moval from Stata	Ob. PLACE AND DATED metery, cremetory or of Quantico	Nati 22. N Mc	ona Gui	1 Cer	neter	ry 9-10-91 MITY al Service AVE. Washi	Tri	lang1 C.	e, Virgini
	iMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions,	a DUE TO (OR AS	ardia):	A	rry	thin				Approximate Interval Betwee Onset and Deat
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c ON 6	A CONSEQUENCE OF	A	181	eny	1	Distas	ę		
	- prorte:	Disterni	netastat mated	2	Ca		4	24s. WAS AN PERFORI	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TUMO	HOSPITAL:		OTHER:				k only one)			
	27. MANNER OF DEATH 1 Noturel 5 Pending	28a, DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 2	8c. INJU	JRY AT		Other (Specify) 28d. DESCRIBE HOW IN	JURY OCC	CURED	
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, st ecify)	reet, factor		ES 2 🗌	-	281. LOCATION (Street as City or Town, State)	nd Number	or Rural Ro	oute Number,
	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYS	SICIAN: To the best of my known ER: On the basis of examination	viedga, death occurred	f at the tim	ne, data a	and place,	and dua to	o the cause(a) and man	ner as stat	ed.	u i
	296. SIGNATURE AND TITLE OF CERTIFIE		D.			29c. LICE		ER			Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WIND HAM	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) Gype, I	m. D		91	32	Pisrato	her	, R	d. #210.
I	31. DATE FILED (Month, Day, Year) CFD 1 1 91	32. REGISTRARIO SIGI	ATURE Randell				117	oren, mo) ۾	2075	35

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physic	filled in by the funeral director, page 5 should be detached for use as the burial- ion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial: be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)			CERTIFI	OAIL	. 01	DEA	<u> </u>	2 047	REG. N		_		
BARBARA	L.			CLA	RK			MONT	H 8	DAY 19	9 IEAR	3. TIME OF 0	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE	OF BIRTH		_	HPLACE (State of	
578-54-0156	1 🗆 M 2 💢 F	52	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	h, Day, Year)	1030	Count	ington	_
9a. FACILITY NAME (If not institution, give	street end number)			9b. CITY,	TOWN C	OR LOCATION	ON OF D		,		UNTY OF		, 100
ANDREW AIR FO	RCE BASI	E		Ca	amp	Spri	ngs					George	1.0
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		100 0174	TOWN O						BYTT	IIC (-		
												10d. INSIDE (SITY
10e. STREET AND NUMBER	nce Georg	ge	Upp	er Ma		ZIP CODE				40. 00		1 X YES 2	
12426 Persimmon	Driva				1	207						WHAT COUNTR	¥7
11. MARITAL STATUS	12. WAS DECEDER			13. W	AS DEC			NIC ORIGIN	1? (Specify Y			States E American I	adlan
1 Never Married 2 Married		1 YES 2		16	yes, sp	2 K NO	n, Maxic	an, Puario I	Rican, etc.)	46 OF 110	Blac	k, White, atc.	neien,
3 Wildowed 4 Divorced						22 110	Speci	iy.			Spec	lack	
15. DECEDENT'S EDU (Specify only highest grade		18:	Give kind of wo	ork done di	CUPATIO	ON st of workin	ıα	16b	KIND OF B	USINESS/IN		Lack	
Elementary/Secondary (0-12)	College (1-4 or 5	,	life. Do NOT use	retired.)									
T FATUENIO MANE	3		Registe	red	Nur						h's	Hospit	al
7. FATHER'S NAME (First, Middle, Last) Henry Moore									Middle, Malde	n Sumame)			
9a. INFORMANT'S NAME (Type/Print)			Land					Young					
Pattress Jackson	n		19b. MAILING /									,	
On. METHOD OF DISPOSITION							.таg					/a. 223	509
I ☑ Burial 2 ☐ Cremation 3 ☐ Ram I ☐ Donation 5 ☐ Other (Specify)	noval from State	cemeter	ACE AND DATE OF y, crematory or oth rmony M	er place)	TION /Na	me of		0AT		OCATION -			1
21. SIGNATURE OF FUNERAL SERVICE LI	OÉNSEE .	па	I mony			D ADDRES			эц ца	ndove	r, M	arylan	d
Lange (1)	M 1 1	1 1		Mc	Cui	re Fr	INAT	al S	oward o	o T=	C.		•
The !			0 /	110	Gul	TC I	ull C I	al D	GIATG	e, III			
MMEDIATE CAUSE (Final disease or condition	complications the	use on eecn	line.	74 ot enter t	00 the mod	Georg	gia	Ave.	, NW	Wash	., D	Approx	Between
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Mul	UTIPU	line.	74	00 the mod	Georg	gia	Ave.	, NW	Wash	., D	Approx	Between
IMMEDIATE CAUSE (Final disease or condition	a. Mul	UTI PU	E [NS	74 of enter t	00 the mod	Georg	gia	Ave.	, NW	Wash	., D	Approx	Between
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Mul	UTI PU	NSEQUENCE OF	74 of enter t	00 the mod	Georg	gia	Ave.	, NW	Wash	., D	Approx	Between
IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	S. DUE TO	OR AS A COL	NSEQUENCE OF	74 ot enter t	00 the mod	Georg	gia	Ave.	, NW	Wash	., D	Approx	Betwee
IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	S. DUE TO	OR AS A COL	NSEQUENCE OF:	74 ot enter t	00 the mod	Georg	gia	Ave.	, NW	Wash	., D	Approx	Betwee
IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	s. DUE TO b. DUE TO c. OUE TO	O (OR AS A CO)	NSEQUENCE OF:	74 t enter t	the mod	Georg	gia ng, suc	Ave.	, NW	Wash	rest,	Approx	Betwee
IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	s. DUE TO b. DUE TO c. OUE TO	O (OR AS A CO)	NSEQUENCE OF:	74 t enter t	the mod	Georg	gia ng, suc	Ave.	, NW diec or ree	Wash NAUTOPSY	rest,	Approx interval Onset :	Petweend Deat Y FINDINGS OR TO
IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	s. DUE TO b. DUE TO c. OUE TO	O (OR AS A CO)	NSEQUENCE OF:	74 t enter t	the mod	Georg	gia ng, suc	Ave.	, NW diec or ree	Wash	rest,	Approx interval Onset : WERE AUTOPS AWAR, ABLE PRIC COMPLETION C OF DEATH?	Y FINDINGS OR TO
IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	s. DUE TO b. DUE TO c. OUE TO	O (OR AS A CO)	NSEQUENCE OF:	74 t enter t	the mod	Georg	gia ng, suc	Ave.	, NW diec or ree	Wash NAUTOPSY	rest,	Approx interval Onset :	Y FINDINGS OR TO
IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions.	B. DUE TO DUE TO d	O (OR AS A CO)	NSEQUENCE OF:	74 t enter t	000	Georgide of dyi	gia ng, suo	Ave.	, NW Slec or ree 24s. WAS A PERFC	Wash NAUTOPSY	rest,	Approx interval Onset : WERE AUTOPS AWAR, ABLE PRIC COMPLETION C OF DEATH?	Y FINDINGS OR TO
MMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, f sny, leading to immediate sause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	s. DUE TO b. DUE TO c. OUE TO	O (OR AS A CO)	NSEQUENCE OF:	74 tot enter t	00 the model to th	George de of dyi	gia Ing, successful su	Ave.	, NW slec or ree 24s. WAS A PERFC 1 YES	Wash NAUTOPSY	rest,	Approx interval Onset : WERE AUTOPS AWAR, ABLE PRIC COMPLETION C OF DEATH?	Y FINDINGS OR TO
IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 7 YES 2 NO 7. MANNER OF DEATH	S. DUE TO b. DUE TO c. OUE TO d	OR AS A COI	NSEQUENCE OF:	74 tot enter t the und the und or HER:	Description of the state of the	Georgide of dylinde of	gia Ing, successful su	Part i.	, NW slec or ree 24s. WAS A PERFC 1 YES	Wash	rest,	Approx interval Onset : WERE AUTOPS AWAR, ABLE PRIC COMPLETION C OF DEATH?	Y FINDINGS OR TO
MMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 77 YES 2 NO	B. DUE TO DUE TO C. OUE TO d. HOSPITAL: 1 Inputtent 2	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	NSEQUENCE OF):	THE UND THE STRY MAN TO STATE STRY MAN TO STATE STRY MAN TO STRY M	000 the model of t	Georgide of dying de of dying de of dying de of	gia liven in	Part i.	24s. WAS A PERFC	NAUTOPSY RMED? 2 □ NO	24b	WERE AUTOPS: AWAR ABLE PRICOMPLETION CO OF DEATH! 1 YES 2	Y FINDINGS OR TO F CAUSE
IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions. 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF OEATH 1 Netural 5 Pending Investigation investigation suicide 8 Could not be	s. DUE TO b. DUE TO c. OUE TO d	O (OR AS A COI O (OR AS A COI	NSEQUENCE OF:	THER:	26. PL 26. PL WO' 1 Y	Georgide of dying de of dying de of dying de of	gia liven in	Part I.	24s. WAS A PERFC 1 YES 1 (Specify) CRIBE HOW ENGE	NAUTOPSY RMED? 2 NO INJURY OC R IN	24b	WERE AUTOPS: WARLABLE PRICOMPLETION CO OF DEATH! 1 YES 2	Y FINDINGS OR TO F CAUSE
IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending Investigation	s. DUE TO b. DUE TO c. OUE TO d	O (OR AS A COI O (OR AS A COI	NSEQUENCE OF: NSEQUENCE OF: NSEQUENCE OF: NSEQUENCE OF: NSEQUENCE OF: NSEQUENCE OF: NSEQUENCE OF: NSEQUENCE OF: NSEQUENCE OF: NSEQUENCE OF: NSEQUENCE OF: NSEQUENCE OF: NSEQUENCE OF: NSEQUENCE OF: NSEQUENCE OF: NSEQUENCE OF: NSEQUENCE OF:	THE HISTORY 1 Main and	26. PL 26. PL WO' 1 Y	Georgide of dying de of dying de of dying de of	gia liven in	Part i. Part i. 28d. DES PA S S 28f. LOC City of	24a. WAS A PERFC	NAUTOPSY RMED? 2 NO INJURY OC R IN	24b	WERE AUTOPS: WARLABLE PRICOMPLETION CO OF DEATH! 1 YES 2	Y FINDINGS OR TO F CAUSE
MMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, f sny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 2 Accidant Investigation 4 Homicide 10 CERTIFFING PHYS	B. DUE TO b. DUE TO c. OUE TO d	O (OR AS A COID O (OR AS A COI	NSEQUENCE OF): NSEQUENCE OF):	THER: OTHER: Nursing Off 2 Print March 1 Pr	LES lerlying 26. PL 28. INJ 10 Y J	George de of dyi	gia ng, successful suc	Part I. Part I. Part I. Part I. Cock only on College City of City of SOUT	24s. WAS A PERFC 1 YES e) (Specify) CRIBE HOW ENGE ATTON (Streete or Fown, State HWAY	NAUTOPSY RMED? 2 NO INJURY OC R IN and Numbe	24b	WERE AUTOPS AMALABLE PRI COMPLETION COF DEATH? 1 YES 2	Y FINDINGS OR TO OFF CAUSE
IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural Netural Netural Investigation Netural Investigation Netural	B. DUE TO b. DUE TO c. OUE TO d	O (OR AS A COI O (OR AS A COI	NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF):	THER: the und the und or Nursing of Ry 1 Ma at the tim	lerlying 28. PL 28. PL 1	George de of dyi	gia ng, successful suc	Part I. Part I. 28d. DES PASS 28f. LOCA City of the cau	24s. WAS A PERFC (Specify) CRIBE HOW ENGE ATTON (Street FOWN, State HWAY se(e) end mit	NAUTOPSY RMED? 2 NO INJURY OC R IN and Numbe	24b	WERE AUTOPS: AMARABLE PRICOMPLETION CO OF DEATH? 1 YES 2 [Y FINDINGS OR TO OFF CAUSE
IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 17. YES 2 NO 17. MANNER OF DEATH 1 Netural 5 Pending Investigation 1 Security of the determined determined 2 Accident 1 Could not be determined 9a. CERTIFIER (Check only)	B. DUE TO b. DUE TO c. OUE TO d	O (OR AS A COI O (OR AS A COI	NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF):	THER: the und the und or Nursing of Ry 1 Ma at the tim	lerlying 28. PL 28. PL 1	George de of dyi	gia Ing, successful given in the second given in the second given and dua at the second given gi	Part i. Part i. 28d. DES PASS 28f. LOC City to the cau time, data	24s. WAS A PERFC (Specify) CRIBE HOW ENGE ATTON (Street FOWN, State HWAY se(e) end mit	N AUTOPSY RMED? 2 NO INJURY OC R I N 2 A N A N AUTOPSY RMED? P A R Inner as stand due to the	24b CCUREO AUT FOR FURTHER K&F (WERE AUTOPS: AMARABLE PRICOMPLETION OF DEATH? 1 YES 2 [TO / AUT OUTOPS AUTOPS AVAILABLE PRICOMPLETION OF DEATH? 2 PRICOMPLETION OF DEATH? 3 PRICOMPLETION OF DEATH? 1 YES 2 [TO / AUT OUTOPS AUTOPS	Y FINDINGS OR TO SECULATE NO.
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. Sy YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 9a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	B. DUE TO b. DUE TO c. OUE TO d	O (OR AS A COI O (OR AS A COI	NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF):	THER: the und the und or Nursing of Ry 1 Ma at the tim	lerlying 28. PL 28. PL 1	George de of dyi	gia Ing, successful given in the second given in the second given and dua at the second given gi	Part i. Part i. 28d. DES PASS 26f. Lloyc SOUT to the cau time, data	24s. WAS A PERFC (Specify) CRIBE HOW ENGE ATTON (Street FOWN, State HWAY se(e) end mit	NAUTOPSY RMED? 2 NO INJURY OC R IN and Numbe PAR	24b CCUREO AUT FOR FURTHER K&F (WERE AUTOPS WARLABLE PRICOMPLETION CO OF DEATH 1 YES 2 [CO / AUT Noute Number, OR REST) and manner a	Y FINDINGS OR TO SECULATE HO
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. Sy YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 9a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	B. DUE TO B. DUE TO C. OUE TO d	O(OR AS A COID O(OR A	NSEQUENCE OF: NSEQUE	THER: the und the und or Nursi of RY 1 Ma at the tim in my opi	lerlying 28. PL 28. PL 1	George de of dyi	gia mg, successful given in the second due and due and due and due and due the second given by the second	Part i. Part i. 28d. DES PASS 26f. Lloyc SOUT to the cau time, data	24s. WAS A PERFC (Specify) CRIBE HOW ENGE ATTON (Street FOWN, State HWAY se(e) end mit	NAUTOPSY RMED? 2 NO INJURY OC R IN and Numbe PAR	24b CUREO AUT r or Rural F K&F (WERE AUTOPS WARLABLE PRICOMPLETION CO OF DEATH 1 YES 2 [CO / AUT Noute Number, OR REST) and manner a	Y FINDINGS OR TO SECULATE NO IN T
IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF OEATH 1 Netural 5 Pending Investigation 8 Could not be detarmined 2 Accident 3 Suicide 8 Could not be detarmined 80. CERTIFIER (Check only One) 1 CERTIFYING PHYSICAL EXAMINERS (Check only One) 1 CERTIFYING PHYSICAL EXAMINERS (Check only One) 1 CERTIFYING PHYSICAL EXAMINERS (Check only One) 1 CERTIFIER (Check only One) 1 CE	B. DUE TO B. DUE TO C. OUE TO d	O(OR AS A COID O(OR A	NSEQUENCE OF: NSEQUE	THER: the und the und the und at the tim in my opi	28. PL The Honor	George de of dyinde of dyi	gia Ilyen in EATH (Ch and dualders AND AND AND AND AND AND AND AND AND AND	Part i. Part i. Part i. Part i. PAS S PAS S 281. LOC/City of BOUT to the cau time, data	24a. WAS A PERFC 1 YES 1 (Specify) CRIBE HOW ENGE ATTON (Street) TOWN, State HWAY se(e) and mi	N AUTOPSY RMED? 2 NO INJURY OC R IN and Number PAR inner as stand due to til	24b COUREO A U Treet, For Rural F K & F (Red. The cause(s) E SIGNED 8 - 1 C	WERE AUTOPS WARLABLE PRICOMPLETION CO OF DEATH 1 YES 2 [CO / AUT Noute Number, OR REST) and manner a	Y FINDINGS OR TO I VIL.

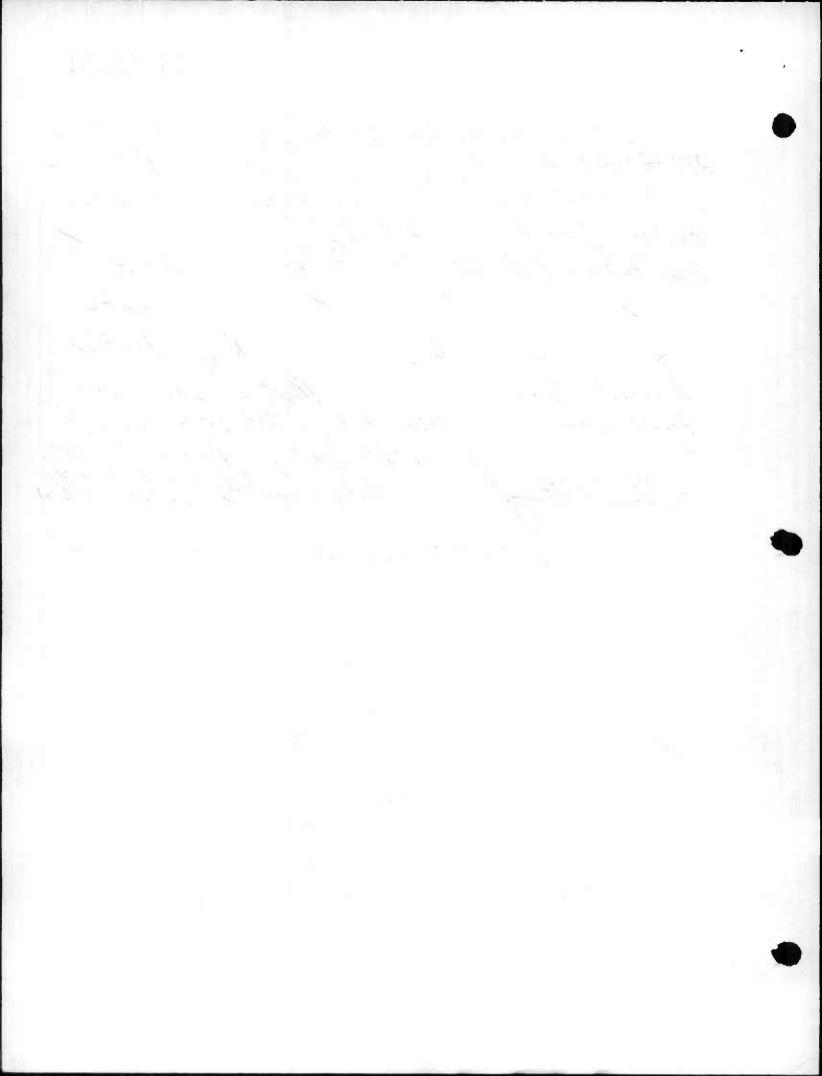


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

SICIAN: The law requires that the death certificate be executed within its after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin State Deor, or Health and Mental Hydiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the has find within 25 hours after health with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal,	is marke

TO BE COMPLETED BY FUNERAL DIRECTOR

			21	20301
FOR 1 STATE	STATE OF MARYLAND / DEPARTM	IENT OF HEALTH AND	MENTAL HYGIENE	
1 - STATE REGISTRAR	CERTIFICA	ATE OF DEATH	REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)	- 111 1001	- 1. "	2. DATE OF DEATH	3. TIME OF DEATH
CURTE	> EMANUEL	CHINO	9 18 9	1 11:55A
4. SOCIAL SECURITY NUMBER		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 6.	BIRTHPLACE (State or Foreign Coughry)
231-56-6067	142 M 2 F 5 YRS. MOV	THS DAYS HOURS MIN.	10-8-39	Volth Carolina
9a. FACILITY NAME (If not institution, give atre		CITY, TOWN OR LOCATION OF DI	EATH 9c. COUNTY	OF DEATH
3526 BAL	T BLVD 10	FINDES BI	mc CA	TRACLL
RESIDENCE OF DECEDENT	14	OWN OR LOCATION		
Maryland 6	inll Ein	KSLUK		10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER	771			1 YES 2 AO
727/ W. Higgs	Rhyl. Lot = 10	2/048	10g. CI112E1	OF WHAT COUNTRY?
11. MARITAL STATUS	Olog Col	01010		J.7/.
1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PHO	If yes, specify Cuberf, Mexico	n, Puarto Rican, atc.)	RACE — American Indian, Black White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 YES 2 NO Specif	y:	AMITI-
15. DECEDENT'S EDUCA		JAL OCCUPATION	16b. KIND OF BUSINESS/INDUS	TAN
(Specify only highest grade of Elementary/Begrondary (0-12)	College (1.4 or 5.1)		0:00	Distler
8	- 10/2h	han	11993	0/3//
17. FATHER'S NAME (First, Middle, Last)	1.	16. MOTHERUS NA	ME (Flist, Middle, Walden Surpame)	/ .
[manuel	Cain	Me	rtie Cain	Cain
19a. INFORMANT'S NAME (Type/Polit)	19b. MAILING ADI	DRESS (Street and Number or Rural	Rouse Number City or Town, State, Zip Co	de)
Bobby Calh	3326	Baltimore	BINS. COT 8 1	inkssus Md.
20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ramon	20b. PLACE OF DISPOSITION Of PROPERTY OF THE P	N (Name of comotony crematory pr	20c/TOCATION — CH	or Town State
4 Donation 5 Other (Specify)	Old West	vill cemeter	Y Pilot M	puntain NC.
21. SIGNATURE OF FUNERAL SEPTIMELLICE	NSEE	22. NAME AND ADDRESS OF	CILITY / 1/ 254	E. Main St.
How It	It I	Fletcher Ku	12/4/ Holo 1)05:	Frister M.215
22 DART I Enter the diseases or or	omplication that caused the death. Do not	anter the made of dislam and	The phesi	M.M. 7. 7. 8. 2. 2. 2.
shock, or heart fallura. L	let only one cause on sech line.	amar the mode of dying, suc	an as cardiac or respiratory arres	interval Between
IMMEDIATE CAUSE (Final disease or condition	1 10 × 1 12 1	1611110	2.10	Onset and Deeth
resulting in death)		UDVND	CHEST	
	DUE TO (OR AS A CONSEQUENCE OF):			
Sequentially list conditions, b.	DUE TO (OR AS A CONSEQUENCE OF):			
If any, leeding to immediate cause. Enter UNDERLYING				į
CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF):			
resulting in death) LAST				
-				
PART II. Other significant conditions	contributing to death but not reaulting in t	he underlying ceuse given in	Part I. 24s. WAS AN AUTOPSY PERFORMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
			1 TYES 2 NO	COMPLETION OF CAUSE OF DEATH?
				1 _ YES 2 _ NO
				_
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (C)	neck only one)	
		THER: Nursing Home 6 Residence	6 Other (Specify)	
27. MANNER OF DEATH	28e. DATE OF INJURY 28b. TIME OF (Month, Day, Year) INJURY	F 28c. INJURY AT WORK?	28d. DEŞCRIBE HOW INJURY OCCUI	RED
1 Natural 6 Pending 2 Aceldent Investigation		M 1 TYES 2 NO		
3 Suicide 8 Could not be	26e. PLACE OF INJURY — At home, farm, stree building, atc. (Specify)	et, factory, office	28f. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
4 Homicide detarmined				
29a. CERTIFIER 1 CERTIFYING PHYSIC	HAN: To the best of my knowledge, death occurred a	t the time, data and place, and du	s to the cause(s) and manner as stated.	
2001	: On the besia of axamination and/or investigation, is			
29b. SIGNATURE AND TITLE OF CERTIFIER	0	29c. LICENSE NU	MBER 29d. DATE S	IGNED (Month, Day, Year)
Dais O	Y W/00/140n-	DI	491 10	1-10-91
30. NAME AND AODRESS OF PERSON WHO	1 VEL MINE		The state of the s	10/1/
	COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Pril	nt)	AAMIC WATINET	MI MARIO
DAMIE!	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri.	10 912	WAS AND THE	en logo
DANIEL 2 31. DATE FILED (MONTH), Day, Year)	COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Pri	MD 913	WASHINST ESTHINST	ERMO
DANEL 2 31. DATE FILED (Month, Day, Year) SEP 1 9 '91	F. WELL VER 32. REGISTRAR'S SIGNATURE Julia Davidson-Randalle	ND 9 B	ESTAINST	er mo



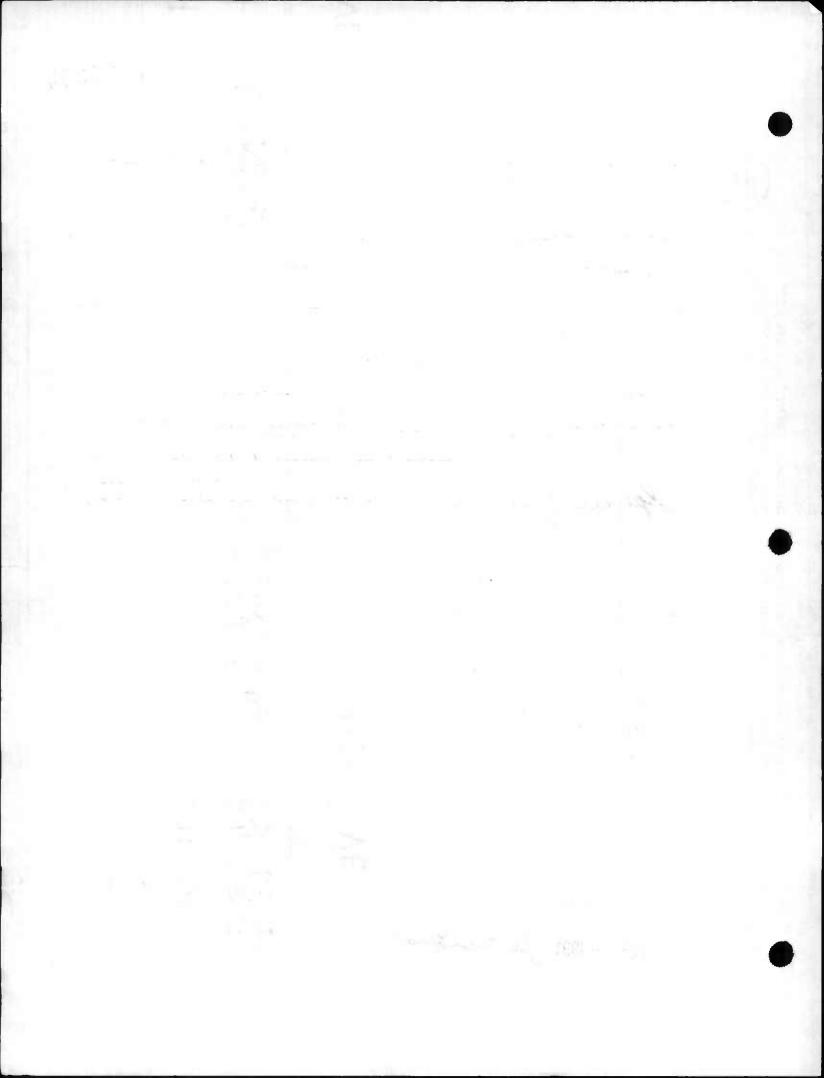
	1 - FOR STATE REGISTRAR	STATE OF MARY	AND / DEP	ARTMENT	OF H	EALTH AND		YGIENE EG. NO.	26362
1	1. DECEDENT'S NAME (First, Middle, Last)	JOHN JOSEPH		CQLA	PRE		2. DATE OF D		YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER OSG-OS-O857 90. FACILITY NAME (If not institution, give	1 M 2 D F	(In yrs. last birthda	MONTHS	YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, MAY 17	F BIRTH B BIRTHOLACE (State of S.	
TOR	PENINSULA GEN					BURY	DEATH		WICOMICO
DIRECTOR		OMICO		CITY, TOWN OF		TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	NANTICOKE DRIVE					21849			USA
BY	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Wildowed 4 Olvorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	11	yee, sp	endent of Hispa ecity Cuben, Mexic 2 NO Speci	an, Puerlo Rican,	atc.)	14. RACE — American Indian, Black, Whita, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 1 2	UCATION to completed) College (1-4 or 5 +)	16e. DECEDEN (Give kind life. Do NO:	of work done du ruse retired.)	CUPATIO	ON st of working		OF BUSINESS/IN	
BE CON	17. FATHER'S NAME (First, Middle, Last) GIOVANNI COLAPRET	'E					AME (First, Middle,	Maiden Sumame)	
2	ANGELINA C. COLAP		BOX	10A, N.	ANT	nd Number or Rural ICOKE DR			
	1 X Burial 2 Cremetion 3 Ren 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	noval from State	URNER C	EMETER	Y	me of	9/19		City or Town, State OKE, MARYLAND
	Tomard	Solle	n	ZE	LLE	R FUNERA BURY, MA	L HOME	21802	
CERTIFICATION	23. PART I. Entar the diseases, of ehock, or heart feligire. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. DUE TO (OR AS A DUE TO (OR	CONSEQUENCE	OF): Q		olide on tre			intervei Between
FITSICIAN: MEDICAL	PART II. Other eignificant condition	s contributing to death b	ut not reaultin	g in tha und	arlying	causa given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	etient 3 🗆 DOA	OTHER:		ACE OF DEATH (Ch			
מו ייוו	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. T	IME OF 2	Bc. INJU	JRY AT		HOW INJURY OC	CCUREO
9	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, ferm	, atreet, factory	, office		281, LOCATION City or Town	(Street end Numbe n, State)	or or Rural Route Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCRETE STATE OF THE CERTIFICATION OF THE CERT	ICIAN: To the best of my knowl R: On the basis of examination	ledge, death occu	rred at the time	, date o	end place, end due oth occured at the	to the cause(e) o	end manner ee sta	ited.
	290. SIGNATURE AND TITLE OF CENTISE	Lie				29c. LICENSE NUM D 2 5	ABER 2.7	29d. DAT	TE SIGNED (Month, Day, Year)
- 1	Tohn	o completed cause of DE	4TH (ITEM 27) (TY) 40 River	side dr		Salisbury	, Md. a	1801	
	31. DATE FILED SEP. Day 1897 91	32. REGISTRAN'S FIGN.	don-Pano	lell					

The later of the l

	1 - STATE REGISTRAR		CERTIFIC	ENT OF HEALTH AN		SIENE 9	1 26363
	1. DECEDENT'S NAME (First, Middle, L	CROSS			2. DATE OF DEA	TH DAY	YEAR 3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 220-34-3204 90. FACILITY NAME (If not institution, g	1 📈 M 2 🗆 F	72 YRS. MOI	UNDER 1 YEAR IF UNDER 24 HI	n. Dec. 9,	1918	e. BIRTHPLACE (State or Foreign Country) Maryland
CTOBB	So . MATY	AND HOSPI		CITY, TOWN OF LOCATION OF			NCL- BRUNGE
L DIRECT	Maryland 10e. STREET AND NUMBER	Prince Georges		SCO			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ◯ NO
FUNERAL	20909 Aquasco F	Road		101. ZIP CODE 20608		10g. CITIZ	EN OF WHAT COUNTRY?
8	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR OR	2 X NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 NO Se	xicen, Puerto Rican, at	fy Yee or No—	14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondery (0-12)	Coffege (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ref. Farmer	done during most of working		F BUSINESS/INDU	The second secon
BE CO	Joseph Lee Cros			Ma	NAME (First, Middle, M attie Bowe	en	
2	190. INFORMANT'S NAME (Type/Print) Margaret S. Cro	oss		Aquasco Rd.,			
ION	23. PART I. Enter the diseases,	a. DUE TOTOR AS A	the desth. Do not each line. CONSEQUENCE OF:	P. O. Box 1. Inter the mode of dying, facilities	oc. Waldor buch as cerdiec or deced	respiretory arre	20604-0156 et, Approximate Interval Betwo
L CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST PART II. Other significant condi-	c. OVE TO (OR AS A d	CONSEQUENCE OF:	Calal	In Part I 240 MA	S AN AUTOPSY	24b. WERE AUTOPSY FINDING
AN: MEDICA	25. WAS CASE REFERRED TO MEDICAL				1 _ Y&	RFORMED?	AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
YSICIAN	EXAMINER?	HOSPITAL: 1 Inpetient 2 EPI/Outpe		28. PLACE OF OEATH HER: Nursing Home 5 Residen)	
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK? 1 YES 2 NO	28d. OEŞCRIBE H	OW INJURY OCCU	REO
ETED	3 Suicide 8 Could not 4 Homicide determined	Duliging, Mc, (Speci	— At home, ferm, street,	factory, office	28f. LOCATION (St City or Town, S	reet end Number of Stete)	Rural Route Number,
COMPLI		YSICIAN: To the best of my knowledge of examination					
TO BE	296. SIGNATURE AND TITLE OF CERTIFICAL	testes	there		YZ 73	29d. DATE :	SIGNED (Month, Day, Year)
	30. NAME AND AGORESS OF PERSON R A A 31. OATE FILEO (Month, Day, Year)	WHO COMPLETED CAUSE OF GEA	- Print	R 89	109 OL	of Box	Wel Au
	\$1. UNITE PILEO (MORRIT, Day, Year)	Adia Nacia	son Randall				

DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALLIMORE, MARYLAND 21215-0020		
THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	(
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit animal.	1, 2 3 should	
filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	P	
DODGEAUT: it ham 20 is marked or item 23 shows any injury or other traumatic event the medical examiner must be notified at once)	

REGISTRAR	CENTIFIC	CATE OF	DEALL	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)			2			3. TIME OF DEATN
Mazora	CC	AMEC				0600 M
						NPLACE (State or Foreign
214-74-0815 1 M 2 🕱 F	102 YRS.	ONTHS DAYS	HOURS MIN. A1	(Month, Day, Year) ug. 26-1889	Mar	yland
Calvert Memorial Hospit						
RESIDENCE OF DECEDENT					00.2.1	
Maryland Calvert			ON			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10s. STREET AND NUMBER D. O. Boss, 20.7		101.		10g. (WNAT COUNTRY?
		T				
1 News Married 2 Married FORCES? 1 YE	S 2 NO	If yes, spe	cify Cuban, Mexican, I			E — American Indian, ck, Whita, etc. city: Black
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S U	SUAL OCCUPATION IN done during mos	N t of working	16b. KIND OF BUSINESS	INDUSTRY	
Elementary/Secondary (0-12) College (1-4 or 5 +) 05						
17. FATNER'S NAME (First, Middle, Last)			18. MOTHER'S NAME	(First, Middle, Malden Surnam	e)	
Unknown			Mary S	tarks		
19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street ar	d Number or Rurel Rou	ite Number, City or Town, State,	Zip Code)	
Thomas Coleman	P.O.	Box 307	Owings,	Maryland 20	736	
20a. METHOD OF DISPOSITION	20b. PLACE AND DATE	OF OISPOSITION	(Name	DATE 20c. LOCATION	- City or 1	own, State
1 to Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	of cemetary, crematory of Carters C	hurch Ce	emetery 9	/21/91 Frien	dship	, Md
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	^			ITY		
gencer E. Serve	W	Sewell	Funeral			
shock, or heart failure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR A	and fine. The property of the consequence of the c	monan				Approximsta Interval Between Onset and Death
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	ON ON O	irkm	diseas	c.		
PART II. Other significant conditions contributing to death	but not resulting in	the underlying	csuse given in Pr	PERFORMED?		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Immonary twoevent	1081s, K	enal	Jailin	1 YES 2 NO	,	COMPLETION OF CAUSE OF DEATH?
Hypertensin, Hyper	tensive	Covod	ioroneu	lan		1 YES 2 NO
omease.						
EXAMINER? HOSPITAL:			ACE OF DEATH (Checi	conly one)		
1 Natural 5 Pending (Month, Day, Yea	ry 26b. TIME	RY WO	RK?	86. DESCRIBE NOW INJURY	OCCURED	
2 Sudalda 26s. PLACE OF INJU	IRY — At home, farm, st (pecify)	reet, factory, office		181. LOCATION (Street and Nur City or Town, State)	mber or Rura	Route Number,
Corela Gray						(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	- .		D. 2	ER 29d.	DATE SIGNE	18.91
31. DATE FILEO (Month, Dey, Year) SEP 20 1991 Julia Davids	Hunting	town,	Maryland	20639		
	4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 2. 14-74-0815 9a. FACILITY NAME (If not institution, give street and number) Calvert Memorial Hospit FRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Calvert 10c. STREET AND NUMBER P. 0. Box 307 11. MARITAL STATUS 12. WAS DECEDENT EVERTHORM 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 0-5 17. FATNER'S NAME (First, Middle, Last) Unknown 19a. INFORMANT'S NAME (First, Middle, Last) Unknown 19a. INFORMANT'S NAME (First, Middle, Last) Unknown 19a. INFORMANT'S NAME (First, Middle, Last) Unknown 19a. INFORMANT'S NAME (First, Middle, Last) Unknown 19a. INFORMANT'S NAME (First, Middle, Last) Unknown 19a. INFORMANT'S NAME (First, Middle, Last) Unknown 19a. INFORMANT'S NAME (First, Middle, Last) Unknown 19a. INFORMANT'S NAME (First, Middle, Last) Unknown 19a. INFORMANT'S NAME (First, Middle, Last) Unknown 19a. INFORMANT'S NAME (First, Middle, Last) Unknown 19a. INFORMANT'S NAME (First, Middle, Last) Unknown 20a. METHOD OF DISPOSITION 12 Burist 2 Cremation 3 Removal from State 4 Doneston 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22a. PART I. Entar tha diseases, or compilications that cause shock, or heart failure. List only one cause on IMMEDIATE CAUSE (Finel disease or conditions, or resulting in death) 22b. Signature in death) 22c. Was Case Reference to medical Examined 22a. Date of insult (Morth, Dey, Yea 22b. Signature No Title of Certifier 22a. Date of insult (Morth, Dey, Yea 22b. Signature NO Title of Certifier 22b. Signature NO Title of Certifier 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE (OF INSUlt (Morth, Dey, Yea 22b. Signature NO Title of Certifier 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE (OF INSUlt (Morth, Dey, Yea 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE (OF INSUlt (Morth, Dey, Yea 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE (OF INSUlt (Morth, Dey, Yea 31 MEDICAL Examined 30. NAME AND ADDRESS OF P	4. SOCIAL SECURITY NUMBER 214-74-0815 9a. FACILITY NAME (In or Institution, pive street and number) 214-74-0815 9a. FACILITY NAME (In or Institution, pive street and number) 21	4. SOCIAL SECURITY NUMBER 214-74-0815 1. SEX 214-74-0815 1. M 2 [XF] 10 2 YRS. 10 2 Y	## ASSOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 214-74-0815 5. II M 2 XF 102 YRS. 5. RACE (in yrs. lest bidmidy) 5. EXCITY, TOWN OR LOCATION OF DEAT CAIVERT MARE (if not insultation, give stress and number) CAIVERT MARE (if not insultation, give stress and number) CAIVERT MARE (if not insultation, give stress and number) CAIVERT MARE (if not insultation, give stress and number) CAIVERT MARE (if not insultation, give stress and number) CAIVERT MARE (if not insultation, give stress and number) CAIVERT MARE (if not insultation, give stress and number) CAIVERT MARE (if not insultation, give stress and number) CAIVERT MARE (if not insultation, give stress and number) THOSE STREET AND NUMBER P. O. BOX 307 II. MARTAL STATUS 11. MARTAL STATUS 12. MARA DECEDENT EVEN IN U.S. ARMED II. MARS DECEDENT'S EVEN MARE (if not was a second in year of the control of the process of the control of the process of the process of the control of the process	Mazora Security Number Sect S	MAZORA SECUNITY NUMBER 10 2 [SE 10 2] [SE 10 2 [SE 10 2 [SE 10 2 [SE 10 2] [SE 10 2 [SE 10 2 [SE 10 2] [SE 10 2 [SE 10 2] [SE 10 2 [SE 10 2 [SE 10 2] [SE 10 2 [SE 10 2] [SE 10 2 [SE 10 2] [SE 10 2 [SE 10 2] [SE 10 2] [SE 10 2 [SE 10 2] [SE 10 2] [SE 10 2 [SE 10 2] [SE 10 2] [SE 10 2] [SE 10 2] [SE 10 2] [SE 10 2 [SE 10 2] [SE 10

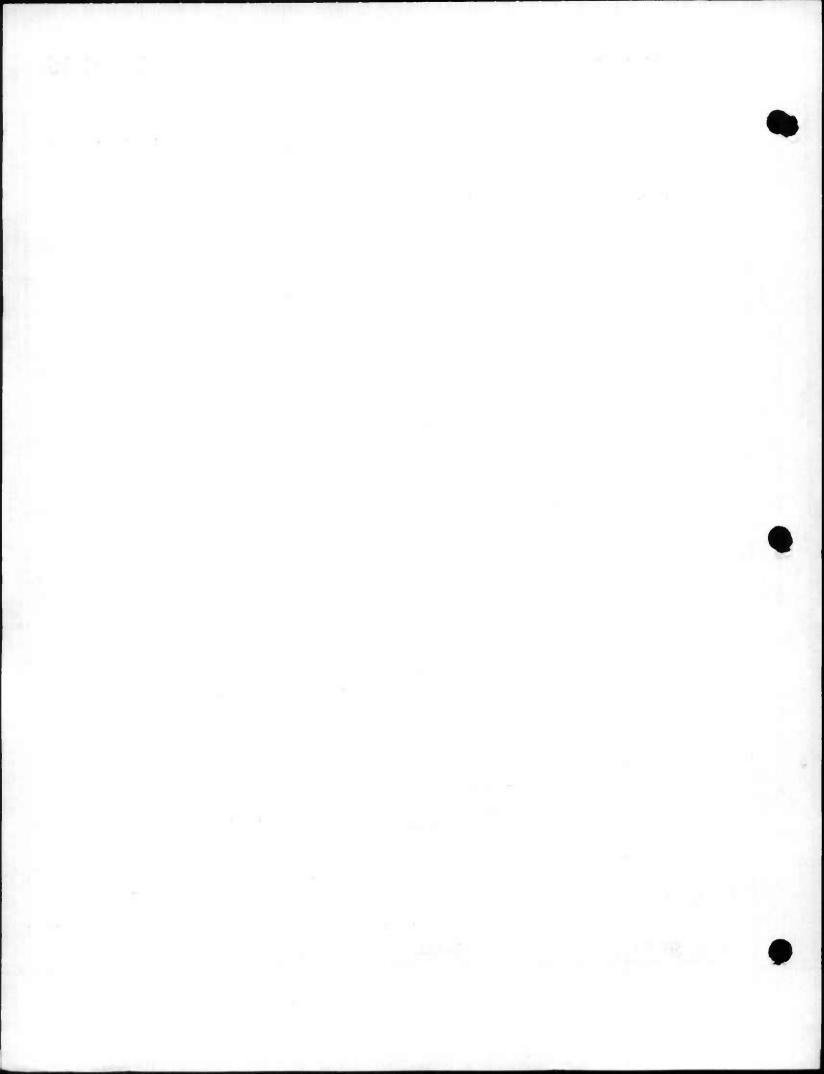


BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 should

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNENAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. or Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

I. DECEDENT'S NAME (First, Middle, Last)		CERTIFICATE OF DEATH						REG. NO.			3. TIME OF DEATH	
MARK		LORE	N		DAY	7	MON		8 1	991	7:58 F	
I. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.			R 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH		8. BIRTH	IPLACE (State or Foreig	
227-11-6505	1 X M 2 F	31	YRS.	MONTHS	DAYS	HOURS MIN.	Ju1	y 23,	1960	Gern	nanv	
Pe. FACILITY NAME (If not institution, give a				9b. CITY	Y, TOWN	OR LOCATION OF	DEATH		_	NTY OF D		
10619 MONTROSE AVE APT #2 BET					THES	ESDA MONTGOM				MERY		
DESIDENCE OF DECEDENT 10b. COUNTY			10c. CITY, TOWN OR LOCATION				INOMIO					
Maryland Montgomery			Bethesda								10d. INSIDE CITY LIMITS?	
B. STREET AND NUMBER			101. ZIP CDOE				10g. CITIZEN DF				1 TYES 2 X NO	
0619 Montrose Avenue, #2			100.20			2					States	
1. MARITAL STATUS	T EVER IN U.S.	ES 2 X NO If yee, sp			ENDENT OF HISP	ANIC ORIG	GIN? (Specify Yee or No — 14.		14. RACE	- American Indian		
Never Married 2 X Merried	YES 2 NAR OR DATES				pecify Cuben, Maxican, Puerto Rican S 2 X NO Specify:			stc.) Bie		t, White, atc.		
	Widowed 4 Divorced									_ W	White	
15. DECEDENT'S EDUI (Specify only highest grade	completed)		Give kind of	work done			16	56. KIND OF BU	ISINESS/IND	USTRY		
Elementery/Secondery (0-12)	College (1-4 or 5	•)	m. Do NOT L ctuary					Donaia	n D1-	nn:-	-	
7. FATHER'S NAME (First, Middle, Last)		I AC	, coar			10 110000000		Pensio		บก 1ท	y	
Robert Edward Day	. Jr.		16. MOTHER'S NA					, Middle, Melder traud				
9e. INFORMANT'S NAME (Type/Print)	,		19b. MAILING ADDRESS (Street and Number or Rural									
Robert Edward Day	/, Jr.					Street,					00000	
0e. METHOD OF DISPOSITION ☐ Burlel 2 X Cremation 3 ☐ Rame		20b. PLAC	E AND DATE	OF DISPOS	SITION /Na	me of		-	ingto			
□ Burial 2 1 Cremation 3 □ Rame □ Donation 5 □ Other (Specify)	oval from State	Subi	rematory or o	Crem	ator	v	1				-	
Burlai 2 Cremation 3 Ramoval from State Cametay, crematory or other piece) Suburban Crematory 9-12 Silver Spring, Mary								y, Maryia				
				27	NAME AN	DADDRESS OF F	ACILITY		D -			
> Eleen &	1. Ra	RO		l R	app	Funeral ist Ave	Ser	vices,	P. A	inc	MD 20010	
23. PART I. Enter the diseases, or cahock, or heart feliure. MMEDIATE CAUSE (Final lisease or condition	complications the	t ceused the see on eech li	deeth. Do	9	33 G	ist Ave	nue,	Silve	r Spr	ing,	Approximets interval Betw	
MMEDIATE CAUSE (Finsi ilsesse or condition ecuiting in death) Sequentially list conditions, i sry, leading to immediate ause. Enter UNDERLYING AUSE (Disesse or Injury hat initiated events	e. Ove to	t coused the see on each life (DR AS A CONS	SEDUENCE O	9 not enter	33 G	ist Ave	nue,	Silve	r Spr	ing,	Approximets interval Betv	
MMEDIATE CAUSE (Finsi lisesse or condition equiting in death) Sequentially list conditions, i sry, leading to immediate ause. Enter UNDERLYING CAUSE (Disesse or injury	e. OUE TO	(OR AS A CONS	SEDUENCE O	9 not enter	33 G	ist Ave	nue,	Silve: rdiac or reep	r Spr	ing,	Approximets interval Betwoonset and D	
MMEDIATE CAUSE (Finsi lisesse or condition equiting in death) Sequentially list conditions, I say, leading to immediate ause. Enter UNDERLYING AUSE (Disesse or Injury hat initiated events equiting in death) LAST	e. OUE TO	(OR AS A CONS	SEDUENCE O	9 not enter	33 G	ist Ave	nue,	Silve:	r Spr	ing,	Approximets Interval Betw Onset and D WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAU: DF DEATH?	
MMEDIATE CAUSE (Finsi lisesse or condition equiting in death) Sequentially list conditions, I say, leading to immediate ause. Enter UNDERLYING AUSE (Disesse or Injury hat initiated events equiting in death) LAST	e. OUE TO	(OR AS A CONS	SEDUENCE O	9 not enter	33 G	ist Ave	nue,	Silve: rdiac or reep	r Spr	ing,	Approximets Interval Betw Onset and D WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAU	
MMEDIATE CAUSE (Finst issues or condition securiting in death) Sequentially list conditions, a sry, leading to immediate sause. Enter UNDERLYING AUSE (Disease or injury hat initiated events seculting in death) LAST ART II. Other significent conditions WAS CASE REFERRED TO MEDICAL	e. OVE TO DUE TO OUE TO d. e contributing to	(OR AS A CONS	SEDUENCE O	9 not enter	33 G	ist Ave	nue, ch as ce	24a. WAS AN PERFOI	r Spr	ing,	Approximets Interval Betw Onset and D WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
MMEDIATE CAUSE (Finst lites are reliure.) MMEDIATE CAUSE (Finst lites are reliure.) Mequentially list conditions, a sry, leading to immediate ause. Enter UNDERLYING CAUSE (Disesse or Injury hat initiated events seculting in death) LAST	e. OUE TO	(OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but not	SEQUENCE O	9 not enter	33 G the mo	de of dying, su	nue, ch as ce	24a. WAS AN PERFO	r Spr	ing,	Approximets interval Betw Onset and Donset a	
MMEDIATE CAUSE (Finst lisesse or condition seuiting in death) Sequentially list conditions, I sny, leading to immediate ause. Enter UNDERLYING AUSE (Disesse or Injury hat initiated events eculting in death) LAST WAS CASE REFERRED TO MEDICAL EXAMINER?	e. OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (DR AS A CONS (DR AS A CONS (DR AS A CONS	DEDUENCE O	9 not enter	33 G the mo	de of dying, su ceuee given is ACE OF GEATH (C	nue, ch as ce	24a. WAS AN PERFO	I AUTOPSY	ing,	Approximets Interval Betw Onset and D WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
MMEDIATE CAUSE (Finst lisesse or condition equiting in death) Sequentially list conditions, sary, leading to immediate ause. Enter UNDERLYING AUSE (Disesse or Injury hat initiated events equiting in death) LAST ART II. Other significent conditions WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES. 2 ND MANNER OF DEATH 1 Netural 5 Pending	e. Over to our t	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (DR AS A CONS (DR AS A CONS (DR AS A CONS	DEDUENCE O	9 not enter	33 G the mo	de of dying, su g ceuee given in ACE OF OEATH (C	nue, ch as ce Part I. Beck only c	24a. WAS AN PERFO	AUTOPSY MMED? NO	ing, eet,	WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
MMEDIATE CAUSE (Finst lites are reliufe.) MMEDIATE CAUSE (Finst lites are reliufe.) MART II. Other significent conditions, a sry, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events eculting in death) LAST ART II. Other significent conditions WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES. 2 ND MANNER OF DEATH 1 Natural 5 Pending Investigation Suicide e Could not be	DUE TO DUE TO	(OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but not ER/Outpatient INJURY — At I	DOA 20b. TIN. 2.00	9 not enter	the mo	de of dying, su g ceuee given in ACE OF OEATH (C) 5 XRaaidenca 1887 ES 2 X NO	nue, ch as ce Part I. Peck only c 8 Oth 28d. DE SUE	24a. WAS AN PERFOI YES 2 One) Or (Specify) SCRIBE HOW IS BJECT CATION (Street	I AUTOPSY MMED? NJURY OCC HANG	ing, eet, 24b.	Approximets interval Betwood Donest and Done	
MMEDIATE CAUSE (Finst lisesse or condition equiting in death) Sequentially list conditions, sary, leading to immediate ause. Enter UNDERLYING AUSE (Disesse or Injury hat initiated events equiting in death) LAST ART II. Other significent conditions WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES: 2 ND MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO DUE TO	(OR AS A CONS (OR AS	DOA 20b. TIN. 2.00	9 not enter	the mo	de of dying, su g ceuee given in ACE OF OEATH (C) 5 XRaaidenca 1887 ES 2 X NO	nue, ch as ce Part I. Peck only c 8 Oth 28d. DE SUE	24e. WAS AN PERFOI YES 2 25 CRIBE HOW I SCRIBE HOW I OF TOWN, STate)	I AUTOPSY RMED? R INJURY OCC HANG	ing, eet, 24b. URED SED or Rural R	Approximets interval Betw Onset and D WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? YES 2 ND SELF	
MMEDIATE CAUSE (Finst lisesse or condition equiting in death) Sequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disesse or Injury that initiated events equiting in death) LAST ART II. Other significent conditions WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 10 CERTIFFIER Check only	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, Dr. 9 - 8 - 28e. PLACE Of building,	(OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but not ER/Outpatient INJURY — At I etc. (Specify) my knowledge, t	BEDUENCE O BEDUEN	or HEF 4 Num Note of Hungy M Street, Jackstreet, Jac	the mo	de of dying, su g ceuee given in ACE OF OEATH (C 5 Xhaaidenca	nue, ch as ce Part I. Part I. 8	24e. WAS AN PERFOI VES 2 24e. WAS AN PERFOI VES 2 25 OF TOWN, State 19 MO	AUTOPSY MMED? R IND NJURY OCC HANG ANTRO NTRO	24b. 24b. ED or Rural R	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? YES 2 NO SELF oute Number, AVE APT:	
MMEDIATE CAUSE (Finst lisesse or condition equiting in death) Sequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disesse or Injury that initiated events equiting in death) LAST ART II. Other significent conditions WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 10 CERTIFFIER Check only	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, Dr. 9 - 8 - 28e. PLACE Of building,	(OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but not ER/Outpatient INJURY — At I etc. (Specify) my knowledge, t	BEDUENCE O BEDUEN	or HEF 4 Num Note of Hungy M Street, Jackstreet, Jac	the mo	de of dying, su de of dying, su ceuee given is ACE OF OEATH (C 5 S XResidence JRY AT RKY ES 2 X NO end place, end du seth occured at the	Part I. Pert I. Beck only c Bull Control Con	24e. WAS AN PERFOI VES 2 24e. WAS AN PERFOI VES 2 25 OF TOWN, State 19 MO	I AUTOPSY IMMED? R IND NJURY OCC HANG and Number NTRO	24b. 24b. ED or Rural R SE sed.	Approximets interval Betw Onset and D. Onset	
MMEDIATE CAUSE (Finst lisesse or condition securiting in death) Gequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disesse or Injury hat initiated events seculting in death) LAST ART II. Other significent conditions WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Natural 5 Pending Investigation Suicide 4 Homicide e Could not be determined 1 CERTIFFIER (Check only one) MEDICAL EXAMINER	HOSPITAL: Description Due to	(OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but not ER/Outpatient INJURY — At I etc. (Specify) my knowledge, t	BEDUENCE O BEDUEN	or HEF 4 Num Note of Hungy M Street, Jacket at the III	the mo	de of dying, su de of dying, su g ceuee given is ACE OF OEATH (C 5 S XRaeidenca JRY AT RKY ES 2 X NO end place, end du eath occured at the 29c. LICENSE NU	Part I. Pert I. Book only control of the control	24e. WAS AN PERFOI VES 2 24e. WAS AN PERFOI VES 2 25 OF TOWN, State 19 MO	I AUTOPSY RMED? R INJURY OCC HANG on Number of	24b. 24b. 24b. 25 E	WERE AUTOPSY FINDINAMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? YES 2 ND SELF oute Number, AVE APT:	
MMEDIATE CAUSE (Finst lisesse or condition securiting in death) Gequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disesse or Injury hat initiated events seculting in death) LAST ART II. Other significent conditions WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Natural 5 Pending Investigation Suicide 4 Homicide e Could not be determined 1 CERTIFFIER (Check only one) MEDICAL EXAMINER	DUE TO DUE TO	(OR AS A CONS (OR AS	DOA 26b. TiM 26b. TiM N HOME	9 not enter	the mo	de of dying, su Geuee given is ACE OF OEATH (Coopers of the coopers art I. Pert I. Beck only c Bull Control Con	24e. WAS AN PERFOI VES 2 24e. WAS AN PERFOI VES 2 25 OF TOWN, State 19 MO	I AUTOPSY RMED? R INJURY OCC HANG on Number of	24b. 24b. ED or Rural R SE sed.	WERE AUTOPSY FINDINAMALABLE PRIOR TO COMPLETION OF CAUSOF DEATH? VES 2 ND SELF oute Number, AVE APT and manner as state.		



	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAI CERTIF	RTMENT OF I	HEALTH AND		HYGIENE REG. NO.		l	20366		
	1. DECEDENT'S NAME (First, Middle, Last) MARY A. DUASSE						2. DATE OF DEATH DAY			3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 053 - 24 - 885 /	1 🗆 M 2 🎜 F	81 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	1 100	BIRTH V Mari	}	Country New	York		
DIRECTOR	99. FACILITY NAME (If not institution, give street and number) 99. CROSS HOSPITAL RESIDENCE OF DECEDENT 99. FACILITY NAME (If not institution, give street and number) 91. CROSS HOSPITAL STLVER SPRING						/					
	MD / MOA		ZIEK SF					10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	1502 Leister Drive 1. MARITAL STATUS 1. MARITAL STATUS 1. WAS DECEDENT EVER IN U.S. ARM				20904	ØS,			A	HAT COUNTRY?		
BY	1 Never Merried 2 Married 3 Wildowed 4 Divorced	13. WAS DECENDENT OF HISPANIC ORION? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:					14. RACE — American Indian, Black, White, atc. Specify: White					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 1-12 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 1-12 16c. KIND OF BUSINESS/INDUSTRY											
OM	17. FATHER'S NAME (First, Middle, Last)	TT BEET BEH	001	Homemak		Own Home						
BE C	Andrew Collins					MOTHER'S NAME (First, Middle, Melden Surname) Alice Robinson						
TO B	19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural								de)			
F	James F. Du	nne	1502	2 Leiste	r Drive,	Silve	r Spr	ing, l	Md.	20904		
	20s. METHOD OF DISPOSITION 1 Divisi 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of competency, cranatory or other place) St. Mary S Cemetery 9-14-91 Putnam, Conn.											
										20904		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):											
ERTIF	CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST d. d.											
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in						PERFORMED? 1 YES 2 NO COMPLIA OF DEA			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C	heck only one)						
YSI	1 TES 2 NO	Inpatient 2 ER/Outpar	tlent 3 🗆 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Residence	8 Other (Sp	ectfy)					
BY PH	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation			URY WO	28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO				ED			
	3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)						281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as atted.											
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUM 00667						MBER 29d. DATE SIGNEO (Month, Day, Year)					
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2309 SAUREFIELD RD MYRON L. LENKIN MD CONTENTON MN 2090 2											
	31. DATE FILED (Month, Day, Year) SFP 16 '91	32 REGISTRAR'S SIGNAT	Mandell									

REG. NO.

FOR STATE REGISTRAR

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR PAUL GILBERT DIAZ SEPT. 1991 6:17 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR | IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign Country) 613-09-9748 DAYS HOURS 1 X M 2 - F 20 YRS. MARCH 24 1971 CALIFORNIA permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR HARFORD MEMORIAL HOSPITAL HAVRE DE GRACE HARFORD CO. RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY CAL. SACRAMENTO SACRAMENTO 1 X YES 2 - NO 10s. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5404 SIEGFRIED use as the bunial-transit CT. 96522 U.S.A. nours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.)

YES 2 NO Specify: BY 3 Widowed 4 Divorced Specify: ACTIVE DUTY MEXICAN WHITE COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 18+. DECEDENT'S USUAL OCCUPATION 16h. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) ٥ Elementary/Secondary (0-12) College (1-4 or 5+) 12 director, page 5 should be detached ENLISTED U.S. ARMY 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Ħ PABLO R. DIAZ BE THERESA MALDONADO notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ANGELQUE N. DIAZ SAME ITEM AS be 20e, METHOD OF DISPOSITION
1 Suriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must ST. MARY S CEMETERY 9/12/91 SACRAMENTO, CAL. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE by the funeral c rambers M00091 W. W. CHAMBERS CO., RIVERDALE, MD. 20737 medicai 23. PART I. Enter the diseeses, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, filled in by **Approximate** shock, or haert fallura. List only one causa on each line. intarvai Between IMMEDIATE CAUSE (Final completely filled rial, cremation, Onset and Daath disease or condition the . Cardiopulmonary Arrest Immediate resulting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, OUE TO (OR AS A CONSEQUENCE OF): and com Concentric Idiopathic Hypertrophic traumatic CERTIFICATION Sequentielly liet conditions, DUE TO (OR AS A CONSEQUENCE OF): 0 signed by the attending physician of Health and Mental Hygiene prior to if any, leading to immediate cause, Entar UNDERLYING Cardiomyopathy Years CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 injury, PART ii. Other algnificent conditions contributing to deeth but not resulting in the undarlying ceuse given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? AWAILABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? TY YES 2 NO has been s Dept. of H 1 X YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? r this certificate h h with the State [Item 28. PLACE OF DEATH (Check only one) HOSPITAL: Y
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 TYES 2 THO 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Yeer) marked, 28b, TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending Investigation 1 YES 2 NO After t BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 69 3 Sulctde 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) L DIRECTOR: A Pours after d litem 28 is 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner es stated. FUNERAL Within 72 h IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end manner ee stated. BE 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) 五五百 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) September 10, Texas 23 2 1991 6825 **JAMES** OWNBEY M.D. 16th ST. N.W., WASH. D.C. 20307-5001 31. DATE FILED (Month, Day, Year)
SEP 1 2 1 329 REGISTRAR'S SIGNATURE 12 199 Julia Davidson Randalla

CERTIFICATE OF DEATH

April 18 All Sale III and BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

•	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	F HEALTH OF DEAT	AND N		YGIENE EG. NO.		1
1	1. DECEDENT'S NAME (First, Middle, Last) Dorothy Mai	y Dice					2. DATE OF I	DEATH DAY	A PA	3. TIME OF DEATH G. 3.1 A M
1			(In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER	24 HRS.	7. DATE OF E		8. Bit	RTHPLACE (State or Foreign
	216-48-4444	□ M 2XXF 87	YRS.	MONTHS DAT	YS HOURS	MIN.	(Month, De	184	B	alto. Md.
	9a. FACILITY NAME (if not institution, give street	and number)			WN OR LOCATIO		ATH	94	c. COUNTY O	
рінестон	208 Oak Ave.			Pike	esville	2			Idth	more
ווי	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	OCATION					10d. INSIDE CITY LIMITS?
	Md. Ba	lto.		Pa	ikesvil	lle				1 TYES 2 NO
EHAL	100. STREET AND NUMBER 208 Oak Ave.				101. ZIP CODI 212(10	g. CITIZEN C	OF WHAT COUNTRY? USA
BY FUNEHAL	11. MARITAL STATUS 12 1 Never Married 2 Married 3 Wildowed 4 Divorced	. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2)(XNO	If yes	DECENDENT Cos, specify Cuba	n, Maxicai	n, Puarto Rica		S	ACE — American Indian, lack, White, etc. pecify: NATO
	15. DECEDENT'S EDUCATION		16a. DECEDENT'S	USUAL OCCUP	PATION		16b. KIN	D OF BUSINE	1	
COMPLEIED		ollege (1-4 or 5+)		work done during se retired.) TUS EW11	g most of worldr	ng				:
2	8th Grade 17. FATHER'S NAME (First, Middle, Last)		<u> </u>	Jusenz		HER'S NA	ME (First, Midd	le. Maiden Sun	name)	
	Philip Hoffman				72.00	Rose		nely		
O BE	19a. INFORMANT'S NAME (Type/Print)				eet and Number					
-	Mrs. Claire D. Lott				Stree		rincat			
	20a. METHOD OF DISPOSITION 1 💢 Burlal 2 🗌 Cremation 3 🗍 Removal 4 🗎 Donation 5 🗎 Other (Specify)		b. PLACE OF DISPO other place) Lake V.	sition (Namo d Lew Mei	ot cametery, cren norial	Gari	dens			r Town, Stata Le, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE /	,	22. NAM	E ANO AODRE	SS OF FA	CILITY	11824	Reist	terstown Rd.
	Kans B	Lin	1)	Eli	ne Fun	eral	Home	Reiste	erstou	on, Md. 21136
NO	shock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition reculting in death) s Sequentially list conditions,	MOT AST DUE TO (OR AS			Nomi	n, (x	colo	gN)		Interval Between Onset and Deeth
RIFICATION	If any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE O						· · · · -	
CE	PART II. Other significant conditions of	antibuting to death	hut not moulting	In the under	hdag oouee	ahan In	Part I 24	a. WAS AN AU	TODEY T	24b. WERE AUTOPSY FINDINGS
8	PART II. Other significant conditions of	ontributing to destil	but not resulting	in the under	riying ceuse	disen in		PERFORME	:07	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC							_ '	YES 2	PNO	OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL					25.4711.601				
Ž C	EXAMINER?	OSPITAL:	tostlant 3 DOA	OTHER:	Home 5 A			Second d		
PHYSICIAN:	27. MANNED OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TII		c. INJURY AT WORK?	asidelica		IBE HOW INJU	URY OCCURE	D
BY	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2	NO				
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Sp.	tY — At home, farm, ecify)	street, factory,	office		28f. LOCATI City or 1	ON (Street and lown, State)	Number or Ru	ural Route Number,
COMPLETED	(Check Orlly	N: To the best of my kno								use(a) and manner as stated.
BE CC	295. SIGNATONE AND TITLE OF CERTIFIER	0 4	1)		29c. LIC	ENSE NU	MBER	2	ed. DATE SIG	INED (MONT), Day, Year)
2	30. NAMES AND ADDRESS OF PERSON WHO O	COMPLETED CAUSE OF D	EATH (ITEM 27) (Typ	e, Print)	10	2//	7/		1	10/4/
	31. DATE FILED (Month, Day, Year)	IAM SOM	rum D	40	5F	Red	aR,C	XA	4/5	
	SFP 1 9 '91	Julia Davida		-			(CATO	UNSO	rick 5
		U								DHMH-16 Rev 1/89

1. DECEDENT'S NAME (First, Middle, Last)		ERTIFICATE	OF DEATH	MENTAL HYGIENE REG. NO.							
Starland	7.1.			2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH						
4. SOCIAL SECURITY NUMBER 5.	Decker SEX 8. AGE (In yrs. I	last birthday) IF UNDER	1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign						
198-22-9510	RM2□F 63	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year) 11/18/27	Pa						
96. FACILITY NAME (If not institution, give street Washing to C RESIDENCE OF DECEDENT	Co. Hospita		gerstown	441	IShing to N						
Washington C RESIDENCE OF DECEDENT 106. STATE 106. COUNTY Pa Ful	ton	Harr	SONVILLE	Pa	10d. INSIDE CITY LIMITS? 1 YES 2 NO						
TO STREET AND NUMBER RD/ BOX 779 11. MARITAL STATUS 1. Name Married 2 12 Married	7		10f. ZIP CODE		ZEN OF WHAT COUNTRY?						
I I Gotter manifes - 1 K manifes	FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES]NO	MAS DECENDENT OF HISPAI f yes, specify Cuben, Mexica YES 2 NO Specif		14. RACE — American Indian, Black, Whits, atc. Specify: Wh. TC						
15. DECEDENT'S EDUCAT	ION 18a, I	DECEDENT'S USUAL OF	CUPATION	16b. KIND OF BUSINESS/IND							
Elementery/Secondary (0.12)	College (1-4 or 5+)	(Give kind of work done of the Do NOT use retired.) Farmer		DairyFa	ening						
17. FATHER'S NAME (First, Middle, Last) Chester A	Decker			ME (First, Middle, Maiden Sumeme) Y J Mello	#						
19s. INFORMANT'S NAME (Type/Print)		196. MAILING ADDRESS		Route Number, City or Town, State, Zip	Codel						
20a. METHOD OF DISPOSITION 1 → Burtal 2 □ Cremetion 3 □ Remove	ant miles	S AND DATE OF BIOD	DOITION W	TARE AND LOCATION	Older on Town Banks						
	4 Donation 5 Dither (Specify) Side / ing Hill Christian 1724/ Weld more Pa										
1 7 Luca 14	23	S	pes Funeral 1	HomeIng Harr	isonville Pa						
IMMEDIATE CAUSE (Finel	t only one cause on each li	death. Do not enter ne.	the mode of dying, suc								
disease or condition resulting in death)	DUE TO (OR AS A CONS	OFAT BEOUENCE OF):		1111							
Sequentielly list conditions,	- DUE TO (OR AS A CONS	EBRAC	HEMORPH.	ACE							
if any, leading to immediate cause. Enter UNDERLYING	RUOTURED	CERER	ADI AUE	IP his m							
Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEOUENCE OF):	HE ///	-							
8											
PART II. Other eignificant conditions of	contributing to death but no	t resulting in the ur	derlying ceuse given in	Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
					1 YES 2 NO						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10 27. MANNER OF DEATH			26. PLACE OF DEATH (CA	heck only one)							
EXAMINER?	OSPITAL: Dispatient 2 ER/Outpatient	3 DOA 4 Nur	R: sing Home 5 □ Residence	6 Other (Specify)							
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OC	CURED						
2 Accident Investigation	28e. PLACE OF INJURY - At	home, farm, street, fac	tory, office	26f. LOCATION (Street and Number City or Town, State)	or Rural Route Number,						
2 Accident Investigation 3 Suicide 8 Could not be	building, atc. (Specify)										
2 Accident Investigation 3 Suicide S Could not be detarmined 4 Homicide detarmined 29e. CERTIFIER (Check only	building, atc. (Specify)			s to the cause(s) and manner as star a time, data and place, and dus to th							

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CARE Y. M. 1/9 0

32. REGISTRAR'S SIGNATURE

"g1

HAGE

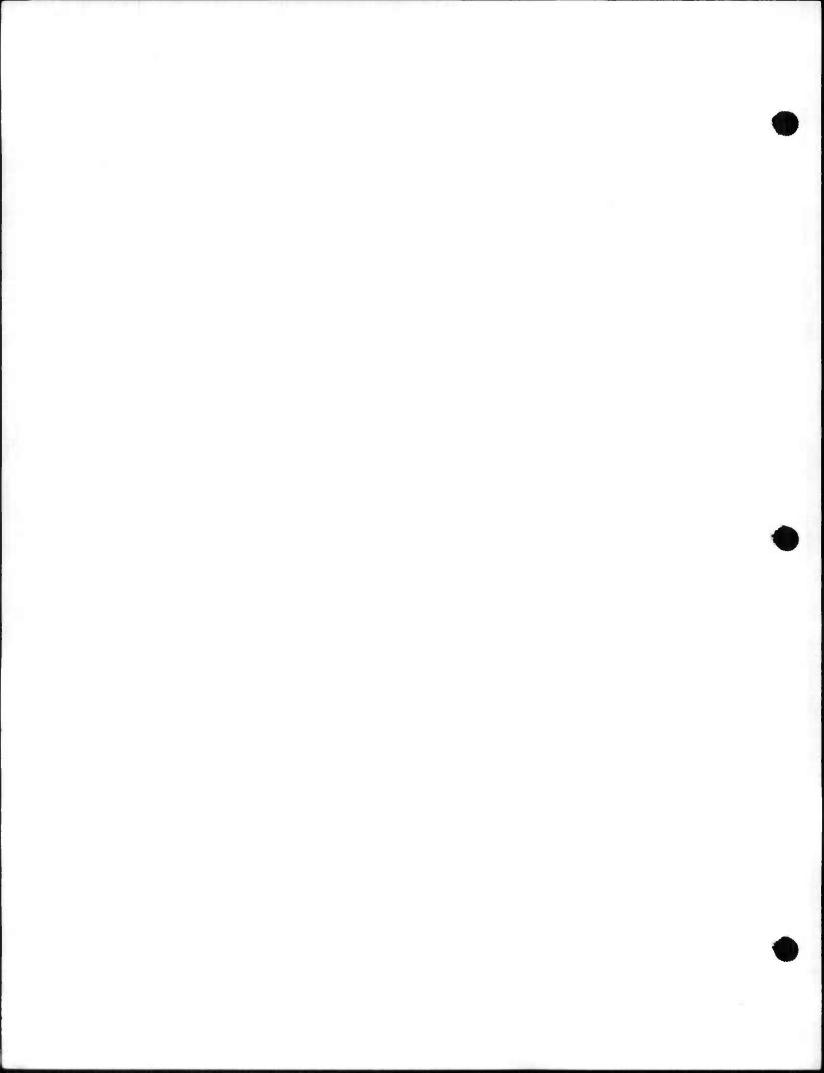
Rd

Markery who wasting gifts be topolished het goden. AND REPORTED TO A STATE OF THE PARTY OF THE -----

ours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25.50 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, c IMPORTANT. If Item 28 is marked, or item 23 shows any Injury, or other traumatic event. The many contractions are supported to the contraction of th

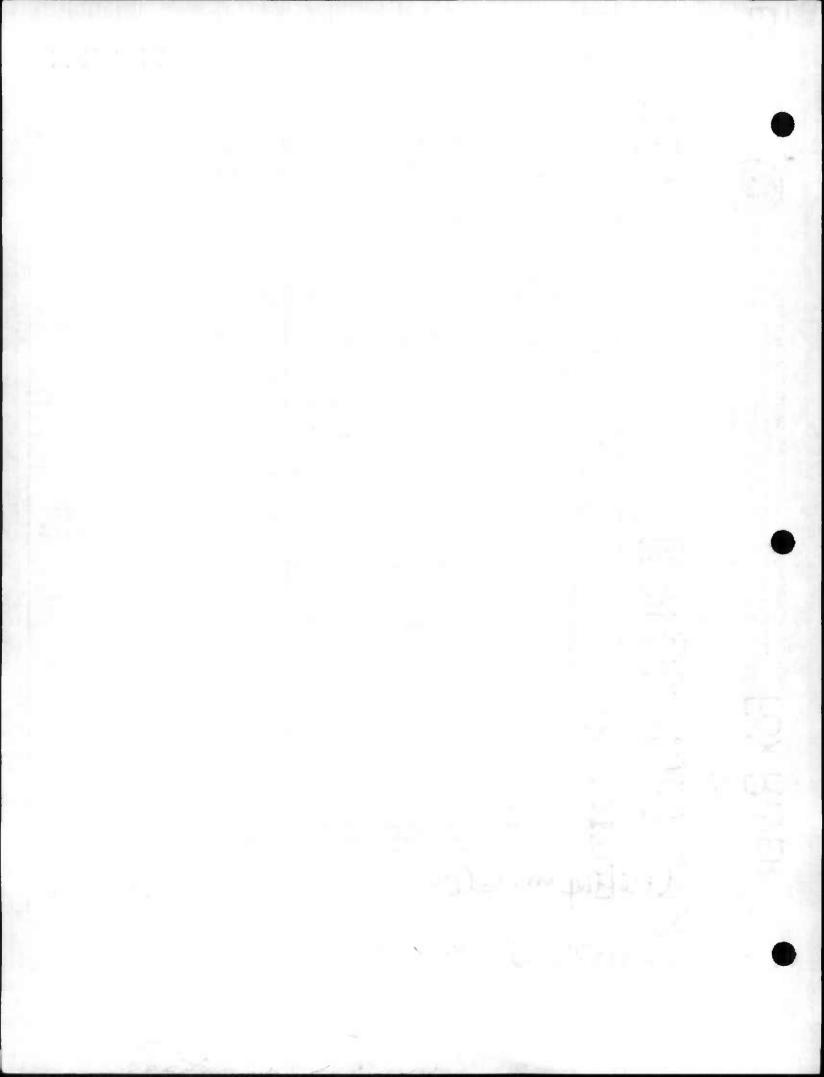
Ę		
Surial		
the		
98		
USe		
ò		
8		
etaci		nce.
90		at o
밁		6
S		\$
o		2
page		be
0,0		Sn
direc		E
63		E
Java		шех
the	Kal.	=
6	eme	e medical
E	=	Je .
9	٦, ٥	-
y	atio	5
ete	вше	Ę
Ē	5	eve
S	rial	ic event,
and	B	
an	I to	5
Sici	prio	er traumat
E	9	her
몬	gje	등
end	Î	9
att	euta	Š
The state	ž	y Injury, or o
8	and	Ž
ned	量	9
Sign	Hea	3
eeu	o	Sho
as b	Dept. of	23
cate	state	item 23 shows any
Ę	the St	10
90 9	th	Ď,
Š	W	rke
After	death	ma.
3	TO.	200
E	aft	28
	DOURS	tem

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Adolf	John Arth	nur Elli	is		2. DATE OF DEATH MONTH DA	Y 91	3. TIME OF DEATH 5 20 M	
	087-09-0982	M2 DF 9	(In yrs. last birthday) 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		99 N	HATTHPLACE (State or Foreign ountry) EW Jersey	
TOR	9a. FACILITY NAME (If not institution, give street FALLE ND RESIDENCE OF DECEDENT	6	ME	Silv	OR LOCATION OF DE	oring	9c. COUNTY OF DEATH Montgomery		
DIRECTOR		gomery		y, town or loca lver Spi				10d. this loe city Limits? 1 YES 2 X NO	
RAL	100. STREET AND NUMBER 2101 Fairland Road			10	f. ZIP CODE	904		of what country? ed States	
BY FUNERAL		P. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	CENDENT OF HISPAN secify Cuben, Mexice 2 NO Specify	IIC ORIGIN? (Specify Yes n, Puerto Ricen, atc.)		RACE — Americen Indian, Black, White, etc. Specify: White	
COMPLETED	The state of the s	ION npleted) College (1-4 or 5 +)	(Give kind of life. Do NOT u	USUAL OCCUPATI work done during m se retired.)	ost of working	16b. KIND OF BUS		RY	
OMO	17. FATHER'S NAME (First, Middle, Last)		Merchan	t Seamar		Coast ME (First, Middle, Maiden			
BE C	John Ellis					s Sperl			
TO B	19e. INFORMANT'S NAME (Type/Print)		100			Route Number, City or Tow		(e)	
	Albert E. Ellis	1 20	449 E			ola, NY 11	.501 CATION — City	es Terrino State	
	1 Buriel 2 Cremetion 3 Remova 4 Donetion 5 Other (Specify)	t from State	other place) Suburban	Cremato	Ty crematory or			ing, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE /			NO ADORESS OF FA		vices, P. A.		
	Cileen X	J. Kap	P	933 (Gist Aven	we, Silver	Sprin	g, MD 20910	
	23. PART I. Enter the diseasee, or comshock, or heart failure. Lis IMMEDIATE CAUSE (Finel disease Dr condition resulting in death)	t pniy pna cause pn e	each line.	acci	urma		retory erreat,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	/	A CONSEQUENCE O						
PHYSICIAN: MEDICAL C	PART II. Other significant conditions of	contributing to deeth i	but not resulting	in the underlying	ng cause given In	Part i. 24a. WAS AN PERFOR	RMED?	24b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF CEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHER	LACE OF DEATH (Ch	sick only one)			
YSI		☐ Inpatient 2 ☐ ER/Out		4 D Hursing Ho	me 5 Residence				
	Natural 6 Pending	(Month, Day, Year)	28b. Till	JURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	A OCCURI	ED	
тер ву	2 Accident trivestigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, ocify)	street, factory, offi	ce	261. LOCATION (Street City or Town, State)	and Number or F	Bural Route Number,	
COMPLETED	(Check only	N: To the best of my know						ruse(e) end manner ee stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	ler 1	M		29c. LICENSE NUI	997 MI)	29d. DATE SI	GNEO (Month, Day, Year)	
-	30. NAME AND ADDRESS OF PERSON WHO C			e, Print) CHERRY	LA.	1997 MI) LAUNET	and	20707	
	SFP 13 91 Sep.	32. REGISTRAR'S SIGN							



	detac		once
	2		te
	the this certificate has been signed by the attending physiclan and completely filled in by the funeral director, page 5 should be detact		is marked or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
	96		-
-	pag		d t
-	director,		er mus
	funeral		xamin
	the	Na	i i
5	2	emc	fiez
	2.	7. 70	Jen L
	filled	00,	he
	ely	nati	=
	nplet	crer	ven
	8	ial,	43
	and	ā	atti
	an	r to	1
	ysic	Poi	T tr
	do	ene	P P
,	din	2	0
	tten	ta	0 7
	he	Men	1
	5	2	i.
	8	th a	ans
	sign	lea	1
-	Les Seu	of	tho
	IS D	ept.	23
2	e ha	0 9	E
	icat	Stal	He
-	ertif	the	0
2	Jis C	VIEW N	Per
3	er th	ir death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nar.
	Ath	de	9

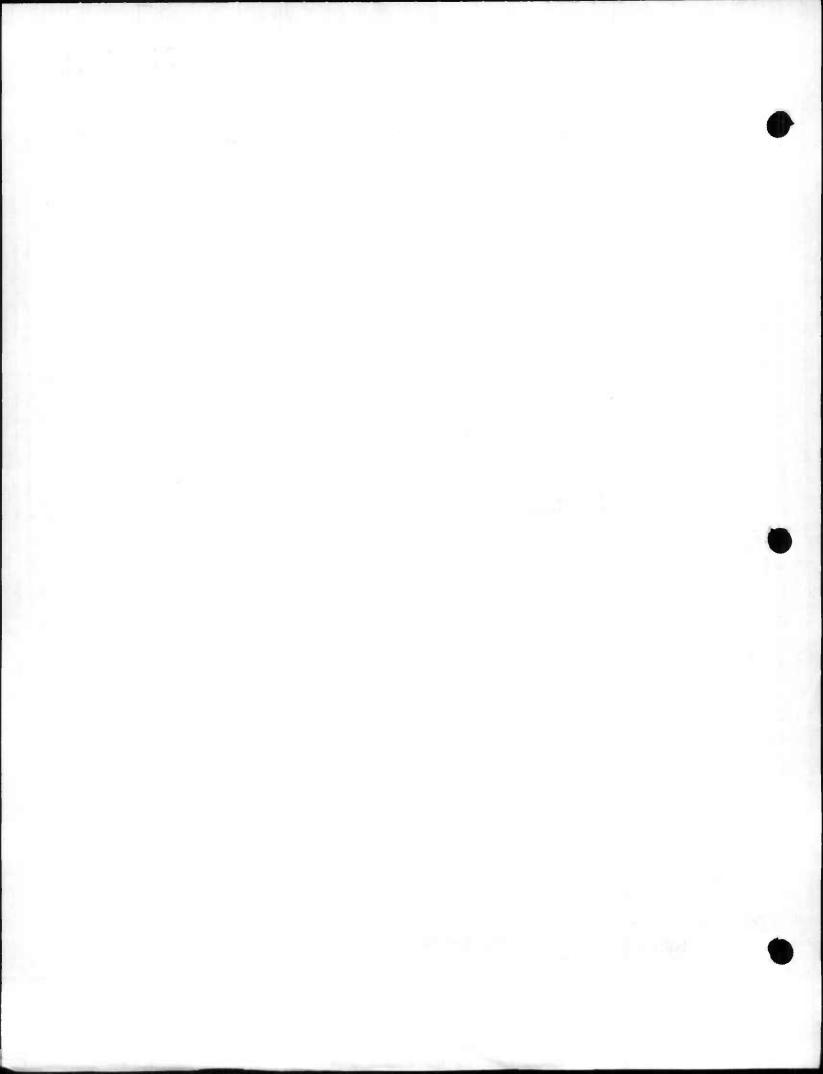
- 3	1. DECEDENT'S NAME (First, Middle, Last)	icka Ken		1111110	NIE OI	DEATH	Т	2. DATE OF	REG. NO.		RASY	3. TIME OF DEATH
7	Mary Freder	icka ken	t Eakle					Aug.	1.0		991	11:30 P
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last i		UNDER 1 YEAR	IF UNDER 24 H	_	7. DATE OF (Month, E			8. BIRT	HPLACE (State or Foreign
3	579-07-5696	1 🗆 M 2 🖳 🗗	79	YRS.	NTHS DAYS	HOURS M	N.	Oct.		11		th Carolina
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b	CITY, TOWN	OR LOCATION (F DE	ATH	177	9c. COU	NTY OF	DEATH
TOR	3526 Woodbine St	treet			Chevy	7 Chase			**	M	ontg	omery
DIRECTOR	10e. STATE 10b. COUNTY				OWN OR LOCA							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	MD MOT	ntgomery		Cn	evy Ch	1ase	_	-	_	I 10a CIT	IZEN OF	WHAT COUNTRY?
FUNERAL					1.		_			1		
NE	3526 Woodbine St					2081					U.S.	
BY FU	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARM 1 YES 2 NO WAR OR DATES)	If yes, s	CENDENT OF H pecify Cuben, M S 2 X NO S	exicen	, Puerto Ric		a or No—	Blac	CE — American Indian, ck, White, etc. City: White
0	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DEC	EDENT'S USU	JAL OCCUPAT	ION	Т	16b. K	IND OF BU	SINESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+) ille. L	Do NOT use re	done during m tired.)	ost or working						
MP	12		H	Homema	ker					Hom	e	
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER				Surname)		
BE	Frederick Kent							e Bol				
TO 1	19a. INFORMANT'S NAME (Type/Print)					and Number or I						
-	Cornelia E. Hand	dago		4632 W	eldin	Rd., W	ilı	mingt	on, L	E I	9803	3
	20a. METHOD OF DISPOSITION 1	oval from State	20b. PLACE A		pisposition other place) Crema			8/1				rown, State L , VA
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENCEE										
	michael	6.0	relso	20		h Gawl Wiscon					ngto	on,DC 20016
	23. PART I. Enter the diseases, or canock, or heart feliure.	complications th		ith. Do not	5130	Wiscon	siı	n Ave	, NW,W	lashi		n, DC 20016 Approximate interval Betwee Onset and Deat
		complications the List only one care in	noma of 1	ung	5130	Wiscon	siı	n Ave	, NW,W	lashi		Approximate interval Between
	shock, or heart fallure. IMMEDIATE CAUSE (Final disease or condition	complications the List only one care in	use on each line.	ung	5130	Wiscon	siı	n Ave	, NW,W	lashi		Approximate interval Betwee Onset and Deat
CATION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	complications the List only one care in Due To	noma of 1	ung UENCE OF):	5130	Wiscon	siı	n Ave	, NW,W	lashi		Approximate interval Betwee Onset and Deat
RTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata	complications the List only one case. Carcin Due To b. DUE TO C.	noma of 1	UNG UENCE OF): UENCE OF):	5130	Wiscon	siı	n Ave	, NW,W	lashi		Approximate interval Betwee Onset and Deat
L CERTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complications the List only one case. Carcin Due To be Due To d.	noma of 1 o (or as a consecu-	UNG UENCE OF): UENCE OF):	5130 enter the m	Wiscon	Si1	n Ave	, NW,W	Jashi	reat,	Approximate interval Betwee Onset and Deat
O	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications the List only one case. Carcin Due To be Due To d.	noma of 1 o (or as a consecu-	UNG UENCE OF): UENCE OF):	5130 enter the m	Wiscon	Si1	n Ave	, NW , W	V AUTOPSY	reat,	Approximate interval Betwee Onset and Deat 1 yr.
O	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complications the List only one case. Carcin Due To be Due To d.	noma of 1 o (or as a consect o (or as a consect o (or as a consect o (or as a consect	UNG UENCE OF): UENCE OF):	5130 enter the m	Wiscon	Si1	n Ave	, NW , W	V AUTOPSY	reat,	Approximate interval Betwee Onset and Deat 1 yr.
MEDICAL C	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complications the List only one case. Carcin Due To be Due To d.	noma of 1 o (or as a consect o (or as a consect o (or as a consect o (or as a consect	UNG UENCE OF): UENCE OF):	5130 enter the m	Wiscon	Si1	n Ave	, NW , W	V AUTOPSY	reat,	Approximate interval Betwee Onset and Deat 1 yr.
MEDICAL C	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	complications the List only one case. Carcin Due To be Due To d.	noma of 1 o (or as a consect o (or as a consect o (or as a consect o (or as a consect	UNG UENCE OF): UENCE OF):	5130 enter the m	Wiscom	si1	n Ave	, NW , W	V AUTOPSY	reat,	Approximate interval Betwee Onset and Deat 1 yr.
MEDICAL C	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	complications the Liet only one can be contributing to the contrib	noma of 1 o (or as a consecu- o (or as a consecu- o (or as a consecu- o (or as a consecu- o (or as a consecu- o (or as a consecu-	UING UENCE OF): UENCE OF):	5130 enter the m the underlyic	Wiscom	Si1	Part i. 2	, NW , W	V AUTOPSY	reat,	Approximate interval Betwee Onset and Deat 1 yr.
MEDICAL C	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	DUE TO Complications the Liet only one ca a. Carcii DUE TO DUE TO DUE TO DUE TO In patient 2	DOMA OF 1 OOR AS A CONSEOL O (OR AS A CONSEOL O (OR AS A CONSEOL O (OR AS A CONSEOL O (OR AS A CONSEOL O (OR AS A CONSEOL	UING UENCE OF): UENCE OF): DENCE OF):	5130 enter the m the underlyic	Wiscom ode of dying, one of dying, one of dying, one of dying,	Si1	Part i. 2	, NW , W	ALUTOPSY RMED?	reat,	Approximate interval Betwee Onset and Deat 1 yr.
PHYSICIAN: MEDICAL C	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending	complications the Liet only one can be a carcin be a contributing to be	DOMA OF 1 OOR AS A CONSEOL O (OR AS A CONSEOL O (OR AS A CONSEOL O (OR AS A CONSEOL O (OR AS A CONSEOL O (OR AS A CONSEOL	UING UENCE OF): UENCE OF):	5130 enter the m the underlying the state of the state o	Wiscom	Sil auch	Part i. 2	, NW , W	ALUTOPSY RMED?	reat,	Approximate interval Betwee Onset and Deat 1 yr.
BY PHYSICIAN: MEDICAL C	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH	DUE TO C. DUE TO DUE	DOMA OF 1 OOR AS A CONSEOU OOR AS A CONS	UING UENCE OF): UENCE OF): UENCE OF): DENCE OF): UENCE OF):	5130 enter the m the underlyle THER: Nursing Ho F M 1	Wiscom ode of dying, ng cause give	Sil auch	Part i. 2 sck only one) 6 Other (28d, DESC	, NW , Was an Perfo	N AUTOPSY RMED? 2 [X] NO INJURY OF	24	Approximate interval Betwee Onset and Deat 1 yr.
PHYSICIAN: MEDICAL C	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending Investigation 29 Accident 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	DUE TO C. DUE TO DUE	DOMA OF 1 DOMA O	UENCE OF): UENCE OF): UENCE OF): DENCE OF): DENCE OF): OF THE CONTROL OF THE	26. ITHER: Nursing Ho Nursing Ho st, factory, off	Wiscom ode of dying, ode of dy	sin auch	Part i. 2 ack only one) B Other (28d, DESC 28f, LOCAT City or	, NW , W	A AUTOPSY RMED? 2 [X] NO	24 CCURED or or Rural	Approximate interval Betwee Onset and Deat 1 yr. 1 yr. ib. Were autopsy finding Amilable Prior to Completion of Cause of Death? 1 yes 2 No



permit. Pages 1, 2, 3 should

	ial transi	be field within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	
	Park	3	
	the	2	
	36	3	
	213	3	
	A fr	2	
	cha	5	0
	deta		000
	Ž		7
	Disid		pe
	45.5		E C
	90		9
	EO.		to to
	acto		Ē
	Ollo		P
	hera		Ē
	e fu	-	9
	V th	NOV	cai
	in b	Ter.	edi
	lled	0,1	E 0
	J AG	atio	=
	plete	crem	ent
	COM	ial,	3
	and	P	atic
	ian	or to	FOR
	ysic	prio	T
	d b	iene	the
	ngin	H	0 10
	atte	mtal	7
	the	Me	nin
	6	and	W
	gne	alth	8
	IS U	HH	30
	Pee	pt.	3 8
	has	De	n 2
	cate	State	fer
	ertifi	the	0
	ils C	th.	ed,
	er th	th v	lark
	Afte	dea	ES
	10R	after	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
ì	REC	SIN	E
	0	10	5
	ERAI	72 1	THE
	S	withi	AN
	Ψ	led	ORI
	2	De fi	ME

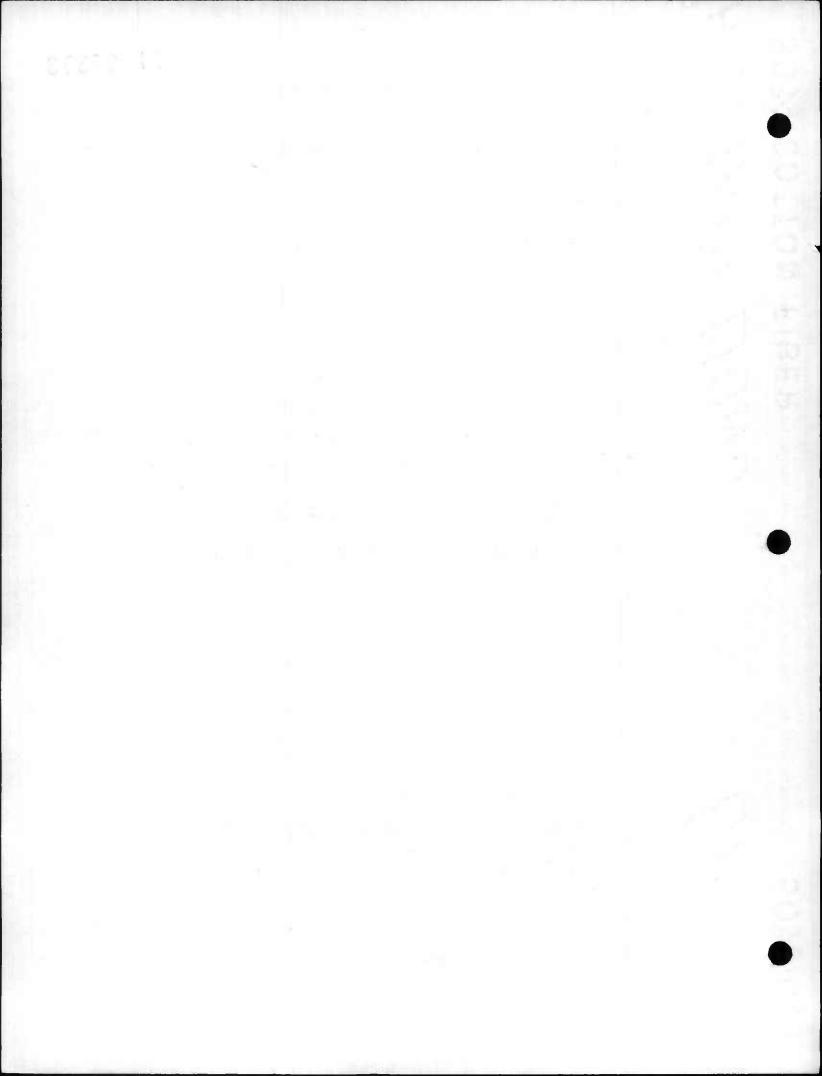
	FOR 1 - STATE REGISTRAR		STATE OF N	MARYLAND	/ DEPAR	RTMEN	T OF I	HEALTH	AND N	MENTAL		_	6.00	0072	
	1. DECEDENT'S NAME (First	, Middle, Lasti arah	Frances		cher	IOAI	_ 01	DEA		2. DATE O	REG. NO	_	1951	3. TIME OF DEATH 3:52 A M	
	4. SOCIAL SECURITY NUME 577 26 3841		5. SEX	6. AGE (In yrs. Id 82	est birthday) YRS.	IF UNDE	DAYS	IF UNDEI	MIN.	7. DATE Of (Month,			S. BIRTHP	LACE (State or Foreign	
OR	90. FACILITY NAME (# not in Suburban H	ospita				96, CITY		hesda	ON OF DE					ty of DEATH tgomery	
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	tgomery			y, town		117				-	- 1	10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER 7810 Exeter	Road					10	1. ZIP COD 208					IZEN OF WI	1 YES 2 X NO HAT COUNTRY? States	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 2	RMED		If yea, sp	ecify Cube	OF HISPANI on, Mexican Specify:	, Puarto Rk	(Specify Yes		14. RACE	- American Indian, White, etc.	
COMPLETED	15. DEC (Specify only Elementary/Secondary (0	EDENT'S EDU y highest grade	CATION completed) College (1-4 or 5+) (1)	ECEDENT'S Give kind of the Do NOT us	work done se retired.)	during mo	st of working		De	partm	ent (of He	alth and	
BE COM	17. FATHER'S NAME (First, M. Charles F.		er					16. MOT	HER'S NAM	AE (First, Mic	inson	Surneme)			
TO B	Dr. John Ho	well I	Peacock,	Jr. 3	96. MAILING 3405 1	ADDRES	s (Street e	Roa	or Aural Ac	oute Number	City or Town	n, State, Zip Virg:	Code) inia	22207	
	20e. METHOD OF DISPOSITI 1 Buriel 2 Cremetlo 4 Donation 5 Other	n 3 🗆 Rem (Specify)		20b. PLACE cemetery, or Monto	and dated	Z Cr	emat	oriw	n, Ir	nc.	Bet	hesda		ryland	
	21. SIGNATURE OF FUNERAL	7.t		м00689		W:	isco	nsin	Aver	nue, l	Bethe	sda,	Mary	ey Funeral 7557 land 20814	
	23. PART / Enter the displayed or he immediate CAUSE (Fin disease or condition resulting in death)		acu	ceused the dise on each lin	ner	l	Fa.	de of dy	rl	as cardie	c or reapi	ratory arr	reat,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditi if any, leading to immed cause. Enter UNDERLY! CAUSE (Diseese or Inju- that Initiated eventa resulting in desth) LAST	diete NG Ty	c. Clylo	OR AS A CONSE	QUENCE OF		м.		au	an	{				
BY PHYSICIAN: MEDICAL (Alpu	du Jeu	s contributing to	Bica	Pesulting i	n the un	derlying	Cause o	iven in P		PERFOR	MED?	o o	HERE AUTOPSY FHIORIGE MAILARLE PRIOR TO OMFLETION OF CAUSE F DEATHY YES 2 NO	
SICIA	25. WAS CASE REFERRED TO EXAMINER? 1 YES 250 NO	MEDICAL	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 1 Num	1:	-	majoria mangini in indone	Other (3	Section 1		-		
N PH		seding	26s. DATE OF I (Month, De		28b, TIME INJ	OF	28c. (NJ)	JRY AT RK7		_	IBE HOW IN	JURY OCC	URED		
	3 Suicide 8 C	Could not be letermined	28e. PLACE OF building, e	INJURY At he de. (Specify)	ome, farm, s	treet, fact	ory, office		-1	29f, LOCATE City or	ON (Street at lown, State)	nd Number	or Flurer Flou	te Mumber	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDIC	FYING PHYSIC	CIAN: To the best of r	ny knowledge, de imination end/or	eath occurre	d at the ti	me, date pinion, de	end place,	end due to	o the cause	(e) end men	ner es state	ed. e ceuse(e) e	nd menner se stated.	
TO BE C	29b. SIGNATURE AND TITLE	OF CERTIFIER	mymw)	1 PH	4510	(M)	1		NSE NUMB					fonth, Day, Year)	
	30. NAME AND AUDRESS OF MERCYW V	EMUR	40 1030	1 66	ORUI	Print)	TUE	=, 5	uIT	E 3	05,	SILI	无路	SPRING	
	31. DATE FILEO (MORE) PAR Y	bar)	Fide Day de	S SIN THE P	2							-	,		



FOR STATE REGISTRAR

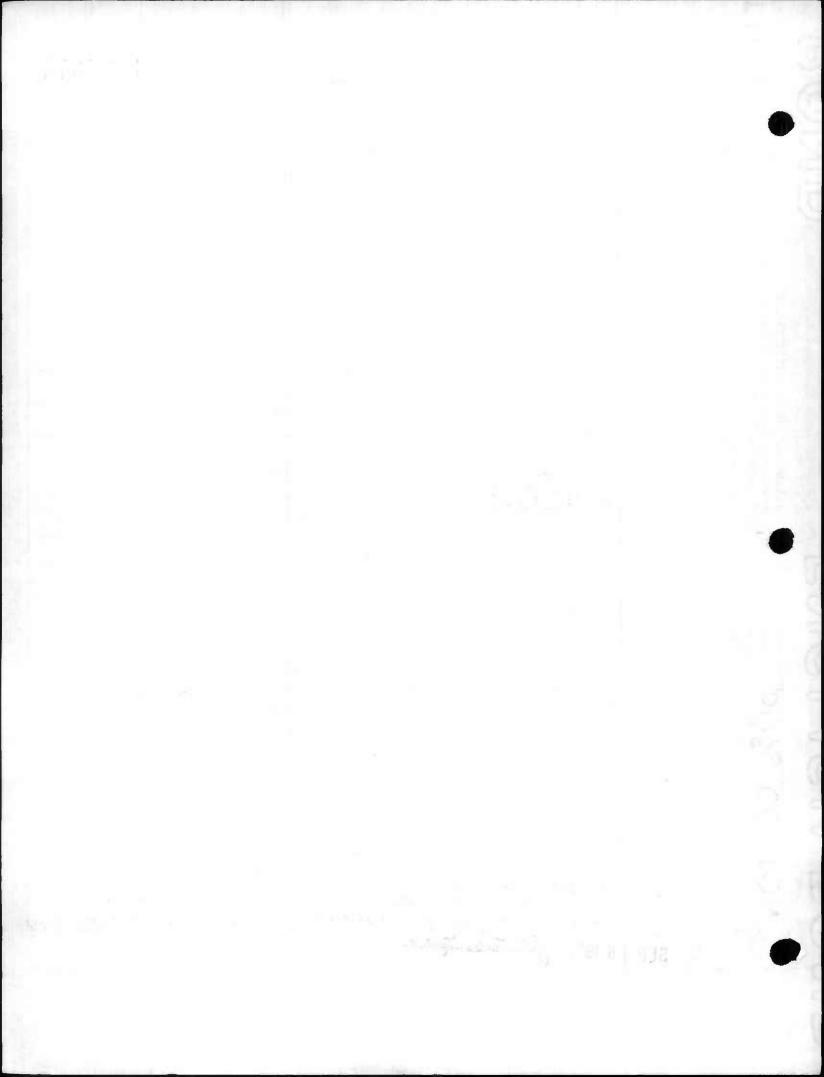
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (Firs								2, DATE O	DA	NY	YEAR	3. TIME OF DEA	11 (1)
MICHAEL	EDWA		ENTON					SEPT	12,	199	91	2:50	A
4. SOCIAL SECURITY NUM 015-26-313		5. SEX	6. AGE (In yrs. is	est birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE Of (Month,	Day, Year)	_ [Country		
9a. FACILITY NAME (If not it			56	THO.	AL CITY	V TOWN	OR LOCATION OF D	Dec	8, 19		Mass	achuse	tts
5107 Marti	n Driv					on H		EAIN				George's	5
Maryland	10b. COUNT	v ce George	e's	S OXON Hill						10d. INSIDE CIT LIMITS? 1 YES 2			
10a. STREET AND NUMBER						10	I. ZIP CODE			10g. CITE	ZEN OF W	THAT COUNTRY?	
5107 Marti	n Driv	е					20745			Uni	ted	States	
11. MARITAL STATUS 1 Never Married 2 X			NT EVER IN U.S. A 1 X YES 2 C WAR OR DATES KOTCA!)NO		If yes, sp	CENDENT OF HISPA Decity Cubert, Mexico S 2 NO Specific	in, Puerto Ric		or No—	14. RACE Black Specif	- American Ind White, etc. Ay: White	llen,
15. DE	CEDENT'S EDI	JCATION	16a. C	ECEDENT'S	USUAL O	CCUPATI	ON ost of working	16b. 1	KIND OF BU	SINESS/IND	USTRY		
Elementary/Secondary (College (1-4 or 5	+)	pecia.			ost or working	U.	S. De	pt. c	of St	tate	
17. FATHER'S NAME (First, A	Middle, Last)						16. MOTHER'S NA			Surname)			П
Joseph L		e Fento					Ruth						
19a. INFORMANT'S NAME ((11.0.)	1				and Number or Rural	Route Numbe	r, City or Tow	n, Stata, Zip	Code)		
Jane B. Fei		(Wife)		Same									_
20s. METHOD OF DISPOSI 1 Duriel 2XXCremati	on 3 🗆 Ren	noval from State	20b. PLAC other	place)			ometery, crematory or			CATION —			
4 Donation 5 Other		ICENSEE	=	5					211	ver 3	phri	ig, MU	_
Suburban Crematory Silver Spr. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P.A.													
Rapp Funeral Services, P.A. 933 Gist Ave, Silver Spring, M.											00010		
23. PART I. Enter the cahock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death)	neart failure.	complications the List only one ce	at caused the duse on each lie	death. Do	not enter	r the mo	ode of dying, suc	ch se cardi	ac or resp	Iratory srr	rest,	Approxir interval I Onset ar	Betwee
ahock, or i IMMEDIATE CAUSE (Fi disease or condition	tions, ediete	s. WI OF DUE TO	at caused the duse on each lie	death. Do ne.	TA OF):	r the mo	ode of dying, suc	ch se cardi	ac or resp	Iratory srr	rest,	Approxir	Betwee
ahock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentisity list condi If any, leading to immediate. Enter UNDERLY CAUSE (Disease or Inj that initiated events	tions, ediate //ING ury	b. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	at caused the cuse on each lite. Ly M L D (OR AS A CONS D (OR AS A CONS D (OR AS A CONS	death. Do ne.	OF):	T /	C L	N G	ac or resp	I AUTOPSY	rost,	Approxir	Betweend Dea
ahock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condi if any, leading to imm- cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA:	tions, ediate //ING ury	b. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	at caused the cuse on each lite. Ly M L D (OR AS A CONS D (OR AS A CONS D (OR AS A CONS	death. Do ne.	OF):	T /	C L	N G	ac or respi	I AUTOPSY	rost,	Approximinterval onset and	Betweend Dea
ahock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condi If any, leading to imm- cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA:	tions, ediate ring ury ST	b. DUE TO d	at caused the cuse on each lite. Ly M L D (OR AS A CONS D (OR AS A CONS D (OR AS A CONS	death. Do ne.	OF): In the un	The mo	C L	Part I.	24a. WAS AN PERFOI	I AUTOPSY	rost,	Approximinterval onset and	Betweend Dea
ahock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list cond if any, leading to immeause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA: PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 XOO	tions, ediate ring ury ST	b. DUE TO C. DUE TO HOSPITAL: 1 Inpetient 2	at caused the cuse on each life of the constant of the constan	SEQUENCE C	OTHE	inderlyln	ode of dying, such	Part I.	24a. WAS AND PERFOI	I AUTOPSY RMED?	246	Approximinterval onset and	Betweend Dea
ahock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list cond if any, leading to immeause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA: PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH	tions, ediate ring ury ST	b. DUE TO C. DUE TO d. HOSPITAL: 1 Inpatient 2 28a. DATE O (Month,	at caused the cuse on each life	SEQUENCE COMEQUENCE CO	OTHE 4 NUME OF NUMEY M	26. PER: rasing Hor	ode of dying, such	Part I.	24a. WAS AND PERFOI	I AUTOPSY RMED?	246	Approximinterval onset and	Betweend Dea
ahock, or I IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentisity list condi if any, leading to immoduse. Enter UNDERLY CAUSE (Disease or In) that initiated events resulting in death) LA: PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 2 Accident	tions, ediate // ING ury ST ant condition	b. DUE TO C. DUE TO HOSPITAL: 1 Inpetient 2 28a. DATE 0 (Month,	at caused the cuse on each life to consider the consider to consider the consider the consider the consider the consider the consider the consider the consider the consider the consider the consider the consider the consider the consider the consider the consider the consider the consideration that consider the consideration that caused the consideration that caus	SEQUENCE COMEQUENCE CO	OTHE 4 NUME OF NUMEY M	26. PER: rasing Hor	ode of dying, such	Part I.	24a. WAS AN PERFOI 1 YES 2	I AUTOPSY RMED? 2 X NO	24b.	Approximinterval onset and	Betweend Dea
ahock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list cond if any, leading to immediate. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA: PART II. Other signification of the condition of th	tions, ediate find ury ST ant condition from MEDICAL. Pending investigation condition from the determined	b. DUE TO C. DUE TO HOSPITAL: 1 Inpetient 2 28a. DATE 0 (Month,	at caused the cuse on each life to use of the use of	SEQUENCE COMEQUENCE CO	OTHE 4 Number of Mules of Street, factored at the	zec. PER: zrsing Hor zec. W 1 ctory, office	ode of dying, such	Part I. Part I. Beck only one Chy one 2st. LOCA Chy o	24a. WAS AN PERFOI 1 YES 1	I AUTOPSY RMED? 2 NO INJURY OCI	24b	Approximinterval onset and	FINDING R TO CAUSE
ahock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentisity list condition resulting in death) Sequentisity list condition resulting in death) If any, leading to immediate. CAUSE (Disease or Inj that initiated events resulting in death) LA: PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Natural 6 2 Accident 3 Sulcide 6 4 Homicide 29a. CERTIFIER (Check only 2 ME	tions, ediate find ury ST ant condition from MEDICAL. Pending investigation condition from the determined	b. DUE TO C. DUE TO d	at caused the cuse on each life to use of the use of	SEQUENCE COMEQUENCE CO	OTHE 4 Number of Mules of Street, factored at the	zec. PER: zrsing Hor zec. W 1 ctory, office	PLACE OF DEATH (Come 5). Residence UURY AT ORK? YES 2 NO ce te and place, and du death occured at th	Part I. Part I. Part I. 281. LOCA 281. LOCA Chy on a time, date a	24a. WAS AN PERFOI 1 YES 1	AUTOPSY RMED? 2 X NO INJURY OCI and Number and due to the	24b. CURED or Aural H ted. te cause(s	Approximinterval of Onset and Onset	FINDING R TO CAUSE NO
ahock, or I IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentisity list condition resulting in death) Sequentisity list condition resulting in death) If any, leading to immediate. CAUSE (Disease or Inj that initiated events resulting in death) LA: PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Natural 6 2 Accident 3 Sulcide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 ME	tions, ediate // included in the condition of the conditi	b. DUE TO C. DUE TO d	at caused the cuse on each life true on each life true on each life true on each life true on each life true on each life true on each life true on the constant of the consta	Jeath. Do ne.	OTHE OTHE A ON ME OF JURY M street, fac	zec. PER: zrsing Hor zec. W 1 ctory, office	Department of the property of	Part I. Part I. Part I. 281. LOCA 281. LOCA Chy on a time, date a	24a. WAS AN PERFOI 1 YES 1	AUTOPSY RMED? 2 NO INJURY OCI	24b. CURED or Aural H ted. te cause(s	Approximinterval onset and	FINDING R TO CAUSE NO
ahock, or I IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentisity list condition resulting in death) Sequentisity list condition resulting in death) IA Sequentisity list condition resulting in death that initiated events resulting in death) PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Natural 6 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 ME 20b. SIGNATURE AND ITL	tions, ediate // included in the condition of the conditi	b. DUE TO b. DUE TO c. DUE TO d	at caused the cuse on each life true on each life true on each life true on each life true on each life true on each life true on each life true on the constant of the constant of the constant of the constant of the constant of the constant on the constant on the constant of the constant of the constant on the constant on the constant of the constant on the constant of the constant on the consta	death. Do ne. SEQUENCE CO EQUENCE OTHE OTHE OTHE A DURY ME OF JUNY Me of the din, in my	26. PER: Inderlylr 28c. IN W 1 Ctory, offi	PLACE OF DEATH (Come 5 % Residence UURY AT ORK? YES 2 NO ce te and place, and du death occured at the 29c. LICENSE NU D 2074	Part I. Part I. 28d. DESC. 28f. LOCA City on the cause time, date a time, date a time.	24a. WAS AN PERFOI (Specify) THON (Street r Yown, State) and place, as	AUTOPSY RMED? 2 (X) NO and Number and due to the second due to t	24b CURED Or Rural F Te SIGNED	Approximinterval of Onset and Onset	FINDING R TO CAUSE NO	
ahock, or I IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentisity list condition from the condition resulting in death) Sequentisity list condition from the condition resulting in death in the condition of	tions, ediate (ING ury ST Could not be determined ATIFYING PHY: DICAL EXAMINE OF PERSON WCCONE,	b. DUE TO c. DUE TO d	at caused the cuse on each life true on each life true on each life true on each life true on each life true on each life true on each life true on the constant of the constant of the constant of the constant of the constant of the constant on the constant on the constant of the constant of the constant on the constant on the constant of the constant on the constant of the constant on the consta	Jeouence of Ecouence OTHE OTHE OTHE A DURY ME OF JUNY Me of the din, in my	26. PER: Inderlylr 28c. IN W 1 Ctory, offi	PLACE OF DEATH (Come 5). Residence UURY AT ORK? YES 2 NO ce te and place, and du death occured at th	Part I. Part I. 28d. DESC. 28f. LOCA City on the cause time, date a time, date a time.	24a. WAS AN PERFOI (Specify) THON (Street r Yown, State) and place, as	AUTOPSY RMED? 2 (X) NO and Number and due to the second due to t	24b CURED Or Rural F Te SIGNED	Approximinterval of Onset and Onset	FINDING R TO CAUSE NO	



AECOADS, F.O. BOX 66/60, BALLIMORE, MARTLANI	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: II Hem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOX 68/60,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, o

	FOR STATE REGISTRAR	STATE OF I	MARYLAND C		ITMENT OF			MENTA	L HYGIEN	IE	1 (20374
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			TIME OF DEATH
	Frances B.	Fritt	S					Sep		3, 199	EAR 1	7:30 P M
-	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 YEA	R IF UNI	DER 24 HRS.	7. DATE	OF BIRTH	6.	BIRTHPLA	NCE (State or Foreign
	578-20-9825	1 M 2 F	92	YRS.	MONTHS DAY	8 HOUR	MIN,		th, Day, Year)		Country)	
	9s, FACILITY NAME (If not institution, give s		92		9b. CITY, TOV	N OR LOC	TION OF F		21,18	9c. COUNTY	INDIA	
8	Fairland Nursing					ver S					tgom	
5	RESIDENCE OF DECEDENT 10s. STATE 10s. COUNT			I an an								
DIRECTOR					Y, TOWN OR LO							d. INSIDE CITY LIMITS?
	MARYLAND MON 100, STREET AND NUMBER	TGOMERY		1 21	LVER S	10f. ZIP CO				I son CITIZEI		YES 2 NO
FUNERAL	Market Committee	DD 4 CB						0				COUNTRY
H	627 NORTHWOOD TE		AT FUED IN II.O.	DIEFO	1 40 1110		2090			US		
3	1 Never Married 2 Married		1 YES 2X		If you	specify Cu	iban, Mexic	an, Puerto	N? (Specify Ye Rican, stc.)	s or No- 14	Black, W	American Indian, hits, etc.
B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE	WAR OR DATES		10	YES 2 X N	O Spec	etty:		- 1	Specify:	
	15. DECEDENT'S EDU	CATION	140.1	SECENENT'S	USUAL OCCUP	ATION		140	- KIND OF BU	ISINESS/INDUS	WHIT	E
	(Specify only highest grade	completed)		(Give kind of the Do NOT u	work done during se retired.)	most of wo	rking	10	b. KIND OF BU	ISINESS/INDUS	INT	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)		HOMEM							
N N	17, FATHER'S NAME (First, Middle, Last)				HOFIER		OTHERIO N	A BASS (Films	Middle, Maider	0		
	LOUIS BARRETT					16. M						
H									E E. I			
2	19s. INFORMANT'S NAME (Type/Print)	(0			ADDRESS (Str							1377 00000
	WILLIAM B. FRITTS		_				KKACI					AND 20902
	20a, METHOD OF DISPOSITION 1 A Burisi 2 Cremetion 3 A Rem	noval from State	of cameta	ov cremator	E OF DISPOSIT or other place)			DA		OCATION — CIT		
	4 Donation 5 Other (Specify)		_ GEOR	GE WA	SHINGT				16 ADE	ELPHI,	MARY	LAND
	21. SIGNATURE OF TOWERAL SERVICE LI	/ (7			ICTS			S FIINE	ERAL HO	ME	TNC
	504 DC	The)									-	MD.20901
	23. PART i. Enter the diseases, or	complications th	et caused the	deeth. Do								Approximate
	shock, or heart fellure.	List only one ca	use on each li	ne.					·			Interval Between Onset and Deeth
	IMMEDIATE CAUSE (Final disease or condition		0		. 4 4 -							Onset and Deeth
	resulting in death)	a. OHE TO	O (OR AS A CONS	LIM								-
		DOL II	ON AS A CONC	LGOLINGE C	т.,.							
CERTIFICATION	Sequentielly liet conditions,	b	O (OR AS A CONS	EOUENCE O	F);	-						
AT	if eny, leading to immediate cause. Enter UNDERLYING											
윤	CAUSE (Disease or injury that initieted events	DUE TO	O (OR AS A CONS	EOUENCE O	PF):							
E	resulting in deeth) LAST											ļ
빙		G .										†
A	PART II. Other algnificent condition					ying caus	e given i	n Part i.		N AUTOPSY PRMED?		ERE AUTOPSY FINDINGS AILABLE PRIOR TO
MEDICA	Organi	Bea	en of	nell	one				1 TYES		CC	MPLETION OF CAUSE DEATH?
Ä	/									7-	1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				2	. PLACE O	F DEATH (C	Check only	one)			
22	EXAMINER?	HOSPITAL:	□ ER/Outpetlant	3 🗆 DOA	OTHER:	Mama E 🗆	Basidana		ner (Specify)			
¥	27. MANNER OF DEATH	28s. DATE O		28b. TII		INJURY AT				INJURY OCCU	RED	
	1 Netural 5 Pending		Day, Year)	IN	JURY	WORK?		1				
BY	2 Accident investigation	28e, PLACE	OF INJURY — At	home ferm				281 1.0	CATION (Street	and Number or	Aural Bout	n Alumhar
8	3 Suicide 8 Could not ba 4 Homicide determined	building	, etc. (Specify)	, , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,				y or Town, State		The second	The tracer,
COMPLETED	29a, CERTIFIER											
F	(Check only											
Ö.	2 MEDICAL EXAMIN	ER: On the basis of	sxemination and/	or investigati	on, in my opinio	in, death oc	cured at the	he time, da	te and place, a	ind dus to the i	csuse(s) a	nd manner as stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIE						LICENSE N			29d. DATE S	SIGNED (M	onth, Day, Year)
		ended				1	136	7/1		1 9	114	191
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CA	USE OF DEATH (I	TEM 27) (Typ	e, Print)					1		
							460					
	ANDREW K	UNPHAI	-, m.	0.	8317	CH	211	14	LANE	CAU	ASL	, m 6 9070
	31. DATE FILED (Month, Day, Year) SFP 1 6 1991	1002, REGISTE Fulia Dau			8317	CH	211	14	LANE	CAU	186	191 , m 8 3070



TO BE COMPLETED BY FUNERAL DIRECTOR

ital	9 6		٦
osb	che		65
he h	deta		900
20	2		Ħ
P	밁		pe
tain	Sho		Ħ
96	9		=
ay t	pag		ğ
E 9	tor.		Since
90	Sirec.		-
9.	屋		Ę
eath	fune		хап
ter d	the	wal.	9
s af	3	emo	ge
IOU	d In	0	me
20	all le	ou.	9
Pil	tely	mat	ř.
×	mple	Cre	Yer
utec	9	nia.	0
exec	and	20	nat
8	cian	0 1	an
ate	hysi	Par s	
riff	0	ien	Ę
h ce	ndin	Ę	50
Jeat	atte	mtal	2
the o	the	×	큳
lat	5	and	ě
es t	gne	alth	8
dui	is c	H	30
₩ 78	bee	34.0	3 25
6 3	has	6	12
E	cate	tate	ie i
SIAN	rtip	he S	6
WSI	S Ce	it t	pg'
4	r th	*	ark
DING	Afte	deat	E
EN	S.	ter	-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 20 nours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OR	SHO.	HOLL	Iten
TAL	3AL	2	=
980	INE	thin	N.
EX	EFL	M P	F
王	王	file	0
2	2	2	Ξ

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE	STATE OF MARY			HEALTH AND			20070
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)				FUEAIR	REG. NO		3, TIME OF DEATH
Ludwik	S. Fi	edorul	<		MONTH	5 9	17 2106 PH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
213-58-7842	213-58-7842 122M 2 🗆 F 50 YRS. MONTHS DAYS HOURS				6-22- 194	1	Poland
9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOW	N OR LOCATION OF DE	EATH	9c. COUNT	Y OF DEATH
Washington Adven	tist Hospit	al	Tako	ma Park		Mont	gamery
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LO	CATION			10d, INSIDE CITY
	gomery		lver S				LIMITS? 1 ☐ YES 🏋 NO
10e. STREET AND NUMBER	gailly	21.	TAGE 2	10f. ZIP CODE		10a, CITIZE	N OF WHAT COUNTRY?
1001 Spring Str	eet #619		100	20910			ed States
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	4	4. RACE — American Indian.
1 Never Married 2 Married 3 Widowed XX Divorced	FORCES? 1 YES			Appecify Cuban, Maxica PES NO Specific			Specify: White
15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUP	ATION most of working	16b. KIND OF BU	SINESS/INDUS	STRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	e retired.)	most of working			
12 years		Auto Bo	dy Mecl	hanic	Automob:	ile	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Maiden	Surname)	
Stan Fiedoru	k				Laisha		
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
Roman Bartmanski					Beltsville		
20a, METHOD OF DISPOSITION **Description Method Meth	oval from State	ob. PLACE AND DATE of cemetary, crematory GEOTGE Was	or other placel		1		ty or Town, State hi, Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC		wold.	Dona.	ld V. Bord	ywardt Fune	eral H	
23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition	complications that caus List only one cause on	ed the death. Do neach line.			ch as cerdiec or resp		
resulting in death)	OUE TO (OR AS	A CONSEQUENCE OF	- He	natitis	B		months
Sequentially list conditions, if eny, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. Ascit	A CONSEQUENCE OF					months
PART II. Other significant condition	a. contributing to deeth	but not resulting i	in the underl	ying cause given in	Part i. 24a. WAS AI PERFO	N AUTOPSY RMED? 2 13 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	B. PLACE OF DEATH (C	heck only one)		
1 YES 2 NO	1 Inpatient 2 ER/O			Home 6 Residence		IN HIEV COS	IDEO
1 Natural 6 Pending 2 Accident Investigation	26s. DATE OF INJUR (Month, Day, Year	Y 26b. TIM	IURY	WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED
3 Suicide 6 Could not be determined	26e. PLACE OF INJU building, etc. (S)	RY — At home, farm, a pecify)	street, factory,	office	281. LOCATION (Street City or Town, State		r Rural Route Number,
one)	ICIAN: To the best of my known	- Park					d. cause(a) and manner as stated.
200. SIGNATURE WHE TITLE OF CERTIFIE	e Min	M.D.		29c. LICENSE NU		29d. DATE	SIGNED (Month, Day, fear)

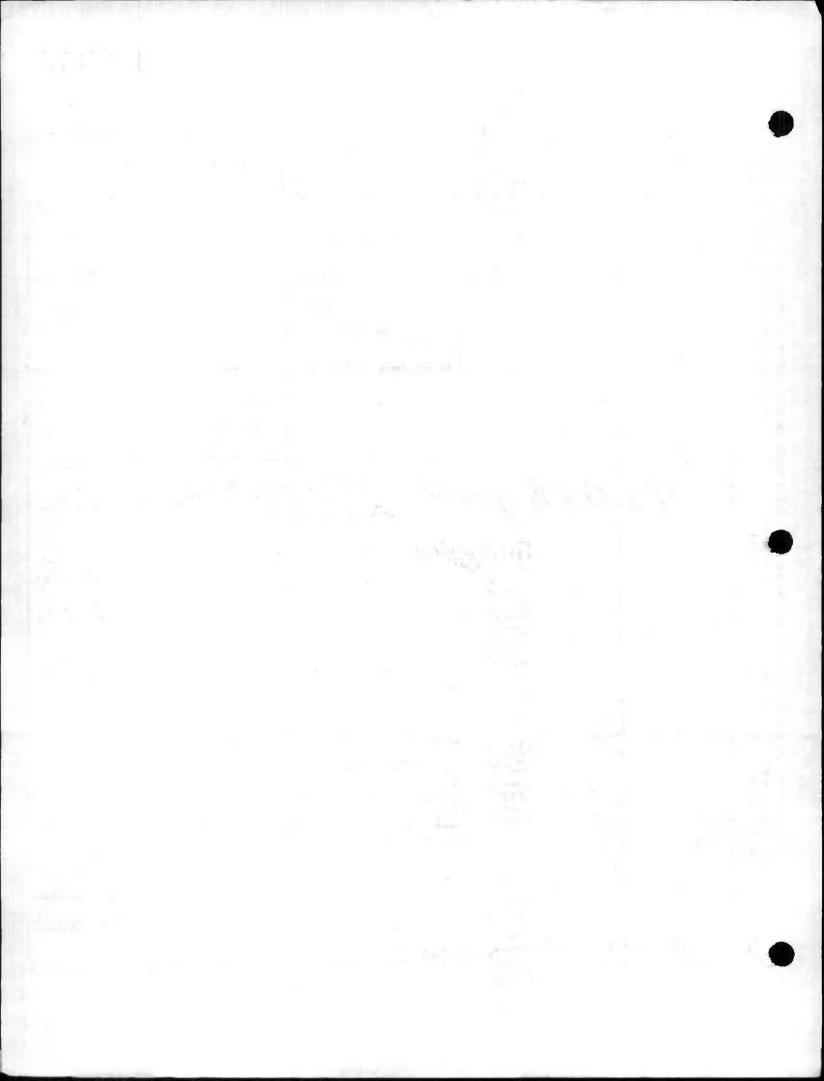
OF OEATH (ITEM 27) (Type, 7610 Cal

MO.

32. REGISTRAN'S

Davidson

Takoma PK. MD



MARYLAND 21215-0020

BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR ATTENDING PHYSICIAN: The law

DIRECTOR

FUNERAL

BY

COMPLETED

BE notified

2

to

pe

must

examiner

medical

the

event,

6

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

60

H Hem

COMPL

BE

0

marked,

50

28

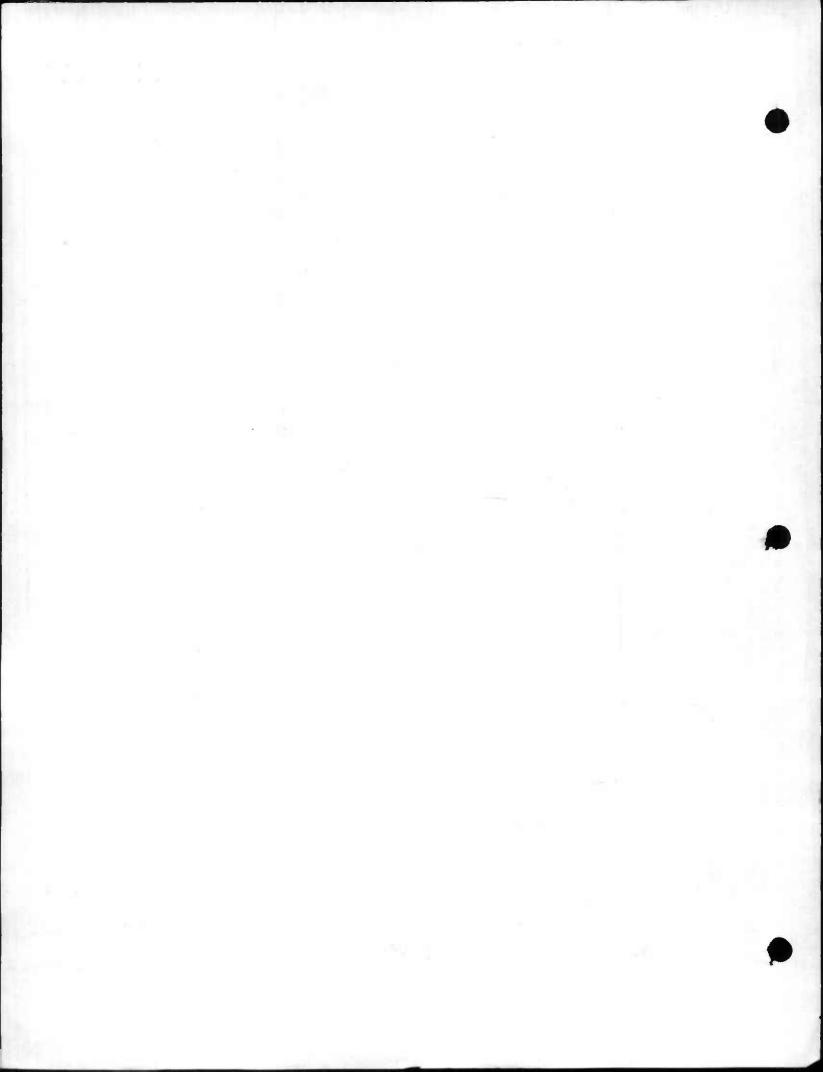
FUNERAL DIRECTOR: within 72 hours after

signed by the attending physician Health and Mental Hygiene prior to has been signe bept. of Health n 23 shows a this certificate h with the State [6 After 1 death

91-5181-031 ITEMS:23 thru 28f per ME 91 26376 G-680 10-11-91 cm FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR BRIAN THOMAS FLETCHER 09 08 1991 10:43A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 216-64-2950 1 M 2 F Aug. 29, 1961 Washington, D.C. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MAONTGOMERY RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Gaithersburg 1 TES 2 1 NO 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 17 Praire Rose Court 20878 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married 1 YES 2 X NO Specify. 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) College (1-4 or 5+) Warehouse Manager 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Thomas Lee Fletcher Sandra Anne Tudge 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Thomas L. Fletcher 12420 Keeneland Pl., N. Potomac, Md. 20878 20a. METHOD OF DISPOSITION
1 Duriel 2 X Cremation 3 Removal from State
4 Donetion 5 Other (\$Pool(h)) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Metropolitan Crematory 9-9-91 Alexandria, Va. 21. SIGNATURE OF FUNERAL SERVICE LICENTEE 22 NAME AND ADDRESS OF FACILITY DeVol Funeral Home

Progressive Beauty Systems Nexus Products Distributor 10 East Deer Park Drive Gaithersburg, MD 20877 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition . MIXED DRUG INTOXICATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disesse or Injury that initiated avants DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COCAINE ABUSE COMPLETION OF CAUSE YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one, HOSPITAL: 1 Inpatient 24N-BR/Outpatient 3 DOA OTHER: ng Home 5 - Realdence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 TES 2 NO -18 - 912 Accident INGESTED DRUGS 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 V Suicida 26f. LOCATION (Street and Number or Rural Route Number City or Town, State) 17 DDATDTD DO 6 Could not be 4 Homicide THERSBURG MARYLAND determined 29s. CERTIFIER
(Check only
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 - MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as ateted. 296 STGNATURE AND THE DE CERTIFIE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) ▶09 OCME 09 1991 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NANK J. BALTIMORE, MARYLAND 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson Random 91 SFP 1

TO THE FUNERAL OF THE FUNERAL OF THE FUNERAL OF THE FUNERAL OF THE FUNERAL OF THE FUNERAL OF THE THE FUNERAL OF



40	8	
dina	E E	
Ten	93	
20	ns.	
2	Q	
oso	hed	-1
9	etac	90
5	9	0
D	B	b
aine	Sho.	Ě
9	3	20
y b	Sage	2
E	0,	ust
9 9	rect	E
E.	9	Je u
ath.	ner	E
de	9 =	. ×
afte	th th	ca
nis	in d	ed
9	pall ed	E
1 24	ly fi	5
A STATE	plete	in.
P	OFF	2
50	o po	1
exe	Ta T	E
8	icia	2
ficat	phy of	-
E.	oui die	=
45	tend F	6
90	e at	E S
the	N Th	E
that	De to	any.
ES .	igne	2
nba	De H	Po
W	of be	60
e le	E 0	1 2
E	cate	Te
CIAN	the state	6
NS!	SC	Ď,
F	出る	ark.
NG.	Afte	E
ENC	Per ce	50
ATT	ECT.	1 28
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 incurs after death. Page 6 may be retained by the hospital or attending the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bube filled within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
IAL	AZ Z	=
SPI	NEH hin	H.
1	F	TA
王	THE	0
2	23	=

REGISTRAR					DEC NO		
1. DECEDENT'S NAME (First, Middle, Last	30)	CERTIFI	CATE OF DEAT		REG. NO.		A THE OF BEATH
Catherine	Noll	Ŧ	TESE.	MON	YTH DAY	Y	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	GE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER	24 HRS 7 DAT	E OF BIRTN	. 0.	BIRTHPLACE (State or Foreig
219-32-5251	1 🗆 M 2 💢 F	56 YRS.	MONTHS DAYS HOURS	MIN. Dec	onth, Days Yours	934	Maryland
9a. FACILITY NAME (If not institution, give	e street end number)		9b. CITY, TOWN OR LOCATIO	N OF DEATH		e. COUNTY	OF DEATH
Peninsula Genera	1 Hospital		Salisbury			Wic	comico
10e. STATE 10b. COUN		10c. CITY	TOWN OR LOCATION				10d. INSIDE CITY
Virginia Acco	omack		hincoteague				LIMITS?
10e. STREET AND NUMBER	0 0 =/=		10f. ZIP CODE		1	log. CITIZEI	OF WHAT COUNTRY?
	0. Box 767		2333	6		u.	S. A.
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	ES 2 NO	13. WAS DECENDENT OF	F HISPANIC ORIG	ilN? (Specify Yea or	No 14	RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 TES 2 NO	Specify:	Private, etc.,		Specify: White
15. DECEDENT'S ED	DUCATION	16a. DECEDENT'S I	USUAL OCCUPATION	T 10	8b. KIND OF BUSIN	EGG/INDLIS	Tov
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life, Do NOT use	ork done during most of working retired.)	7		Eddriff	TR)
12		Homema	ker		Self		
17. FATNER'S NAME (First, Middle, Last)	,,	17	18. MOTN	1 0 /	, Middle, Maiden Sur	mame)	
Peter Ja NO 19a. INFORMANT'S NAME (Typo/Print)	oll		Ju	J.	rant		
James Frese		P. O.	Box 767 Chi	or Rural Route Nui			23336
20s METHOD OF DISPOSITION	2	20b. PLACE AND DATE OF	F DISPOSITION (Name of				or Town, Stata
1 DABurial 2 Cremation 3 Red 4 Donation 6 Other (Specify)	moval from State	Parkview (enetery		Balt	imone	Maryland
21. SIGNATURE OF FUNERAL SERVICE L			- 0				
	1	120	22 NAME AND ADDRES	S OF FACILITY			
IMMEDIATE CAUSE (Final	of Complications that cause on	each lina,		ue, Vi	rginia 2		Intervsi Betv
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	s. GRAM OUE TO (OR AS C. CARDIO R	NEGATIVA S A CONSEQUENCE OF) SHOC S A CONSEQUENCE OF)	Chincoteagot anter the mode of dyln F MENI K CHY ARR	neg, Vi ng, such se ce	rginia 2		Intervsi Betw
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	s. GRAM OUE TO (OR AS C. CARDIO R OUE TO (OR AS C. CARDIO R OUE TO (OR AS	S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF)	Chincoteagot anter the mode of dying the MENIA	nue, Viv ng, such se cs NG 1715	rginia 2	ory arreat	Intervsi Betw
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. GRAM OUE TO (OR AS C. CARDIO R OUE TO (OR AS C. CARDIO R OUE TO (OR AS C. CARDIO R OUE TO (OR AS C. CARDIO R OUE TO (OR AS C. CARDIO R OUE TO (OR AS	NEGATIVE S A CONSEQUENCE OF) S A CONSEQUENCE OF) RESPIRATO B A CONSEQUENCE OF) IN ATED	Chincoteagot anter the mode of dying the MENIA	nue, Vi ng, such se ce NG 1715 PEST	rginia 2	ory arreat	Intervsi Betw
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	s. GRAM OUE TO (OR AS C. CARDIO R OUE TO (OR AS C. CARDIO R OUE TO (OR AS C. CARDIO R OUE TO (OR AS C. CARDIO R OUE TO (OR AS C. CARDIO R OUE TO (OR AS	NEGATIVE S A CONSEQUENCE OF) S A CONSEQUENCE OF) RESPIRATO B A CONSEQUENCE OF) IN ATED	Chincoteagot anter the mode of dying the MENIA	nue, Vi ng, such se ce NG 1715 PEST	rginia 2	ory arreat	Interval Betw Onset and D 24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. GRAM OUE TO (OR AS C. CARDIO R OUE TO (OR AS C. CARDIO R OUE TO (OR AS C. CARDIO R OUE TO (OR AS C. CARDIO R OUE TO (OR AS C. CARDIO R OUE TO (OR AS	NEGATIVE S A CONSEQUENCE OF) S A CONSEQUENCE OF) RESPIRATO B A CONSEQUENCE OF) IN ATED	Chincoteagot anter the mode of dying the MENIA	nue, Vi ng, such se ce NG 1715 PEST	rginia 2 rdiac or reapiret	ory arreat	Interval Betw Onset and D Onset and D 24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. GRAM OUE TO (OR AS C. CARDIO R OUE TO (OR AS C. CARDIO R OUE TO (OR AS C. CARDIO R OUE TO (OR AS C. CARDIO R OUE TO (OR AS C. CARDIO R OUE TO (OR AS	NEGATIVE S A CONSEQUENCE OF) S A CONSEQUENCE OF) RESPIRATO B A CONSEQUENCE OF) IN ATED	Chincoteagot anter the mode of dying the MENIA	nue, Vi ng, such se ce NG 1715 PEST	rginia 2 rdiac or reapirat A G U C A 7 24a. WAS AN AUT PERFORME	ory arreat	Interval Bety Onset and D Onset and D 24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUS
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions.	T complications that cause on a contributing to death	NEGATIVE S A CONSEQUENCE OF) S A CONSEQUENCE OF) RESPIRATO B A CONSEQUENCE OF) IN ATED	Chincoteagot anter the mode of dying of MENIA	NG 1715 LEST Convenin Part I.	rdiac or reapirat	ory arreat	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	T complications that cause. List pnly pne cause on S. GRAM OUE TO (OR AS C. CARDIO R OUE TO (OR AS d. SISSE M. Ones contributing to death	S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) IN A TED but not resulting in	Chincoteag of anter the mode of dyin F MENI E K E I I I I I I I I I I I I	NG 1713 LES 7 Column Part I.	rdiac or respirat	ory arreat	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions in death) LAST	T complications that cause. List Dnly Dne cause on S. GRAM OUE TO (OR AS C. CARDIO R OUE TO (OR AS d. SISE M OUS TO (OR AS TO COMPLIANT OUS TO (OR AS DIST M OUS TO (OR AS TO COMPLIANT OUS TO (OR AS TO COMP	S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) IN A 7 F.D Obtained to the substitute of the substitu	Chincoteag of anter the mode of dyin R NENI LY AR TNTRAVACE The underlying cause give 26. PLACE OF DE OTHER: G Numing Home 5 Reel OF 28c. INJURY AT	NG 1715 ATN (Check only of delence 6 Other	rdiac or respirat	TOPSY OT NO	24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUSOF DEATHY
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions in death) LAST	T complications that cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause of t	S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) IN A 7 F.D but not resulting in	Chincoteag of anter the mode of dyin R NENI LY AR TNTRAVACE The underlying cause git 1 the underlying cause git 26. PLACE OF DEJ OTHER: 6 Number of Reel OF 28c, INJURY AT	ATN (Check only of idence 6 Other	rdiac or reapirat A G ULA 7 24a. WAS AN AUT PERFORME 1 YES 2 W	TOPSY OT NO	24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUSOF DEATHY
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if sny, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	T complications that cause. List Dnly Dne cause on S. GRAM OUE TO (OR AS C. CARDIO R OUE TO (OR AS C. CARDIO R OUE TO (OR AS C. LIST M OUE TO (OR AS C. LIST M OUE TO (OR AS C. LIST M OUE TO (OR AS C. LIST M OUE TO (OR AS C. LIST M OUE TO (OR AS C. LIST M OUE TO (OR AS C. LIST M OUE TO (OR AS C. LIST M OUE TO (OR AS C. LIST M OUE TO (OR AS C. LIST M OUE TO (OR AS C. LIST M OUE TO (OR AS C. LIST M OUE TO (OR AS OUE TO (OR	S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) IN A 7 E D Outpatient 3 □ DOA Y 28b. TIME INJUITED RY — At home, farm, str	Chincoteagont anter the mode of dying the mode of dying the mode of dying the mode of dying the mode of dying the mode of the underlying cause gives the underlying cause gives the underlying cause gives the underlying cause gives the underlying cause gives the underlying cause gives the underlying cause gives the underlying cause gives the underlying cause gives the underlying cause gives the underlying cause gives the underlying cause gives the underlying cause gives the underlying cause gives the underlying t	ven In Part I. ATN (Check only of 28d, OE	rdiac or respirat rdiac or respirat 24a. WAS AN AUT PERFORME 1 YES 2 [W	TOPSY OCCUR	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN? 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	T complications that cause. List pnly pne cause on s. GRAM OUE TO (OR AS C. CARDIO R OUE TO (OR AS d. SISS M. Ons contributing to death HOSPITAL: 1 [Vinpetlant 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) IN A 7 E D Outpatient 3 □ DOA Y 28b. TIME INJUITED RY — At home, farm, str	Chincoteagont anter the mode of dying the mode of dying the mode of dying the mode of dying the mode of dying the mode of the underlying cause gives the underlying cause gives the underlying cause gives the underlying cause gives the underlying cause gives the underlying cause gives the underlying cause gives the underlying cause gives the underlying cause gives the underlying cause gives the underlying cause gives the underlying cause gives the underlying cause gives the underlying cause gives the underlying t	ven In Part I. ATN (Check only of 28d, OE	PAGULA 7	TOPSY OCCUR	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATN? 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	T complications that cause. List pnly pne cause on s. CRAM OUE TO (OR AS DUE TO (OR AS C. CARDIO R OUE TO (OR AS d. SISSE M.) Ons contributing to death HOSPITAL: 1 [Vinpetlant 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Sp.	NEGATIVA S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) NATED S A CONSEQUENCE OF) NATED S A CONSEQUENCE OF) NATED S A CONSEQUENCE OF) NATED S A CONSEQUENCE OF) NATED S A CONSEQUENCE OF) NATED S A CONSEQUENCE OF) NATED S A CONSEQUENCE OF) NATED S A CONSEQUENCE OF) NATED S A CONSEQUENCE OF)	Chincoteag of anter the mode of dyin F	yen in Part I. ATN (Check only of idence 6 Oth Chy on the Carl of the Carl	rdiac or respirat rdiac or respirat respirat 24e. WAS AN AUT PERFORME 1 YES 2 [W] Per (Specify) ESCRIBE NOW INJUI CATION (Street and a rown, State)	TOPSY OCCUR Number or F	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	T complications that cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause of t	NEGATIVA S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) NATED S A CONSEQUENCE OF) NATED S A CONSEQUENCE OF) NATED S A CONSEQUENCE OF) NATED S A CONSEQUENCE OF) NATED S A CONSEQUENCE OF) NATED S A CONSEQUENCE OF) NATED S A CONSEQUENCE OF) NATED S A CONSEQUENCE OF) NATED S A CONSEQUENCE OF)	Chincoteag of anter the mode of dyin F NENI CHAPTER CH	ATN (Check only of defice 6 Oth Chy of data to the card at the time, data is E NUMBER	rdiac or respirat rdiac or respirat 24e. WAS AN AUT PERFORME 1 YES 2 W PERFORME 1 YES 2 W CATION (Street and and place, and du was (a) and manner a and place, and du	TOPSY OCCUR Number or F se stated, us to the co	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN? 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation (Investigation detarmined) 29a. CERTIFIER (Check only one) 29b. SIGNATUSE AND TITLE OF CERTIFIES AUX / La Lil	T complications that cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause of t	NEGATIVA S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) S DUTY TED Utpatient 3 DOA Y 28b. TIME INJUI RY — At home, farm, str powledge, death occurred flon and/or investigation,	Chincoteagont anter the mode of dying the property of the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying the underlyi	yee, Ving, such as as a such as as a such as as a such a	rdiac or respirat rdiac or respirat 24e. WAS AN AUT PERFORME 1 YES 2 W PERFORME 1 YES 2 W CATION (Street and and place, and du was (a) and manner a and place, and du	TOPSY OCCUR: Number or F se stated, sa to the co	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNIFIT OF DEATN 1 Natural 5 Pending Investigation investigation of Death of	T complications that cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause of t	S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) Dutpatient 3 DOA V 28b. TIME INJUI RY — At home, farm, streechy) DEATN (ITEM 27) (Spe. F	Chincoteagont anter the mode of dying the property of the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying the underlyi	ATN (Check only of defice 6 Oth Chy of data to the card at the time, data is E NUMBER	rdiac or respirat rdiac or respirat 24e. WAS AN AUT PERFORME 1 YES 2 W PERFORME 1 YES 2 W CATION (Street and and place, and du was (a) and manner a and place, and du	TOPSY OCCUR: Number or F se stated, sa to the co	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATHY 1 YES 2 NO Rural Route Number,

many 10 2 Ag 10 157

1				AT	E STF	AF
	1.	OI	ECE	DEI	NT'S	N/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	***************************************	REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF	F DEATH		3. TIME OF DEATH	
	Larry Ferm	rell				MONTH 09	13	91	1449 M	
	4. SOCIAL SECURITY NUMBER 4659		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	2 1	THPLACE (State or Foreign	
	291-44- 2000	12 M 2 D F 41	YRS.	MONTHS DAYS	HOURS MIN.	O 1 -	17-50	Cour	ntry)	
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF E			COUNTY OF	RON, OHIO	
DIRECTOR	Peninsula General Hospital Salisbury Wicomico									
<u>n</u>	10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCAT	ION				10d, INSIDE CITY	
급	OHIO SUM	TIM	C	UYAHOGA	FALLS				LIMITS?	
FUNERAL	100. STREET AND NUMBER 2420 15th STREET	Г		1.5	2 ZIP CODE 44223		10g.	CITIZEN OF USA	WHAT COUNTRY?	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN?	Specify Yee or No	— 14. RA	CE — American Indian, ck, White, atc.	
BY	1 Never Merried 2 Merried 3 Divorced	IF YES CIVE WAR OR DATES				en, Puerto Ric lly:	an, etc.)	Bla	ck, White, atc.	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	160. DECEDENT'S	USUAL OCCUPATION	ON	16b. K	IND OF BUSINESS	INDUSTRY		
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) CLAIMS REPRESENTATIVE CAR						CAR RENT	'AL		
OS	17. FATHER'S NAME (First, Middle, Lest)	1			18. MOTHER'S N	AME (First, Mid	dle, Maiden Surnan	nel		
BE C	GERALD FRANK FER	RELL			MARY	FLORE	NCE HICK	S		
5	19a. INFORMANT'S NAME (Type/Print) DENISE FERRELL		19b. MAILING 2420	ADDRESS (Street a	R . CUYAF	Houte Number,	City or Town, Stere	Zip Code) 4422	23	
	20e. METHOD OF DISPOSITION	eval from State 20	Db. PLACE AND DATE of the completery, crematory or o	ther placel		DATE	20c. LOCATION			
	4 Donation 5 Other (Specify)	FNSFF	CHESTNUT		METERY D AODRESS OF FA	9-18	CUYAH	DGA F	ALLS, OH	
	+ Leona ?	n Sho	4		FUNERAL		ICES, PO	BOX	233	
	23. PART I. Enter the diseases, pr c	omplications that cause	ed the deeth. Do r	Of enter the mo	de of dving and	ch as cardia	c or recoiretory	arrest	Approximete	
	shock, pr ¹ tfeart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	nst only blie ceuse bri	each iine. ic Dysrh				,	,	interval Between Onset and Death	
		DUE TO (OR AS	A CONSEQUENCE OF	F):						
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS	A CONSEDUENCE OF	n:						
₹ I	if any, leading to immediate cause. Enter UNDERLYING			· ·						
声	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	F):						
토	resulting in deeth) LAST									
	PART il Other significant conditions	contribution to death	had and a data of							
DICAL	PART II. Other significent conditions	contributing to deeth	but not resulting I	In the underlying	ceuse given in	Pert i. 24	Ia. WAS AN AUTOP PERFORMED?	SY 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
						1	☐ YES 2 X NO		COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: ME						_			1 TYES 2 NO	
A N	25. WAS CASE REFERRED TO MEDICAL									
를 등	EXAMINER?	HOSPITAL:		26. PL OTHER:	ACE OF DEATH (Ch	neck only one)				
1×S	1 XYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out		4 - Nursing Home						
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIMI	URY WO		28d. DEŞCR	YRULNI WOH 38I	OCCURED		
	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — Al home, lerm, s ecify)	streel, fectory, office		281. LOCATION OF T	ON (Street and Num fown, Stete)	nber or Rural	Route Number,	
<u> </u>	29e. CERTIFIER					<u></u>				
COMPLETED	(Check only	IAN: To the best of my known to the best of examination	wiedge, death occurre on end/or investigation	nd at the time, date	end place, end due	to the cause(e) end menner ee d place, end due li	stated. O the couse(e) end menner es stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER									
8	John 5 B. O	manged	1). Denu	ty M.E.	29c. LICENSE NUI	599	29d. 0		0 (Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)	3000	111			. / / /	
,	John T. Bulkel			ine Blu	ff Rd.	, Sa	alisbur	y, M	d. 21801	
6	31. DATE FILED (Month, Day Year)	REGISTRAR'S SIGI						-		

	1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH		L HYGIENE REG. NO.		
	1. OECEDENT'S NAME (First, Middle, Last) ORVILLE 4. SOCIAL SECURITY NUMBER				SR. Sept	of DEATH DAY	1991	3. TIME OF DEATH
1	229-09-7767 9e. FACILITY NAME (If not institution, give a	1 XM 2 - F	67 YRS.	F UNDER 1 YEAR IF UNDER ONTHE DAYS HOURS	MIN. (Mont	OF BIRTH h, Day, Year) E 7, 1924	Country	RGINIA
B	Peninsula Generation			Salisbu			Wicom	
DIREC	10a. STATE 10b. COUNT		10c. CITY,	NBACKVILLE				10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	10e. STREET AND NUMBER			101. ZIP CODE 23350			CITIZEN OF W	HAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 TYPES IF YES, GIVE WAR OR	3 2 NO	13. WAS OECENOENT OF	F HISPANIC ORIGINAL, Mexican, Puerto	17 (Specify Yes or No-	- 14. RACE	- American Indian, , White, etc. ly: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) GRAD • 11th GRADF:	CATION Completed) College (1-4 or 5+)	fife. Do NOT use	k done during most of working etired.)	9	. KIND OF BUSINESS	/INDUSTRY	WILLE
	17. FATHER'S NAME (First, Middle, Last)		CARPENTE	18. MOTH	ER'S NAME (First,	BUILDING Middle, Meiden Sumem	10)	
TO BE	HARRY FLEMING 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DORESS (Street and Number of	Y GOSWEI or Rural Route Num		, Zip Code)	
	MRS. BETTY CILLI 20e. METHOD OF OISPOSITION 1 X Burlel 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	20	GEN .	DISPOSITION (Name of	BACKVILI	E 20c. LOCATION	- City or Ton	vn State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	GREENBACK	VILLE CEME. 22. NAME AND ADDRES U.S. RT. 1	S OF PACILITY	91GREENBA FOX FUNER ERANCEVII	RAL HO	ME
	23. PART I. Enter the diseases, or on shock, or heart feiture. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Ventrice DUE TO (OR AS	A CONSEQUENCE OF):	illation	ng, such as card	flac or respiratory	arrest,	Approximate interval Betwee Onset and Deat
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Recent	A CONSEQUENCE OF): Febrile ; A CONSEQUENCE OF):	Itating eve	nt unk	ngwa		days
: MEDICAL CE	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. PERFOR 1 YES 2							WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO	HOSPITAL:		THER:	ATH (Check only on			
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Yeer)	28b. TIME C		28d. DES	(Specify) CRIBE HOW INJURY	OCCURED	
ETED B	3 Suicide 8 Could not be determined	28s. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, atre	et, factory, offica	281. LOC	ATION (Street and Num or Town, State)	ber or Rural Ro	oute Number,
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE	CIAN: To the best of my know	viedge, death occurred on end/or investigation,	t the time, date end place, on my opinion, death occurred	end due to the cau d st the time, data	se(e) and menner as	stated, o the cause(e)	end menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	81 auch	no mo		ISE NUMBER	29d. 0	PATE SIGNED	Month, Day, Year)
		vos mo	501 RIV	IERSIDE DRIV	VE SUIT	€ 6101	SALISB	vey mo
11	31. DATE MINO (Month, Day, Year) CFD 1 0 91	32. REGISTRADIS SIGN	NATURE TANDELL					21801

OX 13146, BALTIMORE, MARYLAND	te be executed within a true is after that it may be retained by the hos	sician and completely filled in by the tunnin director, page 5 should be detache prior to burial, cremation, or removal.	traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a man after death. Page 6 may be retained by the hos-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tunner differior, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ALVIN S. (11...

31. OATE FILED (Month), Day, Year)

CEO 11 '91

MADARANG

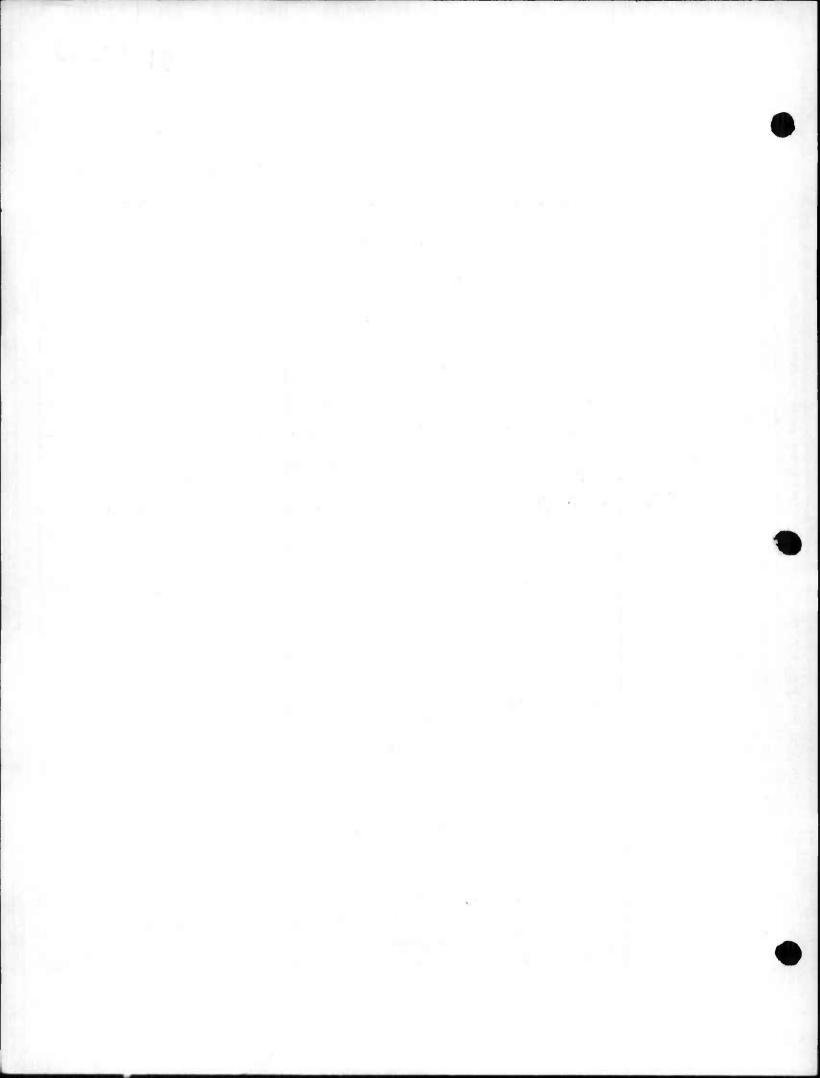
ALVIN S.

1 - ST.	OR ATE EGISTRAR	STATE OF I			T OF HEALTH AND E OF DEATH	MENTA	HYGIENE REG. NO.		
MAI		GOLOMB				2. DATE MONTH	OF DEATH DAY	91 3	8:00 AM
57	AL SECURITY NUMBER 7-50-7179	5. SEX	6. AGE (In yrs. last b	YRS. MONTHS		10	OF BIRTH 1, Day, Year) /16/01	Country)	ACE (State or Foreign
Hebi	ALITY NAME (If not inatitution, give a rew Home of Greence of Decement	eater Wa		Ro	y, town or location of ockville	DEATH		ntgome:	гу
10a. STA	ATE 10b. COUNTY	Y		Washin	or Location lgton, D.C.				Od. INSIDE CITY LIMITS? YES 2 NO
400	00 Massachuset		e N.W. #1		20016		Un	ited St	tates
	over Merried 2 🗶 Merried Idowed 4 🗌 Divorced		YES 2 NO		MAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Spe	icen, Puerto I		- 14. RACE Black, \ Specify:	- American Indian, White, etc. White
COMPLETE COMPLICATION COMPLETE COMPLICATION COMPLETE COMPLETE COMPLETE COMPLICATION COMPLETE COMPLICATION COMPLETE COMPLICATION COMPLICATION COMPLICATION COMPLICATION COMPLICATION COMPLICATION COMPLICATION COMPLICATION COMPLICATION COMPLICATION COMPLICATION COMPLICATION COMPLICATION COMPLIC	15. DECEDENT'S EDU (Specify only highest grade nentary/Secondary (0-12)		(Give		OCCUPATION o during most of working)		. KIND OF BUSINESS/	INDUSTRY	
17. FATH	ien's NAME (First, Middle, Last) amuel Cohen		ROM	emaker	18. MOTHER'S	NAME (First, I	Own Home Middle, Maiden Surname Sandler	0)	
O 190. INF	rome W. Golomb	(son)			SS (Street and Number or Run				0007
1 😾 Bu	THOD OF DISPOSITION riel 2 Cremetion 3 Rem	oval from State	20b. PLACE Of other place	DISPOSITION (F	name of cometery, cromatory of morial Garde	W	Falls	- City or Town	, State
21. SIGN	HATURINGS PURIFIEL SERVICELY	CENSEE		D 22	anzansky-Go.	facility 1dberg			
iMMED	HT I. Enter the diseases, or shock, or heart failure. DIATE CAUSE (Fine) see or condition ing in death)	Liet only one cer	use on each line.	th. Do not ente	170 Rockvil or the mode of dyling, as	uch aa cere	diac or reepiratory	arrest,	Approximate interval Between Onset and Death
		. The	OR AS A CONSEQUE	1					
CAUSE thet in	Enter UNDERLYING E (Disease or Injury litieted events ing in deeth) LAST	C. DUE TO	OR AS A CONSEQU	ENCE OF):					
	II. Other eignificent condition GASTRIC CA Bibasilar Verke				underlying ceuse given	in Part I.	24s. WAS AN AUTOP: PERFORMED? 1 YES 2 NO	, a	/ERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? YES 2 NO
Z 25. WAS	CASE REFERRED TO MEDICAL		200 TOTOVII	3	28. PLACE OF DEATH (Check only or	ne)		
ASIC TEXA	MINER? YES 2 NO		☐ ER/Outpetient 3 ☐		uraing Home 5 - Residence				_
2 0	Natural 5 Pending Investigation		Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO		SCRIBE HOW INJURY		
유니라	Suicide e Could not be detarmined	building	OF INJURY — At hom , etc. (Specify)	e, term, street, te	ctory, office		ATION (Street end Num or Town, State)	nber or Rural Ro	ite Number,
29a. CEI	RTIFIER 1 CERTIFYING PHYS				time, date end place, end o				and manner as stated.

M.D GIZI MONTR

MONTROSE RD; ROCKVILLE, MO 20852

DHMH-18 Rev 1/89



PCSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should	with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifiled at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death ce	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending	be filed within 72 hours after death with the State Dept. of Health and Mental Hyg	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or o	

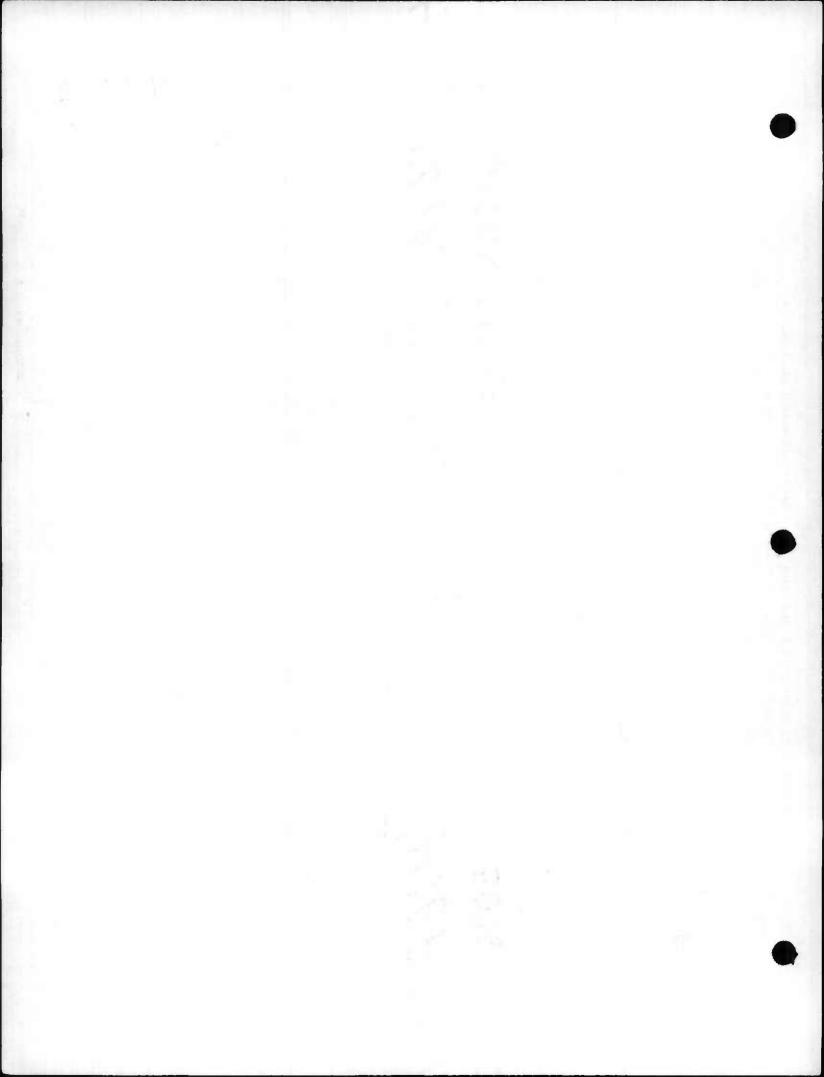
1 - FOR STATE REGISTRAR
1. DECEDENT'S NAME (First
SHIRLEY S.
4. SOCIAL SECURITY NUM
578-12-9362
9e. FACILITY NAME (If not in
FAIRLAND NU
RESIDENCE OF DE
10a. STATE
10e. STREET AND NUMBER
5406 Connec
11. MARITAL STATUS
1 Never Married 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		OL.		ICALL	_ 01	DLA		nı	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) SHIRLEY S. GUIL				2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH DAY YEAR			3. TIME OF DEATH					
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	a b./	IF UNDER	4 MEAD	IF UNDER		7, DATE OF BIRTH 8. BIRT			A DIOTUE	PLACE (State or Foreign
	578-12-9362	1 M 2 F	73	YRS.	MONTHS	DAYS	HOURS	MIN,	Feb. 1	(Ybar)	18	Country)	
1	9e. FACILITY NAME (If not institution, give s	9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
Œ	FAIRLAND NURSING	CENTER			SILVER SPRING						MONTO	GOMERY	
유	RESIDENCE OF DECEDENT						CDII	LING				HONT	JOHERI
Ĕ	10a. STATE 10b. COUNTY	r		10c, CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
DIRECTOR				Wa	shin	gtor	ı, D.	C.					1X YES 2 NO
	10e. STREET AND NUMBER				_	f. ZIP COD	_			10g. CIT	IZEN OF WI	HAT COUNTRY?	
The street and number 106. Street and number							015				U.S.A	Α.	
5 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEDED EVER IN U.S. ARMEO 13. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEDENT EVER IN U.S. WAS DECEDENT EVER IN U.S. WAS DECEDENT EVER IN U.S.							ENDENT (OF HISPAN	IIC ORIGIN? (Sp			14. RACE	- American Indien,
							Black, Specify	White, etc.					
ĕ	3 Widowed 4 □ Divorced						44					,	White
	15. DECEOENT'S EDU (Specify only highest grade	CATION completed	16a. DE	CEDENT'S	USUAL O	CCUPATI	ON set of worki	na	18b. KINI	D OF BUS	INESS/IN	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ive kind of Do NOT u	se retired.)	uumg na	ALL DI WORK	''y					
로		2	Но	mema	ker					Ow	n Ho	me	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle	, Maiden 3	Surname)		
BE C	Lon Simmons						Ef	fie	Wealt	hy			
	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADORES	S (Street	and Numbe	r or Rural I	Route Number, C	ity or Town	n, State, Zi	p Code)	
2	Patrick S. Guilfo	yle (So	n) 4	715	17th	Sti	eet.	N.W	. Wash	. D	. C.	20011	ı l
	20e. METHOD OF DISPOSITION		20b. PLACE	OF DISPO								City or Tow	
	1 Donation 5 Other Specify	oval from State	Mt. (rt C	rema	torv	,		А	lex.	VA.	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1		22.	NAME A	ND ADDRE	SS OF FA					
	• //	1 1.			1	_			's Son	-			
	linon		man						Ave.,				20016
	23. PART i. Enter the diseases of ahock, or haert failure.				not enter	r the me	ode of dy	ing, auc	h es cerdiac	or reapi	ratory ar	rrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final	•											Onset and Death
	disease or condition resulting in death)	. 0	retror	ass	ula	- a	rec	de	x				
		DUE TO	O (OR AS A CONSE	QUENCE C	F):		12						
Z	Samura Matter Hat and distance	b	Mobile	ti	14	ul	eur	U					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):								
2	cause. Enter UNDERLYING CAUSE (Disease or injury	c											
E	that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	OUENCE C	F):								
EH	resolding in datath) EAST	d											
	PART II. Other significent condition	na contributing to	deeth but not	resulting	in the u	nderivir	a ceuse	olven in	Part i. 24a	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL										PERFOR	MEO?	-	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					-				— ¹º	YES 2	X NO		OF DEATH?
Σ													1 TES 2 NO
Z													
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			QTHE				eck only one)				
PHYSICIAN:	1 TYES 2 NO		ER/Outpetient			Y .		lesidence	8 Other (Sp				
	1 CHatural 5 Pending	28a, DATE O (Month,	Pay, Year)	28b. TH	JURY	W	JURY AT ORK?	¬	28d, DESCRII	BE HOW II	NJURY O	CCUREO	
BY	2 Accident Investigation			<u> </u>	-		YES 2	NO					
	3 Suicide 6 Could not be 4 Homicide determined		OF INJURY — At he , etc. (Specify)	ome, rarm,	stroot, tac	tory, on	ce		26f. LOCATIO City or To	wn, State)		er or Hural H	ioure number,
7	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	f my knowledge, d	eath occur	red at the	time, dat	e end plac	e, end due	to the ceuse(e) end mer	ner ee st	ated.	
COMPLETED	one) 2 MEDICAL EXAMIN	ER: On the basic of	examination end/or	Investigati	lon, in my	opinion,	death occu	ared at the	time, date end	place, en	d due to	the ceuse(e)) end manner ee stated.
C	29h. BIGHATUILL AND TITLE OF CERTIFIE	R					29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
0	A. Uundlata	10					1	36	7/6		•	9/11	191
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETEO CA	JSE OF DEATH (ITE	M 27) (Typ	e, Print)	ANDI	REM K	HINDE	RAT, MD			+	/ "
	ANDIEW Kund.	RAT	8317	CH5	a Ry	/	LAN	12	CAUR	FC,	M	720	707
	31. DATE FILEO (Morith, Day, Voar) SEP 13 91 Sun Davidson Aundale												

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he find within 72 hours after heart with the State Decr. of Health and Mental Hydiene prior to burial, cremation, or remonal.	9
the the	e deta	t onc
ed by	d blue	e pe
retair	5 sho	notif
ay be	page	pe 1
# 6 m	ector,	SIL
Pag.	ral dir	iner
death	fune L	ехаш
after	by the	Ical
nours	ed in	me
in 27	ely fill	the
d with	mplet.	event
ecute	and co	atic
B ad	ior to	raum
ificate	physical physical	her t
h cert	Hyaie	0 0
e deat	he att	luny,
hat th	and and	ny in
ires t	signer	WS 3
nbau A	been .	sho
he lav	has Deo	m 23
AN: T	Dificate Stat	r ite
PSICL	is cert	ed, o
VG PH	ter th	mark
ENDI	DR: Al	89
IR ATT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Ind. within 72 hours after heart with the State Dect. of Health and Mental Hydiere prior to burial. Cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TAL 0	MAL D	=
HOSP	FUNEF	ANT
THE	THE	Pom
2	22	3 =

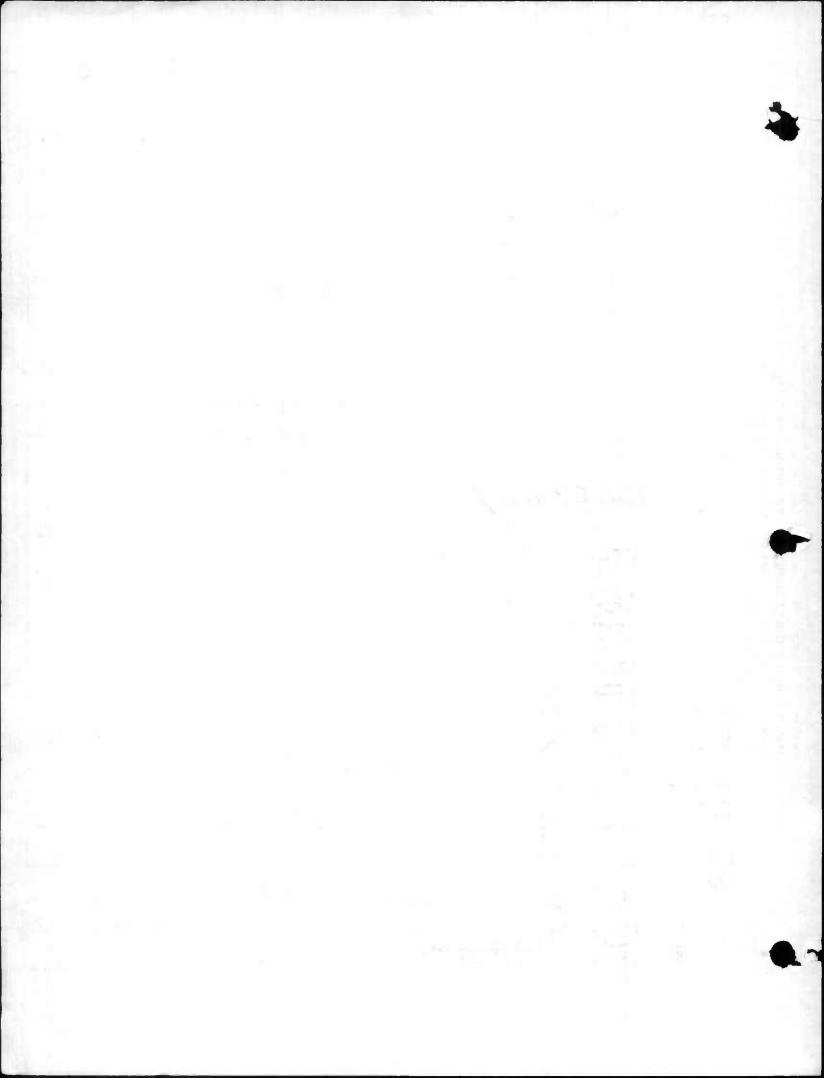
REGISTRAR					DEATH	MENTAL HYGIEN REG. NO		26382		
1. DECEDENT'S NAME (First, Middle, Last)	Rosabelle	Bowles	Guil	lot		2. DATE OF DEATH MONTH	2/9	YEAR 3. TIME DE DEATH		
4. SOCIAL SECURITY NUMBER 579-10-2207	5. SEX 6.	AGE (In yrs. last bir	thday) IF UND MONTH	ER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 19,	1916	a. BIRTHPLACE (State or Foreign Country) West Virginia		
9e. FACILITY NAME (If not institution, give s	treet and number)	1 116	9b. CI	TY, TOWN	OR LOCATION OF DI			NTY OF DEATH		
1320 Winding Way	Lane		Si	lver	Spring		Mor	ntgomery		
10e. STATE 10b. COUNTY	10	De. CITY, TOWN	DR LOCA	TION			10d. INSIDE CITY			
Maryland Monto	gomery		Silver	Spr	ing		1 YES 2 ND			
10e. STREET AND NUMBER				10	f. ZIP CODE		IZEN OF WHAT COUNTRY?			
1320 Winding Way	/ Lane				20	902	ted States			
11. MARITAL STATUS 1 Never Married 2 Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WNO IF YES, GIVE WAR OR DATES				3. WAS DEC If yes, sp 1 TYES	14. RACE — American Indian, Black, White, etc. Specity: White					
15. DECEDENT'S EDU	CATION	16a. DECED	ENT'S USUAL	OCCUPATI	DN	16b. KIND OF BU	SINESS/INC			
Elementary/Secondary (0-12) College (1-4 or 5+)					ost of working	Retail	cery Store			
17. FATHER'S NAME (First, Middle, Last)			Wrapp	CI	16. MOTHER'S NA	ME (First, Middle, Maiden		, 00010		
Theodore Bowles					(Unavai		sto			
190. INFORMANT'S NAME (Type/Print) Janet Sue Wharto	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
1 Total Walleting May Edito, Office Optime, 110 20002										
4 Donation 5 Dother (Specify)	20s. METHOD OF DISPOSITION 1X) Burlel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of commetery, crematory or other place) POTOMAC, United Methodist Church Cemetery Potomac, Maryland									
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause	On each line.			LUNG		matory an	Approximate interval Betwee Onset and De		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (DE	R AS A CONSEQUE	NCE OF):							
PART II, Other algorificant conditions contributing to death but not resulting in					the underlying cause gives in Part I. 24a. WAS AN AUTO PERFORMED 1 PERFORMED			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
1 YES 2 NO										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
1				28c. IN	JURY AT ORK?	5 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED				
2 Decident Investigation 3 Suicide 5 Could not be detarmined 28e. PLACE DF INJURY — At home, farm building, etc. (Specify)				1 [_	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
tea. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Do the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
one)										



20	physician.

STATE OF	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENI
	C	ERTIFICATE	OF	DEAT	H		REG. NO.

FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTI CERTIFIC			MENIAL HYGIEN REG. NO				
1. DECEDENT'S NAME (First, Middle, Lest, Joseph	Guandole	0	P	7	2. DATE OF DEATH MONTH September		3. TIME OF DEATH 91 5:40 A.		
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
073-34-7649	1 🔀 M 2 🗆 F	85 YRS.	ONTHS DAYS	HOURS MIN.	July 11,19		Country) Pennsylvania		
90. FACILITY NAME (If not institution, give Suburban Hospita				or LOCATION OF D ethesda	EAIH	tgomery			
RESIDENCE OF DECEDENT 10s. STATE 10b. COUN	w Manhattan		OWN OR LOC			10d. (N			
New York No. STREET AND NUMBER		New York				1 X YES 2 NO			
118 East 60th St			10022		United Sta				
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	ER IN U.S. ARMED ES 2 X NO R DATES	If yes,		en, Puerto Rican, atc.)	IGIN? (Specify Yee or No— rio Rican, atc.) 14. RACE — Americ Black, White, at Specify:				
	(Specify only highest grade completed)			DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			STRY		
	5+	Attorn	ey			te Pra	ctice		
17. FATHER'S NAME (First, Middle, Leet) Vincent Guandolo						E (First, Middle, Maiden Surname)			
19a. INFORMANT'S NAME (Type/Print)		19h MARI ING A	ODRESS (Street		nia Metta Boute Number City or To	Metta mber, City or Town, State, Zip Code)			
James N. Guandol	0					pad Potomac, Maryland 20			
20b. PLACE AND DATE OF OISPOSITION (Name of Community Co									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE ***Usell EBoven** M00672 ***MO0672									
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Sepsis	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):					Onset and De 5 day S 5 day S		
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part II. Metastatic Postute Cancer						RMED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	PLACE OF DEATH (C	theck only one) 6 Other (Specify)				
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJU (Month, Day, Ye		YY Y	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	JRED		
3 Suicide 6 Could not b	25e. PLACE OF IN. building, etc.	IURY — At home, farm, str (Specify)	et, factory, of	fice	28f. LOCATION (Street City or Town, State	t end Number o	r Rural Route Number,		
cond.	/SICIAN: To the best of my li						d. couse(e) and monner as stated		
290. SIGNATUSE AND TITLE OF CENTRE	mo			29c. LICENSE NU	JMBER 435	29d. DATE ▶ Q	SIGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON S	COMPLETED CAUSE OF		Medi		1 1		Spin 2090		



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMOHE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-centre after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	OF MARYLAND /		ATE OF			NTAL HYGIENI REG. NO.	t .		
	1. DECEDENT; S NAME (First, Middle, Last) JOS	E O GOME	Z-SAI	NCHEZ A	NC	HJ-Ž	DATE OF DEATH		EAR 3. TH	21233 M
	4. SOCIAL SECURITY NUMBER 6. SEX 1 N 2	F 8. AGE (In yrs. les		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 2	24 HRS. 7. I	DATE OF BIRTH	44/	BIRTHPLACE Country) Boli	(State or Foreign
OR	Shady Grove Advent	ist Hosp	SITA	b. CITY, TOWN O	CKV1	NOF DEATH		oc. COUNTY VION	TCON	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATI	ION				10d. I	INSIDE CITY
	MD Monto	jomery	R	ockvill			<u></u>			TES 2 NO
FUNERAL	100. STREET ANO.NUMBER . 210 Taylor Avenue			101.	ZIP CODE	0850			J.S.A	
B≺	1 Never Married %FWMarried FORCE	ECEDENT EVER IN U.S. AR S? 1 TYES 2 THE GIVE WAR OR DATES						Yea or No- 14. RACE — American Indian, Black, Whita, atc., Specify: White		
PLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th College ((G IIIIe	ilve kind of wor . Do NOT use :	sual occupation of done during most retired.)	N st of working	9	16b. KIND OF BUS	SINESS/INDUS	TRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)						First, Middle, Malden	,		
BE	Max Gomez-Sanchez 198. INFORMANT'S NAME (Type/Print)	1 40	h MAILINO A	ODBERG /Phone of			Number, City or Town			
٤	Maria E. Davile (D	1					110	le, MD 20850		
	*** METHOD OF DISPOSITION Burial 2 Cremation 3 - Ramoval from 5	20b. PLACE other pi	OF DISPOSIT	TON (Name of cen	netery, cremi	atory or	20c. LO	CATION - City	y or Town, St	tate
	4 Donation 5 Other (Specify)	Metr	copol				er. Al	exand	dria,	٧a
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SNOWDEN FUNERAL HOME P.A. 208 246 N. Washington St., Rockvil										
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only								t,	Approximata Interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	YOCARDIAI		FARCTI	ON Rel	70 n	/			Onsat and Death
z	Samuelally lies and the conditions of the Construction of the Cons									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): C. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significant conditions contribu	iting to death but not	reaulting in	tha undarlying	g cause g	lven in Par				E AUTOPSY FINDINGS
SICAL							PERFOR		COMF	ABLE PRIOR TO PLETION OF CAUSE EATH?
MED							_ /	/\		YES 2 NO
A	25. WAS CASE MEFERRED TO MEDICAL			26. PL	ACE OF OR	EATH (Check	only one)			
PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 Inpet	FAL: lent 2 ER/Outpatient :		OTHER:						
		OATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	RK7		d. DESCRIBE HOW	NJURY OCCUI	RED	
	2 Accident Investigation 28s. PLACE OF INJURY At home farm street factory office. 28st IOCATION (Street and Number of Rural Boute Number								Number,	
3 ☐ Suicide 8 ☐ Could not be detarmined building, etc. (Specify) City or Town, Sterie) 7410 WESTMOR								MORE	EPS RICKULUS	
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the filme, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the filme, data and place, and due to the cause(s) and manner as stated.									
BE.	29b. SIGNATURE AND TITLE OF CERTIFIER	My	//de	B	29c. LICE	NSE NUMBE	9 <i>G</i>	29d. DATE S	7/9/	M, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLE	TED CAUSE OF DEATH (ITE	EM 27) (Type, 1	LOW X	UB	BAT	HESDA	Mo	208	14
	31. DATE FILED (MONTH, Day, Year) SFP 12 '91	TUNA DAVIDO	Rendal	2						/

I The second of

right Egisterings

N 151 M

-104

meric.

matery or their teles

⋖	f
œ	fence
	000
	Š
	0
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	udth
87	read
9	2000
\tilde{c}	2
m	anda
Ö	Sarein
<u> </u>	ugo.
Ś	40
2	4
ō	40
EC	and and
α	1
A	1
E	F
>	CIAA
Ö	- CAN
Z	0
0	4
IS	-
5	6
	and the second of the fact that the fact the dead to dead by the second of the second
	:

	1. DECEDENT'S NAME		Lill ع	ian Ea			ner		2	MONTH DEATH	AY 100	YEAR	3. TIME OF DEAT
		N)			NUS	1				Sept. 1/,	199		11:05 F
	4. SOCIAL SECURITY I		5. SEX	6. AGE (in yrs.		MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	899	S. BIRTI	HPLACE (State or Fo
	9a, FACILITY NAME (#	3. 9572		92	Tha.	AL OIT	700404.0	0.10047	ON OF DEAT	6/9/99	Sc. COUN		Lowin
œ	98. PACILITY NAME (III	not institution, give	1 - 2	11		90. CIT	OI	T.	ON OF DEAL	0			_
DIRECTOR	RESIDENCE OF	DECEDENT	Ty Tour	sing H	mr	1-A	110	aTo.	111	D	10	NON	US
E I	10a. STATE	10b. COUN				TY, TOWN		ION					10d. INSIDE CITY LIMITS?
ā	Maryland	Cha	arles			Waldo	orf						1 - YES 2
A	10e. STREET AND NUM						101	. ZIP COD			10g. CITI	ZEN OF	WHAT COUNTRY?
i i	P. O. E	30x 84							2060			U.	5.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 3 Widowed 4	0.00	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2			If yes, sp	ecify Cubi		ORIGIN? (Specify Ye Puerto Rican, etc.)	s or No—	Spec	E — American Indick, White, atc. city: ite
		DECEDENT'S ED		16a.	DECEDENT	S USUAL O	CCUPATIO	ON		16b. KIND OF BU	SINESS/IND	-	100
E	(Special Elementary/Second	fy only highest gra ary (0-12)	college (1-4 or 5	+)	(Give kind of life. Do NOT L	ise retired.)		et of world	ng		_		
크	7		-		Sto	rekee	eper			Retai	1		
COMPLETED	17. FATHER'S NAME (FI			DEFT				18. MOT		(First, Middle, Malden	Sumame)		
BE C	George	Fitchet	tt						Mai	ry Mason			
10	19a. INFORMANT'S NA									te Number, City or Tox			
-		et L. Ro	Jwe					_	TOOL	f, Md. 20			
-5	20a. METHOD OF DISP 1 D Burlet 2 Cree		movel from State		CE ANO OAT					DATE 20c. LC	CATION —	City or T	own, State
	4 🖾 Donation 5 🗆	Other (Specify)		_ Trin	ity M					20-91 Wa	ldorf	·, M	d.
	21. SIGNATURE OF TU	NEHOLD BEIDFICE	DENSEE 4										
		KIDVA	w			22.	NAME A	ND ADDRE	SS OF FACIL	Home			
		he diseesea, o or heart fellun (Final	or complications the	rse on eech l	line.	not ente	· 0	. Bo		, Waldorf	•		Approxim interval B
FICATION	23. PART I. Enter tahock, IMMEDIATE CAUSE disease or condition reaulting in death) Sequentially list or if any, leading to in cause. Enter UNDE CAUSE (Disease or CAUSE (Disease or Inter Inter Inter Inter Inter Inter Int	the diseases, of or heart fellume. E (Final on	or complications the	t ceueed the	line.	not ente	· 0	. Bo	x 156	, Waldorf	•		Approxim interval B
RTIFICATION	23. PART I. Enter the ahock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list or if any, leading to it cause. Enter UNDE	he disease, of or heart fellung. E (Final on	or complications the	ot couced the use on each i	line.	not ente	· 0	. Bo	x 156	, Waldorf	•		Approxim interval B
IEDICAL CERTIFICATION	23. PART i. Enter t ahock, iMMEDIATE CAUSE disease or condition reaulting in death) Sequentially list or if any, leeding to in cause. Enter UNDE CAUSE (Disease or that initiated event reaulting in death)	or heart feilure (Final on	or complications the Liet only one certain out to the Liet only out to the Liet only out to the Liet only out to the Liet only out to the Liet only out to the Liet only out to the Liet only out to the Liet only out to the Liet only out to the Liet only out to the Liet only out to the Liet on Lie	OR AS A CON	ISEQUENCE (orp:	r the mo	Bo:	× 156 ing, euch	, Waldorf ae cardiec or reap	iratory an	rest,	Approximintarval B Onset and Onset a
MEDICAL	23. PART i. Enter t ahock, iMMEDIATE CAUSE disease or condition reaulting in death) Sequentially list or if any, leeding to in cause. Enter UNDE CAUSE (Disease or that initiated event reaulting in death)	or heart feilure (Final on	or complications the e. Liet only one cer.	OR AS A CON	ISEQUENCE (orp:	r the mo	Bo:	× 156 ing, euch	, Waldorf ae cardiec or reap	N AUTOPSY RIMED?	rest,	Approximintarval B Onset and Onset a
MEDICAL	23. PART I. Enter to ahock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list or if any, leading to it cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other aign	he disease, of or heart fellund. E (Final product) Conditions, mmediate ERLYING r (njury la LAST	or complications the Liet only one certain Due to D	OR AS A CON	ISEQUENCE (or):	r the mo	Bo:	× 156 ing, euch	waldorf ae cardiec or reap art i. 24e. WASAI PERFO 1 YES	N AUTOPSY RIMED?	rest,	Approximintarval B Onset and Onset a
SICIAN: MEDICAL	23. PART I. Enter tahock, IMMEDIATE CAUSE disease or condition reaulting in death) Sequentielly list or if eny, leeding to it cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other aign	or heart fellung (Final on bonditions, mmediate FRILYING r injury la LAST	onship MC or complicatione the c. Liet only one cer a. DUE TO d. One contributing to	OR AS A CON	ISEQUENCE (orp:	r the mo	g couse	x 156 ing, euch	waldorf ae cardiec or reap art i. 24e. WASAI PERFO 1 YES	N AUTOPSY RIMED?	rest,	Approximintarvei B Onset and Onset a
HYSICIAN: MEDICAL	23. PART I. Enter the ahock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list of if any, iseding to incause. Enter UNDE CAUSE (Disease on that initiated event resulting in death) PART II. Other alguments of the cause of the	or heart fellung (Final on bonditions, mmediate FRILYING r injury la LAST on MEDICAL of the conditions of the condition	or complications the Liet only one cet to bu	OR AS A CON OR AS A CON OR AS A CON COR AS A	ISEQUENCE (SECUENCE OF TREATMENT OF TREATMEN	OF): OTHE 4 Mule OF	r the mo	g couse	x 156 ing, euch given in P.	waldorf ae cardiec or reap art i. 24a, WAS AI PERFO 1 YES	N AUTOPSY RMED?	24	Approximintarval B Onset and Onset a
PHYSICIAN: MEDICAL	23. PART I. Enter to ahock, IMMEDIATE CAUSE disease or condition reaulting in death) Sequentially list or if any, leeding to incause. Enter UNDE CAUSE (Disease or that initiated event reaulting in death) PART II. Other aligned in the cause of the cau	or heart fellung (Final on bonditions, mmediate FRILYING r injury la LAST on MEDICAL of the conditions of the condition	DUE TO B. DUE TO B. DUE TO B. DUE TO Conscious the contributing to HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month, L.)	OR AS A CON OR AS A CON OR AS A CON COR AS A	ISEQUENCE (SECUENCE OF TREATMENT OF TREATMEN	OF): OF): OTHE	r the mo	g couse	x 156 ing, euch	waldorf ae cardiec or reap art I. 24a. WAS AI PERFO 1 YES k only one)	N AUTOPSY RMED?	24	Approximintarvei B Onset and Onset a
D BY PHYSICIAN: MEDICAL	23. PART I. Enter the ahock, IMMEDIATE CAUSE disease or condition reaulting in death) Sequentielly list or if eny, leeding to incause. Enter UNDE CAUSE (Disease or that initiated event reaulting in death) PART II. Other aignormal incomplete in the initiated event reaulting in death) 25. WAS CASE REFERE EXAMINER? 1 YES 2 TOTAL INITIAL IN	onditions, mmediate ERLYING r injury a LAST	DUE TO DUE TO	CON AS A CON CON A	ISEQUENCE (ISEQUE	OF): OF): OF): OF): OF): OTHER OF, UURY ME OF	r the mo	g couse	given in Property of the control of	waldorf ae cardiec or reap art I. 24a. WAS AI PERFO 1 YES k only one)	N AUTOPSY RMED? 2 AN NO INJURY OC	24	Approximintarval B Onset and Onset a
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter to ahock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list or if any, leeding to it cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other aligned in the cause of the ca	he disease, of or heart fellung. E (Final on bonditions, mmediate ERLYING injury in LAST on MEDICAL of the first of the first of the first on the first of the first on the first of the first on the first of the first on the first of the f	DUE TO DUE TO	to ceueed the use on each I	ISEQUENCE (ISEQUE	OF): OF): OF): OF): OF): OTHER OF, UURY ME OF	r the mo	g couse	given in Property of the control of	Waldorf ae cardlec or reap art i. 24a, WAS AI PERFO 1 YES k only one) Other (Specify) 28d, DESCRIBE HOW	N AUTOPSY RMED? 2 AN NO INJURY OC	24	Approximintarval B Onset and Onset a
LETED BY PHYSICIAN: MEDICAL	23. PART I. Enter tahock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list or if any, leeding to in cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other aignition of the condition or heart feilung (Final on bonditions, mmediete ERLYING or injury la LAST on MEDICAL of the month of the mon	DUE TO DUE TO	t ceueed the use on each i (OR AS A CON (OR	isequence of isequence of recutting of recutting at 3 DOA 28b. Till it home, farm	OF): OF): OTHE 4 DHUME OF LURY M, street, fact	r the mo	g couse LACE OF THE S P DRIVEY YES 2	given in P	waldorf ae cardiec or reap art i. 24a. WAS AI PERFO 1 YES k only one) Other (Specify) 28d. DESCRIBE HOW City or Town, State o the cause(a) and me	N AUTOPSY RMED? 2.70 NO INJURY OC and Number	24 24 24 24 24 24	Approximintarval B Onset and Onset a	
COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the ahock, IMMEDIATE CAUSE disease or condition reauting in death) Sequentially list or if any, leeding to incause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other alg. 25. WAS CASE REFERE EXAMINER? 1 Yes 2 Yes	centrying PH MEDICAL EXAM	DUE TO Liet only one cet DUE TO DUE	t ceueed the use on each i (OR AS A CON (OR	isequence of isequence of recutting of recutting at 3 DOA 28b. Till it home, farm	OF): OF): OTHE 4 DHUME OF LURY M, street, fact	r the mo	g couse LACE OF THE 5 F JURY AT DRICY YES 2 The a and place death occurrence	given in P. DEATH (Chec seldence 8	waldorf ae cardiec or reap art i. 24e, was Ai PERFO 1 YES k only one) Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State othe cause(a) and me	N AUTOPSY RMED? 2.2 NO INJURY OC and Number	24 CCURED The cause	Approximintarval B Onset and Onset a
LETED BY PHYSICIAN: MEDICAL	23. PART I. Enter tahock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list or if any, leeding to in cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other aignition of the condition centrying PH MEDICAL EXAM	DUE TO Liet only one cet DUE TO DUE	t ceueed the use on each i (OR AS A CON (OR	isequence of isequence of recutting of recutting at 3 DOA 28b. Till it home, farm	OF): OF): OTHE 4 DAY ME OF LJURY M , street, fac	r the mo	g couse LACE OF THE 5 F JURY AT DRICY YES 2 The a and place death occurrence	given in P	waldorf ae cardiec or reap art i. 24e, was Ai PERFO 1 YES k only one) Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State othe cause(a) and me	N AUTOPSY RMED? 2.2 NO INJURY OC and Number	24 CCURED The cause	Approximintarval B Onset and Onset a	
COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter tahock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list of if eny, iseding to incause. Enter UNDE CAUSE (Disease of that Initiated event resulting in death) PART II. Other alguments of the condition of the cause of the	he disease, of or heart fellung or heart fellung (Final on heart fellung) (Final on heart fellun	DUE TO Liet only one cet DUE TO DUE	of ceueed the use on each in the use on each in the use on each in the use on each in the use on each in the use on each in the use of the use	isequence of isequ	OF): OF):	r the mo	g couse LACE OF THE 5 F JURY AT DRICY YES 2 The a and place death occurrence	given in P. DEATH (Chec seldence 8	waldorf ae cardiec or reap art i. 24e, was Ai PERFO 1 YES k only one) Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State othe cause(a) and me	N AUTOPSY RMED? 2.2 NO INJURY OC and Number	24 CCURED The cause	Approximintarval B Onset and Onset a

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-20us after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. For filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

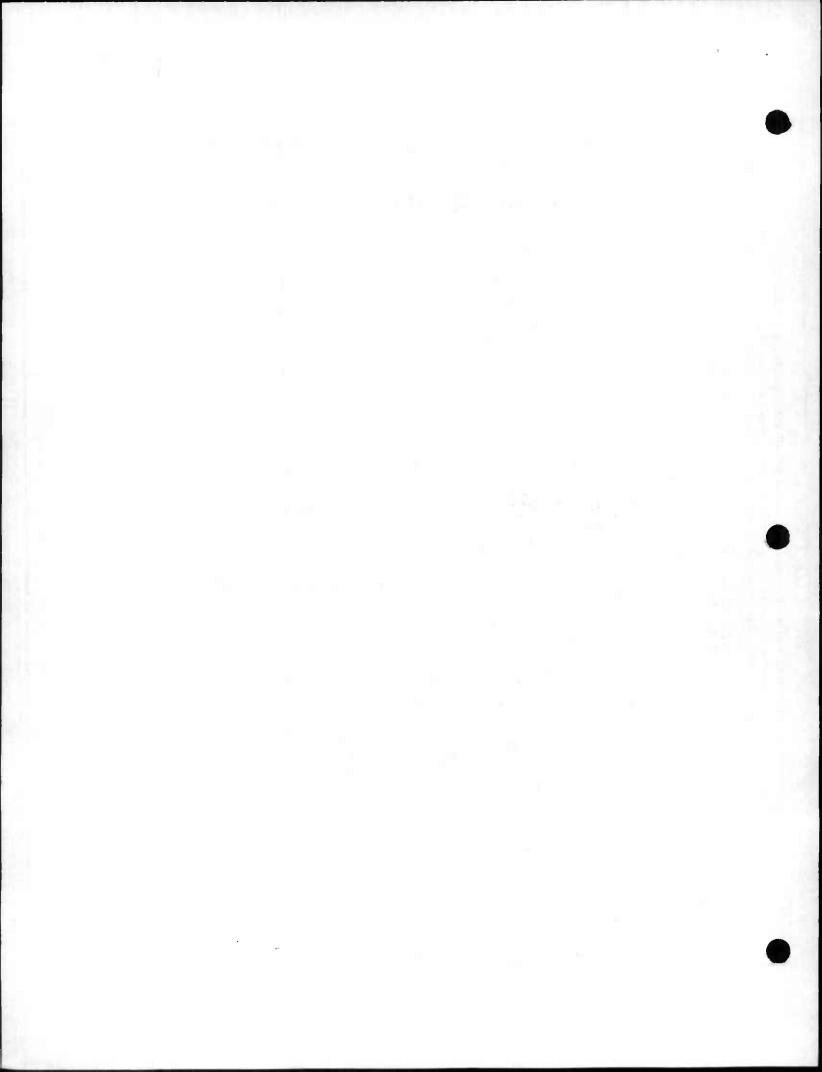
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL		IMENI OF H		MENIAL HYGIENI REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) Rodger	B. Gunby				2. DATE OF DEATH	9 1 YEAR	3. TIME OF DEATH 5:55 p.m.
4. SOCIAL SECURITY NUMBER 218-05-8574	5, SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 28, 19	Cou	THPLACE (State or Foreign intry) OMOKE CITY
9a. FACILITY NAME (If not institution, give str			9b. CITY, TOWN O	OR LOCATION OF DE		9c. COUNTY OF	
BERLIN NURS	SING HOME		BER	LIN		WORCE	STER
10a, STATE 10b, COUNTY	ESTER -	10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
				LIN			1 YES 2 X NO
100. STREET AND NUMBER 11041 DOE DRIVE				. ZIP CODE .1811		USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	Ble	cE — American Indian, ack, White, etc. pc/l/x: LACK
15. DECEDENT'S EDUC (Specify only highest grade of			USUAL OCCUPATION		16b. KIND OF BUS	INESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+) -2YRS.	LABORI	se retired.)		CARPENT	ER	
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden		
GEORGE 190. INFORMANT'S NAME (Type/Print)	GUNBY	10h MAII ING	ADDRESS (Stenet		ELIZABETH Route Number, City or Town		
ELI ZABETH SN	ITH				N, MD. 218		
20a, METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Hemo	oval from State	EVERGREE	SITION (Name of ce	metery, crematory or		RLIN, M	Verience och
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		LVENGILLI					
Foreita &	Solley		JULL SALI	EY MEMUR SBURY, M	TAL CHAPEL D. 21801	, RTE.	2, BOX 920
23. PART I. Enter the diseases, or c shock, or heart fellure. I			not enter the mo	de of dying, suc	h es cerdiec or reepi	ratory erreat,	Approximate Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Ch		PROSL	nte	9mits	him	Opent and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE O					
PART II. Other eignificent condition	s contributing to death	but not resulting	in the underivin	a cause given in	Pert i. 24s. WAS AN	AUTOPSV 2	24b. WERE AUTOPSY FINDINGS
81/2/2	me e			g caces given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
Jenil	, m						1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C	neck only one)		
1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Ou	tpatient 3 DOA	OTMER:	ne 5 🗆 Rasidenca	6 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. Till IN.	JURY W	JURY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURED	
2 Accident Investigation 3 Suicide e Could not be determined	28e. PLACE OF INJUR building, etc. (Sp	Y — At home, farm, ecity)	street, factory, offi	CO .	281. LOCATION (Street City or Town, State)	and Number or Rui	el Route Number,
CONSUM UNITY	CIAN: To the best of my kno						se(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER		7		29c, LICENSE NU		29d. DATE SIGN	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type			12	D	lu mo
31. DATE FILED (Month, Day, Year)	12. REGISTRAR'S SIG	RKI M	N Vn	1109	ome.	Bu	en mo
SEP 17 91	fall this	Aprile					

· III

	1 - STATE REGISTRAR		CERTIF	ICATE C	F DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Hazel Chai	rlotte	Good			0.0	6 1991	
- 1			(In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	0. BIF	THPLACE (State or Foreign
		1 □ M 2 ⋈ F 7	7 YRS.	MONTHS DA		March 16,		aryland
4	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TO	VN OR LOCATION OF D	EATH	9c. COUNTY OF	DEATH
P.	Physicians Memoria	1 Hospital			LaPlata			harles
REC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	OCATION			10d. INSIDE CITY LIMITS?
ā		rles	I	ndian H	lead			1 YES 2 NO
₹	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
	Rt. 2 Box 10				20640		USA	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR I	2 NO	If yes	DECENDENT OF HISPA I, specify Cuban, Mexic YES 2 NO Speci	.NIC ORIGIN? (Specify Ye en, Puerto Rican, etc.) fly:	BI Sp	ACE — American Indian, ack, White, atc. activ: White
0	15. DECEDENT'S EDUCA	TION	18e. DECEDENT'S	USUAL OCCU	PATION	16b. KIND OF BU	JSINESS/INDUSTRY	
	(Specify only highest grade or Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	(Give kind of life. Do NOT u	work done duringse retired.)	g most of working			4
립	11 .		Hous	sewife		Home		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N.	AME (First, Middle, Meide	n Surname)	
BE	William Eugene Ris	son			Matti	e Elizabet	h Bowie	
10	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or To		
-	Mary Gillispie		P. 0	. Box 5	82, India	n Head, Mo	20640	
	20e. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remov	al from State	0b. PLACE AND DAT	E OF DISPOSIT	TION (Name	1	OCATION — City or	
	4 Donation 6 Other (Specify)	H	cemetary, cremator Untt Crei			9-17-91 W	Waldorf,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE F. Ridgely Hu	hours	10	Hunt	t Funeral		Md 20	CO4 0156
	23. PART I. Enter the diseases, pr cp							Approximate
1	ahock, or heert fellure. Li IMMEDIATE CAUSE (Finel disease or condition recutting in death) a.	st Dnly one ceuse on		uyoca	ideal I	Infauter	A	Interval Between Onset and Deeth
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	Electro DUE TO (OR AS Prob	A CONSEQUENCE C	ardi	ar Ru	ptur		
ERT	resulting in death) LAST d.							
١١	PART II. Other significent conditions	contributing to death	but not resulting	in the under	lying ceuse given le	n Part i. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL						1 YES		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				8. PLACE OF DEATH (C	Chack only one)		
[[HOSPITAL: 1뛺 Inpatient 2 ☐ ER/Ou	trettest 2 - 504	OTHER:				
PHYSICIAN: ME	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 284	Home 5 Residence : INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED)
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, stc. (Sp	RY — At home, ferm,			28f. LOCATION (Stree City or Town, State		ral Route Number,
COMPLETED	(oneon only	IAN: To the best of my kno						se(a) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	nd B	ule u)	D 010			NED (Morith, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO Henry L. Burke M.	D. 115 A	La Grange	e, Print) Ave.	P.O. 591	LaPlata Md		
	31. DATE FILES MONTH, Day, Year)	32. REGISTRAR'S SIG	MATURE MANAGEMENT					

	1 - STATE REGISTRAR 1. DECEDENT'S HAME (First, Middle, Last)	STATE OF MARY	CERTIFIC	ATE OF	DEATH		REG. NO.	
	AGNES	GRIF	FITH	_		2. DATE O MONTH	9 DAY 9/	SEAR S: 3.
1)	4. SOCIAL SECURITY HUMBER 218-58-2150	1 D M 2 R F 9:	MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, AUg.	Day, Year)	6. BIRTHPLACE (State or Fo
CTOR	98. FACILITY HAME (If not institution, give str Souther Man RESIDENCE OF DECEDENT	yland (Ha	D. Coka	CU CU	nfon			G. Count
DIREC	10s. STATE 10s. COUNTY Maryland Princ	e George	1 1 2 2 1 2	own on Loca	Tion 1boro			10d. IHSIDE CITY LIMITS? 1 X YES 2
FUNERAL	7610 Croom Stat	ion Dd			M. ZIP CODE 2077	2		EN OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Hever Merrled 2 Merrled 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR O	2 3HO	If yes, sp	CENDENT OF HISPA Decify Cuben, Mexico S 2 HO Specifi	NIC ORIGIN?	(Specify Yes or No-	S.A 14. RACE — American India Black, White, etc. Specify: Black
ETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	JAL OCCUPATE done during mo tired.)	X OH ost of working	16b, K	(IND OF BUSINESS/IND	
COMPL	12		Domest	ic			Homemake	r
	17. FATHER'S HAME (First, Middle, Lust) Joseph Proctor						ddle, Malden Surname)	
BE	19e. IHFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street)			OCTOR	Cordel
2	Girard Griffit	h	S/A	(Trends of Figure	r core reprison,	, only or rown, State, 2/p	Code)
	20a. METHOD OF DISPOSITION 1	val from State 20	b. PLACE AHD DATE OF D	ISPOSITION (Na	ame of	DATE	20c. LOCATION — C	City or Town, State
	4 Donation 5 Other (Specify)	M	t.Carmel	Cem.		9/13/	91Upper	Marlboro
	X 11 1 E	+		22. NAME A	ND ADDRESS OF FA	A d	ams Fune	ral Home
H	23. PART I. Enter the diseases, or co	molications that cause	d the death Do ant	Aqua	sco Ma	rylan	d 20608	eat, Approxima
	shock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	RENAL DUE TO JOR AS CONGES		FF.'C	SENC	Y		Interval Ba Onset and
TION	Sequentially list conditions, if any, leading to immediate	ONG ES	TIME HE	EART	FAIL	LUR	E	
ERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):					
O	PART II. Other aignificant conditiona	contributing to death t	out not resulting in the	e underlying	a cause given in	Part i 2	4a. WAS AN AUTOPSY	Tan was used
DICAL	RESPIRATOR	y tailu	RE		g cooo given in		PERFORMED?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR 1 COMPLETION OF CA
MEDI	CARDIAC	ARRIANTI	tmiA				_ 1E3 2 _ NO	OF DEATH?
AN:	MEMIA							
SICI		HOSPITAL:		HER:	ACE OF DEATH (Ch			
PHY	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF		URY AT		Specify) NBE HOW INJURY OCCU	IRED
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	wo	YES 2 NO	200.0200	THE TION MOON! OCC.	ones.
ETED (3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	(— At home, farm, street city)	, factory, office	•	28f. LOCATE City or 1	OH (Street and Number of Town, State)	or Rural Route Number,
OMPL	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my know On the basis of examination	riedga, death occurred at n and/or investigation, in	the time, data my opinion, d	and place, and due	to the cause((e) and manner as stated	d.
) BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Thu	mp		29c, LICENSE HUN			SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO RAN. SAMTAN	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print	913	1 PISCA	TAV	VAN R	D CHM9
	SEP 1 8 '91	32. REGISTRAR'S SIGN	ATURE Mandall					



FOR STATE REGISTRAR

			iffith		3-	7. DATE O	13	9		29 P
	214-07-1055 x	X M 2 □ F 85	YRS. MON	UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, 06	Day, Year) -24-06	W	est	E (State or Foreign Virgi
TOR	9a. FACILITY NAME (If not institution, give street Solomons Nursing RESIDENCE OF DECEDENT				Frede:			Calve		
DIREC	Md. Calver	t		Leona		ld.	20685			INSIDE CITY LIMITS? YES 2 X NO
ERAL	5424 Beach Drive				20685		10	09. CITIZEN USA	OF WHAT	COUNTRY?
BY FUN	11. MARITAL STATUS 12. 1	WAS DECEDENT EVER IN U. FORCES? 1 X YES IF YES GIVE WAR OR DATE	2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica 2 NO Specify	n, Puarto R			RACE — A Black, Wh Specify: White	
LETED			(Give kind of work life. Do NOT use rel	done during mo		1300	air Cut		'FIY	
COMPL	Grade 11 17. FATHER'S NAME (First, Middle, Last) John F. Griffith	1	Barber		18. MOTHER'S NA	ME (First, N	liddle, Meiden Sur			
TO BE	19a. INFORMANT'S NAME (Type/Print)	(III: 5-)	The state of the s		and Number or Rural I	Route Numb	er, City or Town, S			06.05
	Dorcas E. Griffith 20a. METHOD OF DISPOSITION 1	from State 20b. P	tropolita	ON (Name of cer		Leo	20c. LOCAT	TION — City	or Town, S	
	21. SIGNATURE OF FUNERAL SERVICE LICENS			Rauso	nd ADDRESS OF FA ch Funera Republic	1 Ho	me, 440	5 Bro	omes	
CERTIFICATION	Sequentially list conditions, if eny, leading to immediata cause. Enter UNDERLYING	OUE TO (OR AS A C	ONSEQUENCE OF):							
	CAUSE (Disease or Injury that Initiated events resulting in death) LAST				PERFORM					
MEDICAL CER	that initiated events resulting in death) LAST PART II. Other significant conditions of	ontributing to deeth but	not resulting in t	ha underlyin	g cause given in	Part I.	24a. WAS AN AU PERFORMI 1 - YES 2	ED?	AVA COI OF	VILABLE PRIDA TO
SICIAN: MEDICAL	PART II. Other significant conditions of the con	OSPITAL:	In lon	28. P	LACE OF DEATH (C)	eck only on	PERFORMI 1 VES 2	NO	AVA COI OF	ILABLE PRIDE TO MPLETION OF CAUS DEATH?
BY PHYSICIAN: MEDICAL	that Initiated events resulting in death) LAST DART II. Other significant conditions of the condition	OSPITAL: Inpetlant 2 ER/Outpetl 26e. DATE OF INJURY (Month, Day, Year)	iant 3 DOA 8	28. P THER: Nursing Hor	LACE OF DEATH (C) ne 5 Residence JURY AT ORK? YES 2 NO	8 Othe	PERFORMI 1 YES 2 (e) (Specify) CRIBE HOW INJ	NO NO URY OCCUR	AVA COI OF 1 E	NILABLE PRIDR TO MPLETION OF CAUS DEATH?
PLETED BY PHYSICIAN: MEDICAL	that Initiated events resulting in death) LAST d PART II. Other significant conditions of the co	OSPITAL: Inpetiant 2 ER/Outpet 26e. DATE OF INJURY (Month, Day, Veer) 28a. PLACE OF INJURY - building, etc. (Specify	iant 3 DOA 28b. TIME 6 INJUR	28. P THER: Nursing Hor F 28c. IN M 1 et, fectory, office	LACE OF DEATH (Cr. ne 5 Residence JURY AT JURY AT JURY 2 NO ce a and place, and due	8 Othe 28d. DES	PERFORMI 1 YES 2 Tr (Specify) CRIBE HOW INJ ATION (Street and or Town, State)	URY OCCUR	AVA COI OF 1 [NILBLE PRIDR TO MPLETION OF CAUS DEATH? YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	that Initiated events resulting in death) LAST d PART II. Other significant conditions of the co	OSPITAL: Inpettant 2 ER/Outpett 26e. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY - building, etc. (Specify	iant 3 DOA 28b. TIME 6 INJUR	28. P THER: Nursing Hor F 28c. IN M 1 et, fectory, office	LACE OF DEATH (Cr. ne 5 Residence JURY AT JURY AT JURY 2 NO ce a and place, and due	8 Othe 28d. DEs 28f. LOC City a to the case time, data	PERFORMI 1 YES 2 To Specify) CRIBE HOW INJ ATION (Street and or Town, State) see(a) and manner and place, and	URY OCCUR	ANA COID OF 1 [NILBLE PRIDR TO MPLETION OF CAUSE DEATH? YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	that Initiated events resulting in death) LAST d	OSPITAL: Inpetlant 2 ER/Outpetl 26e. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY - building, etc. (Specify N: To the best of my knowled on the best of axaminstion of	iant 3 DOA 26b. TIME 6 INJURY	28. P THER: Nursing Hor Nursing Hor F 28c, IN. W M 1 et, factory, office at the time, dat in my opinion,	LACE OF DEATH (C) ne 5 Residence JURY AT DRK? YES 2 NO ce a and place, and dui death occured at the	8 Othe 28d. DEs 28f. LOC City a to the case time, data	PERFORMI 1 YES 2 To Specify) CRIBE HOW INJ ATION (Street and or Town, State) see(a) and manner and place, and	URY OCCUR	ANA COID OF 1 [MPLETION OF CAUS DEATH? YES 2 NO Number,

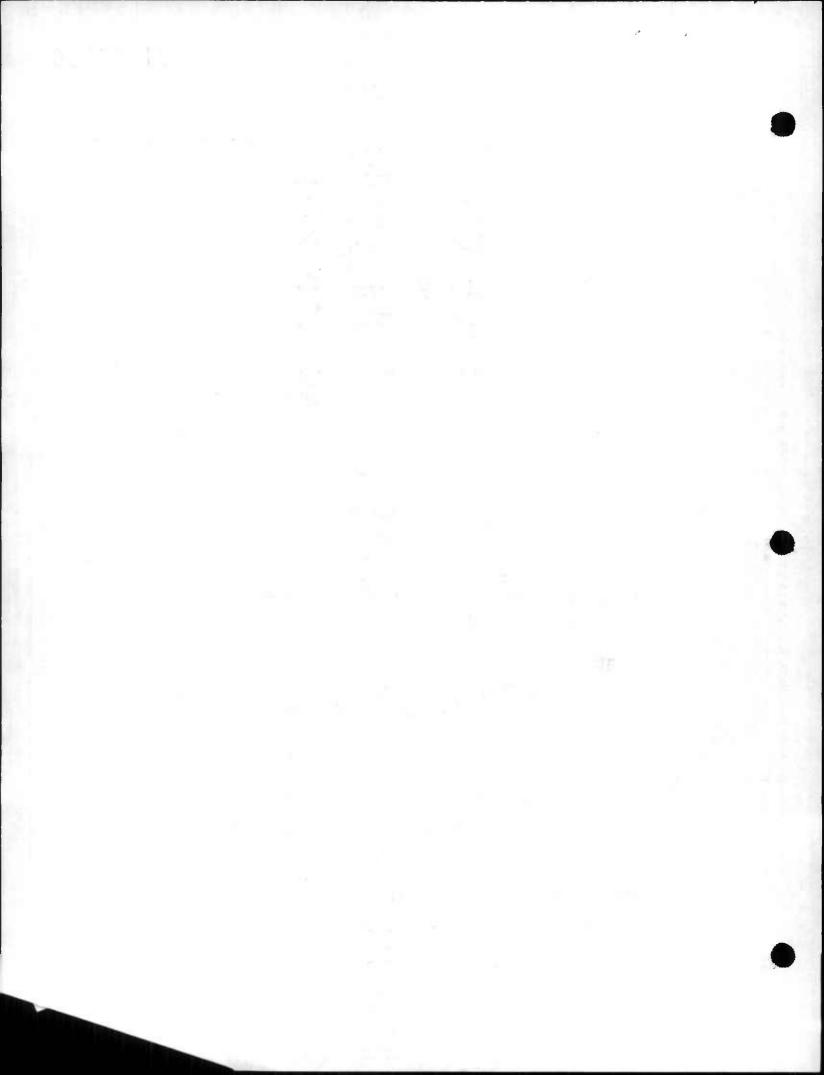
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

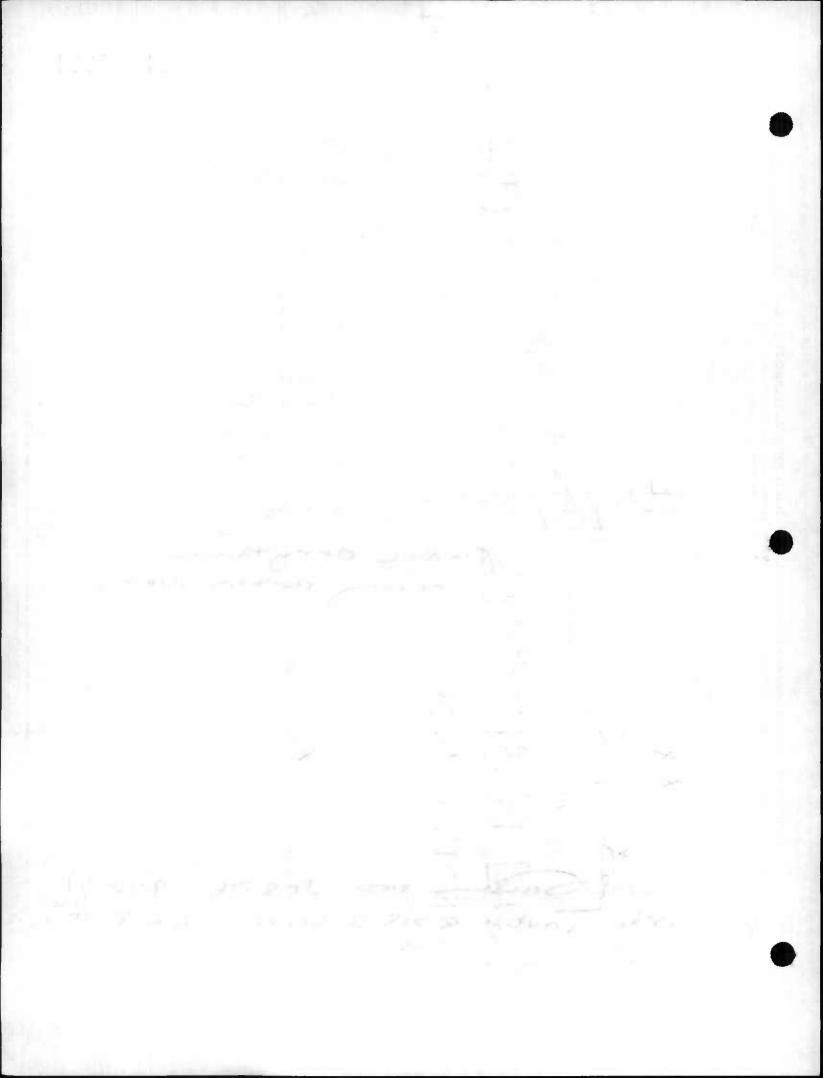
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR		CERTIF	ICATE	OF D	EATH	MENTAL HYGIE REG. N			
1. DECEDENT'S NAME (First, Middle, Last) Harold John God	henauer		//			2. DATE OF DEATH MONTH Sept. 21	DAY 199	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 172-05-9688	5. SEX 1 M 2 F	8. AGE (In yrs. last birthday) 77 YRS.			F UNDER 24 HRS. OURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 8, 19	14	Coun	HPLACE (State or Foreign lry) caster, PA
9a. FACILITY NAME (If not institution, give a Union HOspital	street and number)			ton (LOCATION OF		9c. CO	ecil	DEATH
RESIDENCE OF DECEDENT 10a, STATE 10b. COUNT	Υ		TY, TOWN OR	LOCATION	4.0				10d, INSIDE CITY LIMITS?
PA Lanc:	aster	Cla	y Twp	-	PCODE		10g. CI	TIZEN OF	1 YES ZXX NO
975 Hope Ave.	12. WAS DECEDENT	EVER IN U.S. ARMED	13. W	_	7543 DENT OF HISE	ANIC ORIGIN? (Specify		SA 14. RAC	E — American Indian,
1 Never Married 2 Merried 3 V Widowed 4 Divorced		Y YES 2 NO	, If:	yes, specif		icen, Puerto Rican, etc.)		Spe	white, etc. White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT (Give kind o life. Do NOT	S USUAL OCC f work done du use retired.)	CUPATION wing most o	of working	16b. KIND OF E		NDUSTRY	
17. FATHER'S NAME (First, Middle, Last)		Forema	ın		MATHER'S	Const			0.
John Gochenauer						e Withers	en sumame)		
19e. INFORMANT'S NAME (Type/Print)		100	and the same of		Number or Rur	al Route Number, City or 1			
Patricia A. Ada	ir					d.,Stevens			
20s. METHOD OF DISPOSITION 1 Burlel 2 □ Cremetion 3 □ Rem	noval from State	of cemetary, cremato	ry or other pla	cel		DATE 20c.			
4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Riverview	22. N	AME AND	ADDRESS OF	9/24/91 FACILITY Fre	d F	Grof	f. Inc.
John Bad	homas	- #082	2	34 W.	Oran	ge St.,Lan	caste	r,PA	17603
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	- Gald	OR AS A COMMEDITINCE	arth	Tor	eleno	M)			/Mr.
PART II. Other significant condition	lenty	alcohole	g in the und	eletying o	cause given	PERI	AN AUTOPS FORMED?	Y 24	Ib. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1	OTHER	:		(Check only one)			
1 TYES 2 NO 27. MANNER OF DEATH	28e. DATE OF	ER/Outpatient 3 DOA	IME OF	ng Home 28c. INJUR		28d. DESCRIBE HO	W INJURY C	CCURED	
1 Netural 5 Pending Investigation	(Month/Da	ny, Year)	NJURY M	WORK					
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, o	FINJURY — Al home, fern etc. (Specify)	n, street, facto	ry, office		281. LOCATION (Str. City or Town, St	net and Numi	ber or Rura	f Route Number,
(Crieck only		my knowledge, death occu							o(a) and manner as stated
29b. SIGNATURE AND TITLE OF CENTURE	Su. 1	Ma		2	POC. LICENSE	NUMBER 9 109	29d. D	ATE SIGNI	ED (Monte, Dey, Year)
30. NAME AND ADDRESS OF PERSON W					11/1	7/		1/5	44
Peter Stavra	kis 106	ROW S+ E.	12+00	MD	21021				/



		CERTIFICA	TE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	mon			2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	TON EDWARD		NOER 1 YEAR IF UNDER 24 HRS.	SEPT. 8,	1991	10:30 A IPLACE (State or Foreign
212-18-5192 9a. FACILITY NAME (If not institution, give s	5€3¢M 2 □ F	81 YRS. MONTH		(Month, Day, Year) 4-10-10	Count	ryland
12320 Middle R			ilver Sprin		Montg	
10e. STATE 10b. COUNTY	ntgomery		un on Location ilver Sprin	ıg		10d, INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 12320 Middle Ro	oad		101. ZIP COOE 2090	16	USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 ⊠NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 27 HO Specify	NIC ORIGIN? (Specify Yes o an, Puerto Ricen, etc.)	r No- 14. RAC	E - American Indien, ik, Whita, etc.
15. OECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT use retire	one during most of working ed.)	16b. KIND OF BUSI	NESS/INDUSTRY	
5th		Ga	rdner	None		
17. FATHER'S NAME (First, Middle, Last)			100 CH 100 MIN	AME (First, Middle, Malden S	urname)	
James Hackett 19a. INFORMANT'S NAME (Type/Print)		19b. MAII ING ADDI	DOY RESS (Street and Number or Rural	othy Hall	State Zin Codel	
Ida Mae Hacket	+ (wife)		Middle Road			MD 2000
X3-Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE UN	Mut	emetary crematory or off ual Mem	Cemetery 22. NAME ANO ADDRESS OF F SNOWDEN FUI ROCKVILLE,	ACILITY NERAL HOME		
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	e. DUE TO (OR AS A	CONSEQUENCE OF:	orry ar	thomas	.c(e re	Onset and Dee
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	C	CONSEQUENCE OF):	3			İ
that initieted events resulting in death) LAST	d					İ
	dna contributing to deeth bu	It not resulting in the	e underlying ceuse given is	n Part I. 24a. WAS AN A PERFORI	AED?	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other algnificant condition	dna contributing to deeth bu	ut not resulting in the		PERFORI	AED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
reaulting in death) LAST	na contributing to deeth but to	от	e underlying ceuse given in 26. PLACE OF DEATH (C HER: Nursing Home 5	PERFORM 1 YES 2	AED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. YES 2 NO 27. MANNEB OF DEATH Natural 5 Pending	HOSPITAL:	от	26. PLACE OF DEATH (C	PERFORM 1 YES 2	MED? □ NO	COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. VES 2 \(\text{NO} \) 27. MANNER OF DEATH 1. Natural 5 \(\text{Pending} \)	HOSPITAL: 1 Inpatient 2 ER/Outpi 28a. DATE OF INJURY (Month, Day, Year)	atient 3 DOA OT: 28b. TIME OF INJURY — At home, farm, street,	26. PLACE OF DEATH (C HER: Nursing Home 5 Periodence 28c. INJURY AT WORK? 1 YES 2 NO	PERFORM 1 YES 2 Check only one) 6 Other (Specify)	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ES 2 NO 27. MANNER OF DEATH T Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only	HOSPITAL: 1 Inpatient 2 ER/Outpit 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	atient 3 DOA 4 DT 4 DOA 28b. TIME OF INJURY — At home, farm, street, fry)	26. PLACE OF DEATH (C) HER: Nursing Home 5 peldence 26c. INJURY AT WORK? M 1 YES 2 NO , factory, office	PERFORM 1 YES 2 Check only one) 6 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street as City or Town, State)	MED? INO NO NURY OCCURED And Number or Rural ner as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. VES 2 NO 27. MANNER OF DEATH T Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only	HOSPITAL: 1 Inpatient 2 ER/Outpi 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Control of the best of my knowledge) ER: On the best of examination	atient 3 DOA 4 DT 4 DOA 28b. TIME OF INJURY — At home, farm, street, fry)	26. PLACE OF DEATH (C) HER: Nursing Home 5 peldence 26c. INJURY AT WORK? M 1 YES 2 NO , factory, office	PERFORM 1 YES 2 Theorem (Specify) 26d. DESCRIBE HOW IN 28f. LOCATION (Street as City or Town, State) 10e to the cause(a) and manifestime, date and place, and	JURY OCCURED and Number or Rural mer as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. The stural of the student	HOSPITAL: 1 Inpatient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Sician): To the best of my knowledge.	atient 3 DOA 4 DT 4 DE 28b. TIME OF INJURY — At home, farm, street, fry) edge, death occurred at a end/or investigation, in	26. PLACE OF DEATH (C) HER: Nursing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO , factory, office the time, date and place, and do my opinion, death occured at the	PERFORM 1 YES 2 The control of the control of	JURY OCCURED and Number or Rural mer as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,

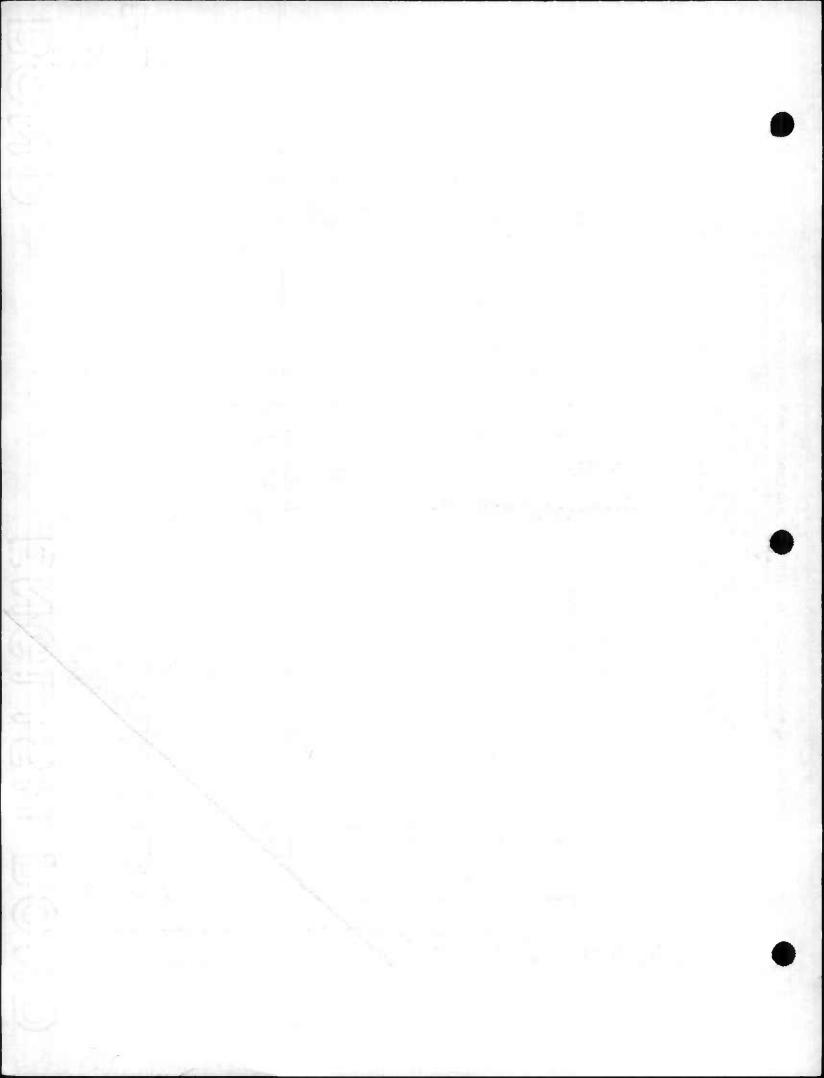


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, death with the State Deor, of Heatth and Mental Hygiene prior to burial, cremation, or removal.	ical examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fined within 72 hours after death with the State Deor. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1. DECEDENT'S NAME (Firs	t, Middle, Last)			CERTIF					REG. NO.			3. TIME OF	DEATH
MILTON	Н	IARRIS						SEP		199	YEAR	7:15	p
4. SOCIAL SECURITY NUM	BER	6. SEX	6. AGE (In yrs.	. last birthday)	IF UNDER	-	IF UNDER 24 HRS.	7. DATE	OF BIRTH		a. BIRTH	HPLACE (State	or Foreign
578-46-185	2	1 🗓 M 2 🗆 F	85	YRS.	MONTHS	DAYS	HOURS MIN.	Mar	ch 21,	1906	Ca	Lifor	nia
a. FACILITY NAME (If not	institution, give s	street and number)		1112	9b. CITY,	TOWN O	R LOCATION OF D	EATH		9c. COU	YTY OF D	DEATH	
5610	WISCO	NSIN AVE	NUE		CI	HEVY	CHASE				MON	IT.	
RESIDENCE OF DE													
Monre 1 am d	10b. COUNTY				Y, TOWN O		100000					10d. INSIDE	>
Maryland		ntgomery			hevy							14 YES	
66. STREET AND NUMBER						10f.	ZIP CODE			10g. CITI		WHAT COUNT	RY?
5610 Wisco	nsin A					22	20815					.A.	
I Never Merried 2	Married	12. WAS DECEDEN		NO	H	yes, spe	ENDENT OF HISPA ecity, Cuban, Maxico			or No—	14. RAC Blec	E — American ck, White, stc.	Indian,
Widowed 4 Div	100000000000000000000000000000000000000	IF YES, GIVE	MAR OR DATES		1	☐ YES	2 NO Specif	y:			Spec	"y: Whit	e
15. DE	CEDENT'S EDU	CATION	16a	. DECEDENT'S	USUAL OC	CUPATIO	ON .	16b	KIND OF BUS	INESS/IND	USTRY	-	_
(Specify or Elementary/Secondary	nly highest grade	College (1-4 or 5		(Give kind of life. Do NOT u	work done d se retired.)	turing mo	st of working		100000000				
Elementary Secondary	(0-12)	5+		Chemis	t					RES	EARC	CH	
7. FATHER'S NAME (First,	Middle, Last)						16. MOTHER'S NA	ME (First, I	Middle, Malden				
Louis	Harris						Na	aiom	He	ckma	n		
e. INFORMANT'S NAME	(Type/Print)			19b. MAILING	ADORESS	(Street a	nd Number or Rural	Route Numi	ber, City or Town	n, State, Zip	Code)		
Carolyn W.	Harri	s (Wi	fe)	5610	Wisco	onsi	n Ave.,	Chev	y Chas	e, M	D. 2	0815	
toa. METHOD OF DISPOSI	TION _			ACE ANO DAT				OAT	E 20c. LO	CATION -	City or To	own, Stata	
1 ☐ Burlal 2 X Cremet 4 ☐ Donation	ion 3 ⊔ Hem er (Specify)	novel from State	M ceme	tary cremator	y or other pl	lace)		1-					
21. BIGNATURE OF FUNER			110.	Comfo	rt Ci	rema	tory	9-1	4 Ale	x. V.	Α.		
	AL BERVICE LIC	CÉMSEE /	110.	Comio	_	_	tory D ADDRESS OF FA		4 Ale	x. V.	Α.	_	-
- V	AL SERVICE LIC	CEMSEE	110.	Comio	22. 1	NAME AN	D ADDRESS OF F	CILITY				1.	
* lei	AL BERVICE LIC	Lin	mon	Comio	Jc	NAME AN		's S	ons, I	nc.	N.W		
23. PART I. Enter the	diseases, of	complications the	at caused the	death. Do	Jc 51	name and osep	m ADDRESS OF FA h Gawler Wisconsi	's S	ons, I	nc.	N.W	2001 f	oximate
shock, or	diseases, of heart failure.	Sim	at caused the	death. Do	Jc 51	name and osep	m ADDRESS OF FA h Gawler Wisconsi	's S	ons, I	nc.	N.W	2001 Appr	oximate ral Betwee
shock, or IMMEDIATE CAUSE (F disease or condition_	diseases, of heart failure.	complications the	at caused the	death. Do	Jc 51	name and osep	m ADDRESS OF FA h Gawler Wisconsi	's S	ons, I	nc.	N.W	2001 Appr	oximate ral Betwee
shock, or IMMEDIATE CAUSE (F disease or condition_	diseases, of heart failure.	complications the	at caused the	e death. Do	Jo 5]	name and osep	m ADDRESS OF FA h Gawler Wisconsi	's S	ons, I	nc.	N.W	2001 Appr	oximate ral Betwee
	diseases, of heart failure.	complications the	at caused the use on each	e death. Do	Jo 5]	name and osep	m ADDRESS OF FA h Gawler Wisconsi	's S	ons, I	nc.	N.W	2001 Appr	
shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	diseases, of heart fallure.	complications the List only one ca	at caused the use on each	e death. Do line.	Jo 5] not enter	name and osep	m ADDRESS OF FA h Gawler Wisconsi	's S	ons, I	nc.	N.W	2001 Appr	oximate ral Betwee
shock, or iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to Imm cause. Enter UNDERL	diseases, of heart failure. inel	complications the List only one ca	at caused the use on each	e death. Do line.	Jo 5] not enter	name and osep	m ADDRESS OF FA h Gawler Wisconsi	's S	ons, I	nc.	N.W	2001 Appr	oximate ral Betwee
shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm	diseases, of heart failure. inel	complications the List only one ca	at caused the use on each	e death. Do line. NSEQUENCE C	22. I JC 5] not enter	name and osep	m ADDRESS OF FA h Gawler Wisconsi	's S	ons, I	nc.	N.W	2001 Appr	oximate ral Betwee
shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in	diseases, of heart failure. inel	complications the List only one ca	at caused the use on each of the caused the use on each of the caused the use on each of the caused the caused the use of the caused the use of the caused the use of the caused the use of the caused the use of the caused the use of the caused the use of the caused the use of the caused the use of the caused the use of the use of the caused the use of	e death. Do line. NSEQUENCE C	22. I JC 5] not enter	name and osep	m ADDRESS OF FA h Gawler Wisconsi	's S	ons, I	nc.	N.W	2001 Appr	oximate ral Betwee
shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	diseases, of heart failure. inel	complications the List only one ca a. Due To b. Due To c. Oue To d	at caused the use on each of the caused the use on each of the caused the use on each of the caused the caused the use of the caused	e death. Do line. NSEQUENCE C	22. I JC 51 not enter	NAME AND SEP 130 the mo	in ADDRESS OF FI h Gawler Wisconsi de of dying, suc	n Av	ons, I	nc. sh.	N.W.D.C.	20016 Apprinten Onse	eximate rai Betweet and Des
shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	diseases, of heart failure. inel	complications the List only one ca a. Due To b. Due To c. Oue To d	at caused the use on each of the caused the use on each of the caused the use on each of the caused the caused the use of the caused	e death. Do line. NSEQUENCE C	22. I JC 51 not enter	NAME AND SEP 130 the mo	in ADDRESS OF FI h Gawler Wisconsi de of dying, suc	n Av	ons, I	nc. sh. Iratory are	N.W.D.C.	Approinten Onse	eximate rai Betweet and December 1 a
shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to Immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	diseases, of heart failure. inel	complications the List only one ca a. Due To b. Due To c. Oue To d	at caused the use on each of the caused the use on each of the caused the use on each of the caused the caused the use of the caused	e death. Do line. NSEQUENCE C	22. I JC 51 not enter	NAME AND SEP 130 the mo	in ADDRESS OF FI h Gawler Wisconsi de of dying, suc	n Av	ons, I	nc. sh. Iratory and	N.W.D.C.	Appn Inten Onse	oximate rai Betweet and Des
shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to Immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	diseases, of heart failure. inel	complications the List only one ca a. Due To b. Due To c. Oue To d	at caused the use on each of the caused the use on each of the caused the use on each of the caused the caused the use of the caused	e death. Do line. NSEQUENCE C	22. I JC 51 not enter	NAME AND SEP 130 the mo	in ADDRESS OF FI h Gawler Wisconsi de of dying, suc	n Av	ons, I e. Wa ilec or respi	nc. sh. Iratory and	N.W.D.C.	D. WERE AUTO AMILABLE IO	eximate rail Betweet and Det
shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	diseases, of heart failure. inel	complications the List only one ca a. Due To b. Due To c. Oue To d	at caused the use on each of the caused the use on each of the caused the use on each of the caused the caused the use of the caused	e death. Do line. NSEQUENCE C	22. I JC 51 not enter	NAME AND SEP 130 the mo	in ADDRESS OF FI h Gawler Wisconsi de of dying, suc	n Av	ons, I e. Wa ilec or respi	nc. sh. Iratory and	N.W.D.C.	D. WERE AUTO AMILABLE I COMPLETIO OF DEATH?	eximate rail Betweet and Det
shock, or iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations.	diseases, of heart failure. inel itions, ediate ying fury	complications the List only one ca a. Due To b. Due To c. Oue To d	at caused the use on each of the caused the use on each of the caused the use on each of the caused the caused the use of the caused	e death. Do line. NSEQUENCE C	22. I JC 51 not enter	NAME AND SEP 130 the mo	in ADDRESS OF FI h Gawler Wisconsi de of dying, suc	n Av	ons, I	nc. sh. Iratory and	N.W.D.C.	D. WERE AUTO AMILABLE I COMPLETIO OF DEATH?	eximate rail Between the and Dea
shock, or iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	diseases, of heart failure. inel itions, ediate ying fury	complications the List only one case. DUE TO OUE T	at caused the use on each of the use on each of the use on each of the use on each of the use of th	e death. Do line. NSEQUENCE CONSEQUENCE C	22. I JC 51 not enter	NAME AND SEP 130 the mo	D ADDRESS OF FINE CONTROL OF DEATH (C	Part I.	Ons, I e. Was liec or respi	nc. sh. Iratory and	N.W.D.C.	D. WERE AUTO AMILABLE I COMPLETIO OF DEATH?	eximate rail Between the and Dea
shock, or iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to Immeause. Enter UNDERLE CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations.	diseases, of heart failure. inel itions, ediate ying fury	complications the List only one ca	at caused the use on each of the use on each of the use on each of the use on each of the use of th	e death. Do line. NSEQUENCE CONSEQUENCE C	22. I JC 5] not enter M/C 5F): OF): OTHER 4 Num	NAME AND SEP 130 the mo	b ADDRESS OF FINE CONTROL OF COURSE GIVEN IT	Part I.	Ons, I e. Was liec or respi	AUTOPSY MED?	N.W.D.C.	D. WERE AUTO AMILABLE I COMPLETIO OF DEATH?	eximate rail Between tend Dea
shock, or iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to Immeause. Enter UNDERLE CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations are successed in the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of the signi	diseases, of heart failure. inel heart failure. itions, ediate ying fury ST cant condition.	complications the List only one categories. DUE TO	at caused the use on each of the use on each of the use on each of the use on each of the use of th	e death. Do line. SEQUENCE CONSEQUENCE CO	22. I JC 5] not enter M/C 5F): OF): OTHER 4 Num	name and Sep 30 the mo	DADDRESS OF FINE CONTROL OF CONTR	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	N.W.D.C.	D. WERE AUTO AMILABLE I COMPLETIO OF DEATH?	eximate rail Between tend Dea
shock, or iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLICAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations of the condition of the con	diseases, of heart failure. inel itions, ediate ying jury ST TO MEDICAL Pending investigation	complications the List only one case. DUE TO DUE D	o (or as a condition of the condition of	e death. Do iline. NSEQUENCE C NSEQUENCE C NSEQUENCE C NSEQUENCE C 28b. Til	22. I JC 5] not enter MF): OF): OTHER 4 ONUM M UNITED STATES AN	name and osep 30 the mo	DADDRESS OF FINE CONTROL OF CONTR	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	N.W.D.C.	D. WERE AUTO AMILABLE I COMPLETIO OF DEATH? 1 YES	eximate rail Between tend Des rail Between tend Des rail Between tend Des rail Between tendents rail Between t
shock, or iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to immediate cause. Enter UNDERLE CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations of the condition of	diseases, of heart failure. inel heart failure. itions, ediate ying fury ST cant condition.	complications the List only one case. DUE TO DUE TO OUE T	at caused the use on each of the use on each of the use on each of the use of	e death. Do iline. NSEQUENCE C NSEQUENCE C NSEQUENCE C NSEQUENCE C 28b. Til	22. I JC 5] not enter MF): OF): OTHER 4 ONUM M UNITED STATES AN	name and osep 30 the mo	DADDRESS OF FINE CONTROL OF CONTR	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	N.W.D.C.	D. WERE AUTO AMILABLE I COMPLETIO OF DEATH? 1 YES	eximate rail Betweet and Description of Cause 2 No
shock, or iMMEDIATE CAUSE (Fidisease or condition resulting in death) Sequentially list cond if any, leading to immediate cause. Enter UNDERLL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signification of the condition of t	diseases, of heart failure. inel itions, ediate ying jury ST TO MEDICAL Pending investigation Could not be	complications the List only one case. DUE TO DUE TO OUE T	of Control of Control	e death. Do iline. NSEQUENCE C NSEQUENCE C NSEQUENCE C NSEQUENCE C 28b. Til	22. I JC 5] not enter MF): OF): OTHER 4 ONUM M UNITED STATES AN	name and osep 30 the mo	DADDRESS OF FINE CONTROL OF CONTR	Part I.	24a. WAS AN PERFORM 1 YES 2	AUTOPSY MED?	N.W.D.C.	D. WERE AUTO AMILABLE I COMPLETIO OF DEATH? 1 YES	eximate rail Betweet and Decision of the second of the sec
shock, or immediate CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to immediate. Set of immediates are understanding to immediate of immediate devents resulting in death) LA PART II. Other signification of the conditi	diseases, of heart failure, inel heart failure, inel heart failure, inel heart failure, inel heart failure, inel heart failure, inel heart condition of the heart condition investigatio	Complications the List only one call. B. DUE TO C. OUE	of my knowledge	o death. Do ilne. Insequence of insequence	22. I JC 5] not enter MF: OF): OTHEF 4 Num ME OF JURY M street, fact	26. Pl	p ADDRESS OF FAR COMMISSION OF	Part I. B Other 28d, DE:	24a. WAS AN PERFOR 1 YES 2 ATION (Street or Town, State) The property of Town, State)	AUTOPSY MED? NO NJURY OC	N.W.D.Crest,	b. WERE AUTO AMALABLE I COMPLETIO OF DEATH? 1 YES	PSY FINDING TO NO F CAUS
shock, or MMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to immeause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations of the condition of the condi	diseases, of heart failure, inel heart failure, inel heart failure, inel heart failure, inel heart failure, inel heart failure, inel heart condition of the heart condition investigatio	Complications the List only one ca a	of my knowledge	o death. Do ilne. Insequence of insequence	22. I JC 5] not enter MF: OF): OTHEF 4 Num ME OF JURY M street, fact	26. Pl	p ADDRESS OF FAR COMMISSION OF	Part I. B Other 28d, DE:	24a. WAS AN PERFOR 1 YES 2 ATION (Street or Town, State) The property of Town, State)	AUTOPSY MED? NO NJURY OC	N.W.D.Crest,	b. WERE AUTO AMALABLE I COMPLETIO OF DEATH? 1 YES	eximate rail Betweet and De service
shock, or iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLICAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations are sufficiently as a signification of the condition of the c	diseases, of heart failure. inel heart failure. inel heart failure. inel heart failure. Itions, ediate films from the failure failure. Itions, ediate films from the failure f	complications the List only one call. a. DUE TO b. DUE TO c. OUE TO d	of my knowledge	o death. Do ilne. Insequence of insequence	22. I JC 5] not enter MF: OF): OTHEF 4 Num ME OF JURY M street, fact	26. Pl	p ADDRESS OF FAR COMMISSION OF	Part I. Part I. 28f. LOC City a to the cae at the cae at the cae at the cae at the cae at the cae	24a. WAS AN PERFOR 1 YES 2 ATION (Street or Town, State) The property of Town, State)	AUTOPSY MED? NO NJURY OC and Number and due to til	N.W.D.Crest,	b. WERE AUTO AMALABLE I COMPLETIO OF DEATH? 1 YES	PSY FINDIN TO N OF CAUSE

WASHINGTON.



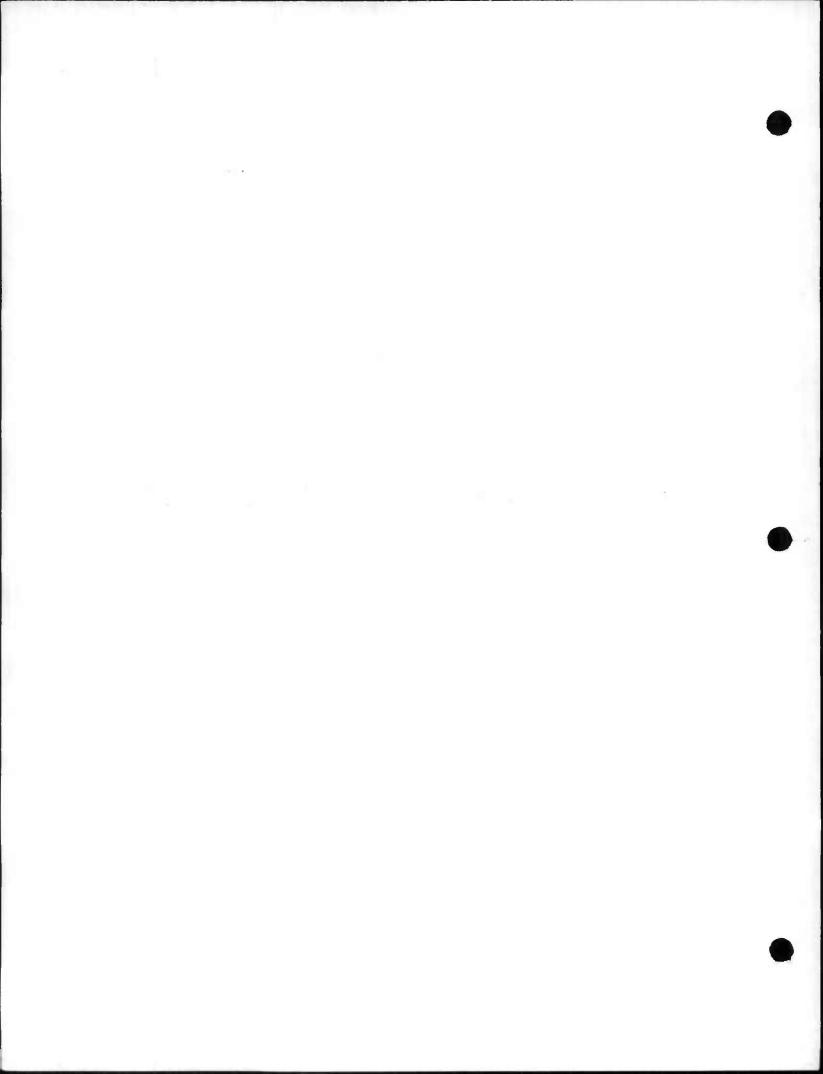
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Surs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CE	RTIFI	CATE	OF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF DEAT	н
Yuk Miu	Hon						SANT	ember		YEAR QQ1	9:20	AM
4. SOCIAL SECURITY NUMBER		AGE (In yrs. les	t hirthday)	IF UNDER 1	VEAD	IF UNDER 24 HRS.		OF BIRTH			PLACE (State or Fo	
577-82-2208	1 M 2 X F	79			DAYS	HOURS MIN.	(Month	27, 1		Country		orgri
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN C	R LOCATION OF DE			9c. COUN	TY OF DE	ATH	
222 North Van Bu	ren Street			Ro	ckv	ille			Mor	ntgor	nery	
10a. STATE 10b. COUNT	Υ		10c. CITY	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY		
	tgomery		F	Rockville					1 X YES 2 NO			NO
10e. STREET AND NUMBER 222 North Van E	uren Stree	t			101	20850			10g. CITIZEN OF WHAT COUNTRY? China			
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	Never Merried 2 ☐ Married FORCES? 1 ☐ YES 2XX NO				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yelf yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 ☐ YES 2 ☒ NO Specify:							
15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of					CUPATIO	ON	16b	KIND OF BUS	SINESS/INDI	USTRY	7102411	
Elementary/Secondary (0-12)		retired.)		st of working		Own	Home	2				
17. FATHER'S NAME (First, Middle, Last)			1101	icinan		18. MOTHER'S NA	ME (First.)					
Hon Kam						Silk	Ko					
19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street e	nd Number or Rural	Route Numi	ber, City or Tow	n, Stete, Zip	Code)	20850	
George C. Shum		2	22 No	orth	Van	Buren S	tree	t, Roc	kvill	Le, N		i
20g, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State other place)												
4 Donetton 5 Other (Specify) Parklawn Memorial Park Rockville, Maryland								i				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE MO0381 Barbara Jo McMullen Lawrence Mo0381 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/ Rockville, Inc. 300 West Montgomery Rockville, Inc. 300 West Montgomery Rockville, Maryland 20850-2805												
disease or condition resulting in deeth) Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING	b. Severe	COPD R AS A CONSE	OUENCE OF):								
CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	R AS A CONSE	OUENCE OF	j:								
PART II. Other algorificent condition	ne contributing to de	eeth but not	reaulting i	n the unc	derlyin	g cause given in	Part i.	24a. WAS AN PERFOR 1 TYES 2	RMED?	24b.	WERE AUTOPSY F AMAILABLE PRIOR COMPLETION DF OF DEATH? 1 YES 2	TO CAUSE
OF MAC CAPE OFFERDRES TO MACH								L				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	70.4		OTHER	:	LACE OF OEATH (CI		-				
1 YES 2 NO	1 Inpatient 2 I E		28b. TIM			JURY AT	_	SCRIBE HOW	IN II IBV A~	Cilber		
1 Natural 5 Pending 2 Accident Investigation	(Month, Day,		INJ	URY M	WC	YES 2 NO	28d, DE	SCHIBE HOW	INJUNT OCC	COHED		
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF I building, etc	NJURY — At he :. (Specify)	ome, ferm, a	itreet, facto	ory, offic	ie .	28f. LOC City	CATION (Street or Town, State)	end Number	or Rural F	Route Number,	
CONSTRUCTION OF THE PARTY OF TH	BICIAN: To the best of m										and menner ee	stated.
29b. SIGNATURE AND TITLE OF CERTIFI	ER //	1		1		29c. LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)	
4/Hh	-D. K	Wiro	-	19		D2	2978				ber 13,	
30. NAME AND ADDRESS OF PERSON W									000			
Hiru Khianey, M. 31. DATE FILEO (Month_Day, Year)				Lve,	Ger	mantown,	Mar	yrand	2087	/4		
CFD 7 4 01	Sin Dandon	A_Randa	10-									



FOR STATE REGISTRAR

1 -

~	23
2	-
0	-
	-
-	314
O	- 3
0	4
in	1
S	3
	4
α	3
0	-
O	9
Ш	-
Œ	4
_1	1
A	-
F	7
=	ż
-	A.
ц.	2
0	5
7	0
0	INI
\simeq	9
S	70
5	A
=	9
	-
DIVISION OF VITAL RECORDS, P.O. BOX	E UDCOLTAL OD ATTEMBRIC DUVCICIANI The lass sees the state and the
	g
	5
	u

	HEGISTHAN		CERTIFIC		DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)		1 1		1	2. DATE OF DEATH	MY	EAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		me	1	9-1.	5 - 9	1 7-27
	0	1 M 2 XF		ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Forei Country)
	9e. FACILITY NAME (If not institution, give stre		70	AL CITY TOWN	OR LOCATION OF D	May 18,		Greenwood, S.
R	Washimton A	adventist	11	T leave	ON LOCATION OF I	L	9c. COUNTY	
CTOR	RESIDENCE OF DECEDENT	10 W 11131	nosh. I	IDAON	ne tur	<u>C</u>	LMO	ntgomery
DIRE	100. STATE 10b. COUNTY			TOWN OR LOCA	TION			10d, INSIDE CITY LIMITS?
		edraes	1743	ettsu	le.			1X YES 2 NO
ERAL	10e. STREET AND NUMBER	7	9	10	f. ZIP CODE			OF WHAT COUNTRY?
FUNE	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II C A DAVED	1 40 1110 00	70 / 0e	۷		ed States
	1 Never Merried 2 Merried	FORCES? 1 YES	24 NO	If yes, s	ecify Cuben, Mexic	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	e or No— 14	. RACE — American Indian, Black, White, atc.
ВУ	3 Widowed 4 Divorced	. TES, GIVE WIN ON I	DATES	T TES	2 NO Speci	ly:		Specify:
ETED	15. DECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)	18e. DECEDENT'S US	SUAL OCCUPATI	ON ost of working	16b. KIND OF BU	SINESS/INDUS	TRY
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of word life. Do NOT use n	-		Ware Si	20210	Sobred Cont
COMPL	17. FATHER'S NAME (First, Middle, Last)			JK				School Syste
	Willie Cha	appel			18. MOTHER'S NA	AME (First, Middle, Malder Lula Han	,	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AT	DDRESS (Street	and Number or Purel	Route Number, City or Tox	_	dal
5	Vivian FitzRo	эу	1311 I	Delawar	e Ave.,S	.W., Washi	ngton,	D.C. 20024
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF (DISPOSITION (N		DATE 20c. LC	CATION — City	or Town, State
	1 Danation 5 Other (Specify)		metery, cremetory or other	r place)		9/17 20c. LC	eenwoo	d, S.C.
	21. SIGNATURE GOVUNERAL MERVICE CICE	USEE C	/		O ADDRESS OF FA			
	Marva	i E. X.	acto			eral Servi Ave.,N.W.,		
1	23. PART I. Enter the diseases, or constitute, or heart failure. Lis	mplications that cause	d the death. Do not	anter the me	de of duing au	h as sardias as see	washii	Approximate
CATION	Sequantially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury	OUE TO (OR AS	A CONSEQUENCE OF):				_	
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
LC	PART II. Other aignificant conditions	contributing to death i	but not resulting in t	tha undarivin	cause given in	Part i. 24s. WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDS
DICAL	Seizur		order			PERFO	IMED?	AWAILABLE PRIOR TO COMPLETION OF CAUS
MED						1 YES 1	XNO	OF DEATH?
AN:				-				1 TYES 2 NO
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. Pt	ACE OF DEATH (Ch	eck only one)		
OI		OSPITAL:		THER: Nursing Hom	5 Reeldence	8 Other (Specify)		
YSIC	1 YES 2 NO					204 DECODING HOW I	NJURY OCCUR	ED
	1 YES 2 NO 1	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WO	URY AT RK?	200. DESCRIBE HOW I		
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 🗆	RK? 'ES 2 NO	20d. DESCRIBE HOW		
D BY	1 YES 2 NO 1 27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	INJURY — At home, ferm, street	M 1 🗆	RK? 'ES 2 NO	281. LOCATION (Street City or Town, State)		
TED BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	(Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the C	Y — At home, ferm, street	M 1 1	RK? 'ES 2 NO	281. LOCATION (Street and City or Yown, State)	and Number or F	
MPLETED BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICIA	(Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spec	/ — At home, ferm, stree	M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RK? FES 2 NO end place, end due	281. LOCATION (Street City or Town, State)	and Number or F	lural Route Number,
MPLETED BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	(Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spec	/ — At home, ferm, stree	M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RK? FES 2 NO end place, end due	281. LOCATION (Street City or Town, State)	and Number or F	lural Route Number,
E COMPLETED BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICIA	(Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spec	/ — At home, ferm, stree	M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RK? FES 2 NO end place, end due	28f. LOCATION (Street City or Town, State) to the cause(e) and mer time, date and place, an	and Number or F	lural Route Number,
BE COMPLETED BY	27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. PLACE OF INJURY building, etc. (Special Control of the basic of examination)	/ At home, ferm, streedly) redge, death occurred some end/or investigation, in	M 1 WO	PRES 2 NO	28f. LOCATION (Street City or Town, State) to the cause(e) and mer time, date and place, an	and Number or F	lural Roule Number,
BE COMPLETED BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	(Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special) IN: To the best of my know On the basic of examination COMPLETED CAUSE OF DE	riedge, death occurred a on end/or investigation, in	M 1 wo	end place, end due eath occured at the	28f. LOCATION (Street City or Town, State) to the cause(e) end mer time, date and place, en	ond Number or F	lural Roule Number,
BE COMPLETED BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 5 Could not be determined 29e. CERTIFIER (Check only one) MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF RESSON WHO	28e. PLACE OF INJURY building, etc. (Special No. 10 the best of my known on the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of the basis of examination of the basis	r — At home, ferm, streed of the colly) riedge, death occurred a pen end/or investigation, in EATH (ITEM 27) (Type, Print)	M 1 WO	end place, end due eath occured at the	28f. LOCATION (Street City or Town, State) to the cause(e) and mer time, date and place, an	ond Number or F	lural Roule Number,
TO BE COMPLETED BY PHYSICI	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 4 Homicide 6 determined 29e. CERTIFIER (Check only one) MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF REBSON WHO CO.	28e. PLACE OF INJURY building, etc. (Special Complete Com	r — At home, ferm, streed of the colly) riedge, death occurred a pen end/or investigation, in EATH (ITEM 27) (Type, Print)	M 1 wo	end place, end due eath occured at the	28f. LOCATION (Street City or Town, State) to the cause(e) end mer time, date and place, en	ond Number or F	lural Route Number, use(e) end menner as state
BE COMPLETED BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 5 Could not be determined 29e. CERTIFIER (Check only one) MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF RESSON WHO	28e. PLACE OF INJURY building, etc. (Special No. 10 the best of my known on the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of the basis of examination of the basis	r — At home, ferm, streed of the colly) riedge, death occurred a pen end/or investigation, in EATH (ITEM 27) (Type, Print)	M 1 wo	end place, end due eath occured at the	28f. LOCATION (Street City or Town, State) to the cause(e) end mer time, date and place, en	ond Number or F	lural Route Number, use(e) end menner as state

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDERT S NAME (PIST, MIDDIE,
		Harvey
	3	4. SOCIAL SECURITY NUMBER
-		217-26-2253
CONTRACT OF THE PARTY OF THE PA		9a. FACILITY NAME (If not institution,
(SEE)	OR	307 Bridge St
1	5	RESIDENCE OF DECEDEN 10a. STATE 10b. Ct
	E	
permit.	BE COMPLETED BY FUNERAL DIRECTOR	Maryland Wi
3146 ling physician. the burial-transit permit.	INER	307 Bridge St.
16 ohysic	正	1 Never Married 2 X Married
the line in	ВУ	3 Widowed 4 Divorced
203- attenduse as	TED	15. DECEDENT'S (Specify only highest
212 d for	밀	Elamentary/Secondary (0-12)
AND the hospitt detached	M	7 17. FATHER'S NAME (First, Middle, La.
TLA!	ဗ	William Heinlei
A pen di	B	19a. INFORMANT'S NAME (Type/Print)
E, MARY ray be retained 1 page 5 should t be notified	10	
be be		Dorothy Heinle:
S ma S ma stor, i		1 Buriel 2 Cremation 3 4 Donation 5 Other (Specify,
MOR Page 6 m director,		21. SIGNATURE OF FUNERAL SERVI
ath.		DA . 11/1
BA BA		William
ins aff		23. PART I. Enter the disesses shock, or heert fel
and and and and and and and and and and		IMMEDIATE CAUSE (Final
nin 2 matio		disease or condition resulting in death)
mple crei		diameter in the second
314	Z	Sequentially list conditions,
A Se ex	E	If any, lesding to immediate
Safe the prior prior tra	2	CAUSE (Disease or Injury
othe	는	that initiated events resulting in death) LAST
P. O. ath continued in the self of the sel	H	resulting in destil) LAST
S, the de Ment Ment siury	2	PART II. Other significent con
A by and and I hat the	CA	
res tigned lealth	EDI	
PEC seen s	Σ	
law bept.	AN	25. WAS CASE REFERRED TO MEDIC
ON OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLANC WONG PHYSICIAN: The law requires that the death certificate be executed within 2st mours after death. Page 6 may be retained by the hor ream attending physician and completely filled in by the funeral director, page 5 should be detach ream with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	BY PHYSICIAN: MEDICAL CERTIFICATION	EXAMINER?
VI CLAN criff the S	IYS	1 TYES 2 NO
OF HIS o with this o	Q.	1 Natural 5 Pending
ON OF DING PHYSI After this of death with s marked,	BY	2 Accident Investig
0 0 4 6 5		3 Suicide 8 Could n

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		C	ERTIF	CATE	OF	DEA	H		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las	it)							2. DATE OF				3. TIME OF DEATH
Harvey	V.	Hein	lain					Sept.	15	199	YEAR	7:55 P.M. M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER	1 VEAR	IF UNDER	24 HDS	7. DATE OF		199.		IPLACE (State or Foreign
	1- M 2 - F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D	lay, Year)		Country	
217-26-2253	- 41	_ 60	ina.					May 2	1, 19		Mary.	
9a. FACILITY NAME (If not institution, giv	e street and number)			9b. CITY,	TOWN C	OR LOCATI	ON OF D	EATH		9c. COU	NTY OF D	EATH
307 Bridge St.				Mard	ela	Spr	ings			Wice	omico)
RESIDENCE OF DECEDENT												
10a. STATE 10b. COUI	NTY		10c. CITY	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY LIMITS?
Maryland Wice	omico		Mar	dela	Spi	rings						1 YES 2 NO
10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT	IZEN OF W	VHAT COUNTRY?
307 Bridge St.					21	1837				т.	J. S.	٨
11. MARITAL STATUS	12. WAS DECEDEN	IT-EVER IN U.S. A	ARMED	13. V			F HISPA	NIC ORIGIN? (Specify Yes	_		E — American Indian,
1 Never Married 2 X Married	FORCES?	YES 2	ON	H	yes, sp	ecify Cuba	n, Mexica	n, Puarto Rici	en, alc.)		Black	k, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES		,	☐ 4E2	2 - NO	Speci	y:			Speci	White
15. DECEDENT'S E	DISCATION	100.0	DECEDENT'S	USUAL OC	CHIPATIC	DM .		185 KI	ND OF BUS	DIMESS/IN	DUSTRY	WILLE
(Specify only highest gra	ade completed)		(Give kind of wife. Do NOT us	work done d	luring mo	st of working	ng	100.10	NO OF BOO	SHIE SOTH	Josimi	
Elamentary/Secondary (0-12)	College (1-4 or 5	+)										
		In	specto	or					<u>neral</u>		ors (Corp.
17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname)												
William Heinlein Bertha Koch Heinlein												
19a, INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	and Number	or Rural	Route Number,	City or Tow	n, State, Zi	p Code)	
Dorothy Heinlein	1		307 B	ride	e St	. M	lard	ela Sp	rings	s. MI	218	37
20a. METHOD OF DISPOSITION		20b, PLAC	E OF DISPOS				-				City or To	
20a. METHOD OF DISPOSITION 1										ryland		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Duda	-Nuck			ND ADDRE		IOII ITV	Dun	uaik	, Mai	ryland
21. SIGNATURE OF TORENAL SERVICE	11	, /						Home				
allilliain 1	1 Star	14						Delm	ar I)F 10	10/10	
23. PART I. Enter the disesses, D	or complications to	at allowed the	death. Do r									Approximate
shock, or heert fellur						,					70	Interval Between
IMMEDIATE CAUSE (Final	0 1	1		4								Onaet and Dsath
disease or condition resulting in death)	· YNT	Whiten	e all	M	0 60	NON	A son	na				
	OUE TO	(OR AS A CONS	EOUENCE OF	F):								
	- b.											
Sequentially list conditions, if any, lesding to immediate	DUE TO	OR AS A CONS	EOUENCE OF	F):								
cause. Enter UNDERLYING	c											
CAUSE (Disease or Injury that initiated events	OUE TO	OR AS A CONS	EQUENCE OF	F):								
resulting in desth) LAST	-											
	0.											
PART II. Other significent condit	ions contributing to	desth but no	t resulting	in the un	derlyln	g cause	given In	Part I. 2	4a. WAS AN		24b	. WERE AUTOPSY FINDINGS
									YES 2	.0		AVAILABLE PRIOR TO COMPLETION OF CAUSE
								_ '	□ 1E3 4	M NO		OF DEATH?
								-			- 1	1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF E	EATH (C	heck only one)				
1 TYES 2 NIO	1 Inpatient 2	☐ ER/Outpetient	3 DOA	4 Nun		10 8 KR	esidence	8 🗆 Other (Specify)			
27. MANNER OF DEATH	28a. DATE O		28b. TIM			JURY AT		28d. DESCI	RIBE HOW	NJURY O	CURED	
1 Natural 5 Pending		Day, Year)	1147	IURY M		YES 2	NO					
2 Accident Investigation 3 Suicide Could not	28e PLACE	OF INJURY — At	home, farm,	street fact				28/ 1 OCAT	ION /Street	and Numbe	or or Rural	Route Number,
4 Homicide 8 Could not determined	De building	, etc. (Specify)						City or	Town, State)	" Of THOTOT I	nocto (vornos),
29a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of	f my knowledge,	death occurr	ed at the ti	lme, deta	and place	, and du	a to the cause	(a) and ma	nner aa sti	sted.	
onel	INER: On the basis of	examination and/o	or investigation	on, in my o	pinion, d	death occu	red at th	e lime, date ar	nd place, ar	nd due to t	the cause(e) and manner as stated.
29b, SIGNATURIED TITLE OF CERTIF	EIED					00-110	5110 C 111					
290. SIGNATORI THE OF CENTR	FIEN					296. LIC	ENSE NU	MBER		29d. DA	SIGNED	(Month, Day, Year)
1 VOO	70					LU	JO.	707		7	1//6	741
38. MAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	JSE OF DEATH (I	TEM 27) (Type				- 0	0				A
IN MASSOF	(JRXIII)	145	E	CH	RR	DLL	H	1 3	ALIS	Que	21/	YYM
31. DATE FILED (MONTY, Day, Year)	32. REGISTR	AR'S SIGNATURE		~ .4	-10	-			, 1-5	3 -1	1	
SFP 17 91	Shirten	dan Bon	Lett.									

months and the second

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits the filled within 72 hours after death with the State Dent of Health and Mental Hydiane prior to hunder on purple or reserved.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND	D / DEPAR	RTMEN	IT OF I	HEALTH DEA	AND	MENTAL	HYGIEN	NE	26	396
	1. DECEDENT'S NAME (First, Middle, Last)			40	pm.	211			2. DATE (OF DEATH	DAY , O	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UND	ER 1 YEAR	I I INDE	R 24 HRS.	7. DATE O	14.	199	A DIETUD	17/4 v
	163-18-3385	1 🗆 M 2 💢 F	85	YRS.	MONTHS		HOURS	MIN.	DEC.	Day March	1905	Country)	VILLE, ALA
	9e. FACILITY NAME (If not institution, give str				9b. CIT	Y, TOWN	OR LOCATI	ION OF D		,		NTY OF DE	
TOR	PENINSULA GEN	ERAL HOS	PITAL			SAL	ISBUI	RY				WICO	MICO
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		16c. CITY, TOWN OR LOCATION									10d. INSIDE CITY	
	MD. WICON	MICO		SALISBURY									LIMITS?
FUNERAL	10e. STREET AND NUMBER	COTUCULTU				101	r. ZIP CODI				10g. CITI		HAT COUNTRY?
NE	816 SPRINGHILL ROAD 21801 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee of No.— 14. RACE — Arme												
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1X YES 2 NO IF YES, GIVE WAR OR DATES					If yee, spe	CENDENT Coecify Cube	en, Mexice	en, Puerto Ri	(Specify Ye	e or No—	14. RACE - Black, Specify. BLACK	- American Indian, White, stc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10th 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) DOMESTIC 18b. KIND OF BUSINESS/INDUSTRY HOMEMAKER												
OM	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, M				
BE	MILLIF CORINE WEMBLEY												
5	19e INFORMANT'S NAME (Resolvation)												
	20e. METHOD OF DISPOSITION		22h BL A/	SAIYII CE AND DATE O			_					-	
	1 XBurlel 2 Cremetion 3 Removed 4 Denetion 5 Other (Specify)	val from State	COMROL	CEAND DATE O	GREE	N ME	M. P	ARK	8-19	20c. LC	ST CHE	City or Town	n, State PΔ
	21. SIGNATURE OF BUNERAL SERVICE LICE	Soll	Pour		22.	JOEL	E Y M	EMOR		HAPEL			BOX 920
CERTIFICATION	23. PART I. Exter the diseases, or contained the content failure. Limited the content failure. Limited the content failure. Limited the content failure. Limited the content failure cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST	DUE TO (1	crafor (OR AS A CONS	SEQUENCE OF	not enter	r the mod	de of dyi	ng, suci	h as cardi	ac or resp	iratory srr	est,	Approximate interval Between Onset and Death
N: MEDICAL	PART II. Other algnificant conditions ASCVD.	contributing to d	death but no	t resulting in	n the un	nderlying) cause g	jiven in		24s. WAS AN PERFOR	RMED?	A C	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH? YES NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF O	EATH (Ch	eck only one)				
HYS	1 YES 2 NO 27. MANNER OF CEATH	1 Inpetient 2	ER/Outpatient	3 DOA	4 🗆 Nun	reing Home		aldence	8 Other				
BY PI	1 Natural 5 Pending	(Month, Day	y, Year)		URY M		PRK?	1 NO	28d. OESC	RIBE HOW I	INJURY OCC	URED	
8	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, at	F INJURY At I	home, ferm, a	itreet, tect	tory, office	•		281. LOCAT City or	ION (Street (Town, Stete)	end Number (or Rural Rou	te Number,
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of m	ny knowledge, amination end/c	death occurre	id at the t	ilme, date opinion, di	end piece,	end due	to the cause time, date e	i(e) end mar	nner ee state	d. cause(e) e	nd manner se stated.
) BE C	29b. SIGNATURE AND TITLE OF CHITTEEN						29c. LICE	ENSE NUM	ABER				tonty Day, Year)

Poplar Ave. Fruitland Md.

e 1 • 1

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MI CERTIFICATE OF DEATH	ENTAL HYGIENE
. DECEDENT'S NAME (First, Middle, Last)		DATE OF DEATH

	1. DECEDENT'S NAME (First	, Middle, Last)				·	- 01	DLA		2. DATE OF DEA	ГН		3. TIME OF DEATH
	XIIII	LO	LA PRYOF	2		Ho	PK	ins		Septemb	DAY VEW ID	YEAR	910504
	4. SOCIAL SECURITY NUME		5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER			R 24 HRS.	7. DATE OF BIRT	н	A BIRTI	IPLACE (State or Foreign
	214-10-710	4	1 ☐ M 2 😿 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Ye 6-22-1	8	MAI	YLAND
~	9e. FACILITY NAME (If not in								ON OF DE		9c. CO	UNTY OF D	EATH
DIRECTOR	Peninsula G	enera1	Hospita	L			Sals	ibur	y, M	D		Wi	comico
E C	10a. STATE	10b. COUNT	Y		10c. CI1	Y, TOWN	OR LOCAT	LION					
8	MD	WIC	COMICO			MARI							10d. INSIDE CITY LIMITS?
A.	10e. STREET AND NUMBER							. ZIP COD	E		10a, C	TIZEN OF V	1 YES 2 NO
FUNERAL	RAILROAD R	ROAD						2 18	337			.S.A.	
S	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DEC	ENOENT (OF HISPANI	IC ORIGIN? (Speci	y Yea or No-		E — Americen Indian, k, White, etc.
BY F	1 Never Married 2 3 Divo		IF YES, GIVE W	YES 2 NAR OR DATES	10		f yee, sp	ecify Cube	Mexicen Specify:	, Puerto Rican, at	-)	Speci	
											1	ITE	
	(Specify only	EDENT'S EDU y highest grade	CATION completed)	(G/	ve kind of	USUAL O	CCUPATIO	ON st of worki	ng	16b. KIND O	BUSINESS/II	NDUSTRY	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 Years DIETITIAN 18. MOTHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surname)								S					
M	12 Tears D 17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAME (First, Middle, Meid							LAND
C													
00	190 INFORMANT'S NAME (Toursties)												
2	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) FRANK P. HOPKINS BOX 343 HEBRON, MD 21830												
	204. METHOD OF DISPOSITI	ION		20b. PLACE A	NDDATE	OF DISPOS	ITION (Na	me of		DATE 20	LOCATION -	- City or To	wn Stele
	1 △ Burlet 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other	on 3 ∐ Rem (Specify)	oval from State	WICC	MICC	ther place) MEM	ORIA	AL PA	ARK	9-13	SALTSB	URY.	MARYLAND
- 1	21. BIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	1 (1)k	2/4	Ilen	1						ERAL HO		77 3400	0.100.1
	23. PART I. Enter the di	seeses, or o	complications that	caused the dea	th. Do r	not enter	tha mo	da of dvi	DO SUCH	RD. SA	LISBUK	Y, ML	2 180 1 Approximate
	shock, or he IMMEDIATE CAUSE (Fin	eart reliure.	List only one ceu	se on eech line.						00 00/0100 0/	copilitiony a	11000,	Interval Between
	disesse or condition reaulting in death)		CARDIO E	VIMONA	ev	SPOR	ST						Onset and Daeth
	readiting in death)		DUE TO										
Z	Sequentially liet conditi		ASPIRA"	TION PN	EUM	ONIA							
Ĕ	If sny, leading to immed	diate	OUE TO	OR AS A CONSEO	UENCE O	F):	1-			40			
SE	CAUSE (Disease or inju	ry 🐇	c. ISCHEMI	C SMALL	DIL	iel	/ KE	NAC	M	LURE			
CERTIFICATION	that initiated evanta resulting in daeth) LAST	r	DUE TO DUE TO	VANT	DENCEO	MEA	FIT	- 6.1	PAF	OV			8/14/91
S													7/1/(/
MEDICAL	PART II. Other significe	nt condition	s contributing to	daath but not re	auiting	In tha un	darlying	ceuse g	iven in P	art i. 24a. WA	S AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
5											S 2 1 NO		CDMPLETION OF CAUSE DF DEATH?
											,		1 _ YES 2 _ NO
PHYSICIAN:	25 1100 0100 0000 0000												
2	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	durana a		OTHER		ACE OF D	EATH (Chec	k only one)			
¥	1 YES 2 NO		1 inpatient 2 28e. DATE OF						_	☐ Other (Specify,			
	1 Netural S 1	Pending	(Month, Da		28b. TIM	URY	28c. INJE WOI	RK?		28d. DESCRIBE H	OW INJURY O	CURED	
BÁ	2 Sulate	nveatigation	28e. PLACE OF	INJURY — Al hon	ne. ferm	treel facts		ES 2		201 LOCATION (C)	7		
		Could not be determined	building, a	nte. (Specify)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	dreen, rack	ny, omice			281. LOCATION (St City or Town, S	tele)	r or Hurel A	oute Number,
4	29a, CERTIFIER 1 S CERTI	IFYINO PHYSIC	CIAN: To the heat of								-		
COMPLETED	(Check only one) 2 MEDIC	CAL EXAMINE	CIAN: To the best of a	my knowledge, dea amination end/or in	th occurre	od at the ti	ne, date	end place,	end due to	o the cause(a) and	menner ee sta	nted.	end manner ea stated.
	29b. SIGNATURE AND TITLE						1						
B	Wicholas	60	ibun_	MO				7) 2.	NSE NUMB	IER 3 e	29d. DA	E SIGNEO	(Month, Day, Year)
유	38. NAME AND ADDRESS OF	PERSON WH		-	27) (Type	Print)		UJ	107			07 /10	17/
	201 PINE BI			SACISBU		MO	2	2180	/				
10	31. DATE FILED (Month, Day, Y	tear)	32, REGISTRAF	S SIGNATURE									
	SEP 12 '9	7	Julia Day	idson-Rand	400								}
			U										

Company was the second of the

TO BE COMPLETED BY FUNERAL DIRECTOR

,	2,3		7
	1,		
	2		
	Sermit		
	insit p		
Siciar	rial-tra		
rid br	he bu		
tendir	as t		
10 at	or use		
ospita	thed 1		eci
the h	detac		OUC
od be	od blu		ed at
retain	S short		otiff
y be	age ;		be 1
6 та	ctor,		nust
Page	al dire		ner
death.	funer		xami
after	by the	moval	cal
hours	ui pa	or re	med
in 24	ely fill	lation,	the
d with	mplet	, crem	event
ecuter	oo pu	bunial	atle
B ag	cian a	or to	Taum.
ificate	physi	ane pr	her t
h cert	uding	Hygie	or of
deat	ne afte	Vental	NIN.
nat the	by th	and	ni vi
lires t	signe	Health	WS 3
w requ	peen	r. of	S sho
The lar	te has	te De	m 2.
HAN:	rtifical	he Sta	or ite
HYS!(this ce	with t	ked.
NING F	After 1	death	mar
TEN	TOR:	after	28 16
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit.	e filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: it is an 28 is marked or item 23 shows any liniur, or other traumatic event, the medical examiner must be notified at once.
PITAL	ERAL	12 1	THE
HOS	FUN	with	MATE
O THE	O THE	e filed	MPO

10

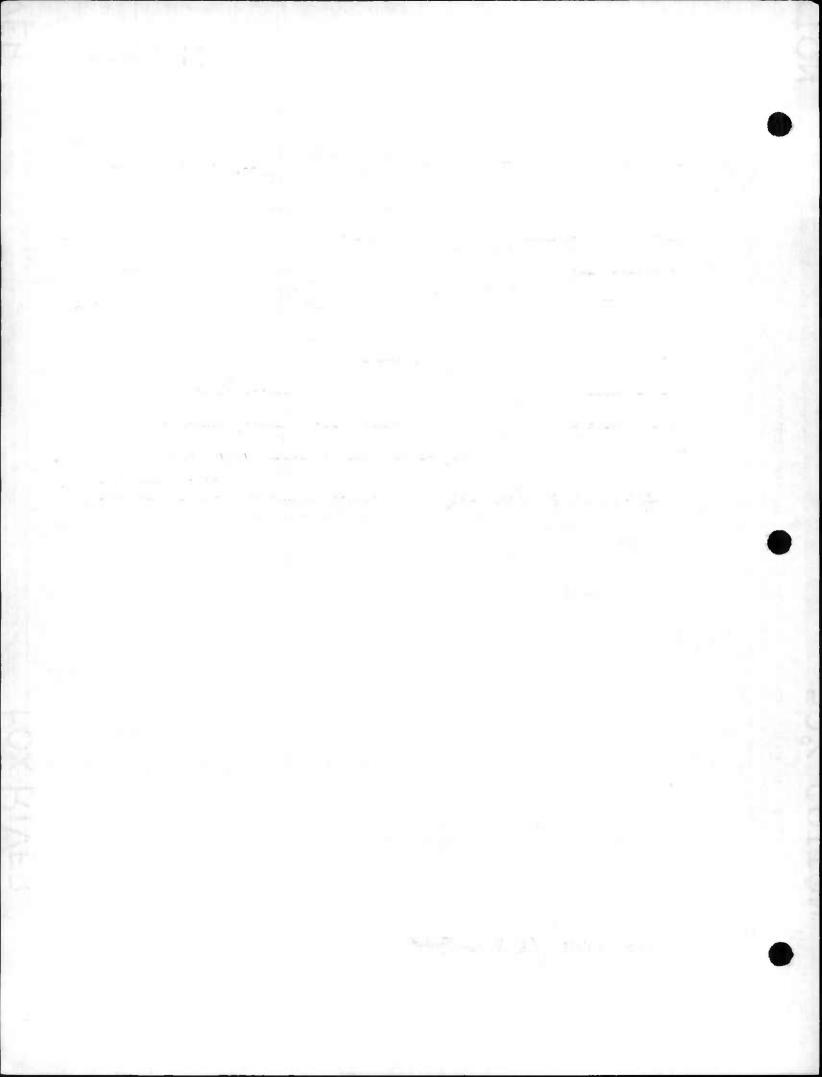
			CENTIF	ICATE OF	DEATH	REG. NO.			
1. DECEDENT'S NAME (First, Middle	le, Last)					2. DATE OF DEATH MONTH DA	AY	YEAR	3. TIME OF DEATH
LORRAINE	GROSS	HUTCH	IINS			SEPTEMBE			0014
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs	s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP Country	LACE (State or Foreign
100-32-1938	1 🗌 M 2 🔀 F		52 YRS.	MONTHS DATE	HOURS WIN.	Dec. 01-19	38		yland
9a. FACILITY NAME (If not institution	on, give street and number)			9b. CITY, TOWN	OR LOCATION OF D			NTY OF DE	
CALVERT MEMOR	IAL HOSPITAI			PRINCE I	FREDERIC	K	CA	LVER	יד
RESIDENCE OF DECEDE	COUNTY		T 400 CD					1191	
			100. 011	TY, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
Maryland	Calvert			Dowell		-	1 AITI		1 YES 2 X NO
24 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				- 10	f. ZIP CODE		10g. Ci ii		HAT COUNTRY?
983 Curtis Road 20629 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE - A.									
1. MARITAL STATUS ☐ Never Married 2 ☑ Married ☐ Widowed 4 ☐ Divorced ☐ Divorced ☐ Divorced ☐ Divorced				If yes, sp		an, Puerto Rican, etc.)	or No—		- American Indian, White, atc. Black
	T'S EDUCATION	160	. DECEDENT'S	USUAL OCCUPATION	ON	16b, KIND OF BU	SINESS/IND	USTRY	
(Specify only higher Elementary/Secondary (0-12)	est grade completed) College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done during mo use retired.)	oat of working				
0-12			Dome	stic					
17. FATHER'S NAME (First, Middle,	Last)			1	18. MOTHER'S N	AME (First, Middle, Maiden	Surname)		
Thomas Gross					Este	elle Curtis			
19a. INFORMANT'S NAME (Type/Pr	rint)		19b. MAILING	G ADDRESS (Street	and Number or Rural	Route Number, City or Tow	rn, State, Zip	Code)	
Henry Hutchin	ıs		983 C	urtis Ro	ad, Dov	vell, Maryl	and :	20629)
20a. METHOD OF DISPOSITION 1 ☆ Burlel 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spec		20b. PL	ACE AND DAT	E OF DISPOSITION	(Name	DATE 20c. LO	CATION -		vn, State
4 Donation 3 D Other topos	ATV)		- minis	Chiltren	1.emeler	7 M// 3/19 1	1151) V	Ivi(I	
21. SIGNATURE OF FUNERAL SEF		_ 56.	Jonns		ND ADDRESS OF F	ACILITY			
A	RVICE LICENSEE	_ 100.	Johns	22. NAME A	ND ADDRESS OF F	1451	Dar	es Be	each Rd.
· Spence	rvice LICENSEE N.P. Ser	ller		22. NAME A	ND ADDRESS OF F	1451 L Home Prin	Dar	es Be reder	
Spence 23. PART I. Enter the disease	RIVICE LICENSEE A Sections of sections and sections and sections are sections.	uell et ceused th	e death. Do	22. NAME A	ND ADDRESS OF F	1451 L Home Prin	Dar	es Be reder	ick, Md
23. PART I. Enter the disease shock, or heert IMMEDIATE CAUSE (Finel	es, or complications the feliure. Liet only one ce	et ceused the	e death. Do	Sewell not enter the mo	Funeral ode of dying, su	1451 L Home Prin	Dar	es Be reder	ick, Md
Species 23. PART I. Enter the disease shock, or heert	es, or complications the feliure. Liet only one ce	et ceused the	e death. Do	Sewell not enter the mo	Funeral ode of dying, su	1451 L Home Prin	Dar	es Be reder	ick, Md
23. PART I. Enter the disease shock, or heart immediate CAUSE (Fine) disease or condition	RIVICE LICENSEE A Sections of sections and sections and sections are sections.	et ceused the	e death. Do	Sewell not enter the mo	Funeral ode of dying, su	1451 L Home Prin	Dar	es Be reder	ick, Md
23. PART I. Enter the disease shock, or heart immediate cause (Finel disease or condition resulting in death)	es, or complications the felture. Liet only one ce	et coused the	e death. Do iline.	Sewell not enter the mo	Funeral ode of dying, su	1451 L Home Prin	Dar	es Be reder	ick, Md
23. PART I. Enter the disease shock, or heart immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	es, or complications the feliure. Liet only one ce	et ceused the	e death. Do iline.	Sewell not enter the mo	Funeral ode of dying, su	1451 L Home Prin	Dar	es Be reder	ick, Md
23. PART I. Enter the disease shock, or heart iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	ses, or complications the felture. Liet only one ce	net coused the puse on each of the total of	line.	Sewell not enter the mo	Funeral ode of dying, su	1451 L Home Prin	Dar	es Be reder	ick, Md
23. PART I. Enter the disease shock, or heert iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	ses, or complications the felture. Liet only one ce	et coused the	line.	Sewell not enter the mo	Funeral ode of dying, su	1451 L Home Prin	Dar	es Be reder	ick, Md
23. PART I. Enter the disease shock, or heart immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	ses, or complications the felture. Liet only one ce	net coused the puse on each of the total of	line.	Sewell not enter the mo	Funeral ode of dying, su	1451 L Home Prin	Dar	es Be reder	ick, Md
23. PART I. Enter the disease shock, or heert iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	Bes, or complications the feliure. Liet only one ce a. Meda DUE TO DUE TO d. DUE TO d.	of coused the puse on each of the couse on each of the couse of the co	e death. Do illne. UV ONSEQUENCE CONSEQUENCE CO	Sewell not enter the mo	Funeral ode of dying, su	1451 L Home Princh as cardled or reep	Dare F:	es Bereder	Approximate interval Betwoen and D
23. PART I. Enter the disease shock, or heert immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	Bes, or complications the feliure. Liet only one ce a. Meda DUE TO DUE TO d. DUE TO d.	of coused the puse on each of the couse on each of the couse of the co	e death. Do illne. UV ONSEQUENCE CONSEQUENCE CO	Sewell not enter the mo	Funeral ode of dying, su	1451 L Home Print has cardled or reep to have a cardled or reep to hav	Dare Friedry en	es Bereder	Approximate interval Betw Onset and D Onse
23. PART I. Enter the disease shock, or heert immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	Bes, or complications the feliure. Liet only one ce a. Meda DUE TO DUE TO d. DUE TO d.	of coused the puse on each of the couse on each of the couse of the co	e death. Do illne. UV ONSEQUENCE CONSEQUENCE CO	Sewell not enter the mo	Funeral ode of dying, su	1451 L Home Princh as cardled or reep	Dare Friedry en	es Bereder	Approximate interval Betw Onset and D Onse
23. PART I. Enter the disease shock, or heert immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	Bes, or complications the feliure. Liet only one ce a. Meda DUE TO DUE TO d. DUE TO d.	of coused the puse on each of the couse on each of the couse of the co	e death. Do illne. UV ONSEQUENCE CONSEQUENCE CO	Sewell not enter the mo	Funeral ode of dying, su	1451 L Home Print has cardled or reep to have a cardled or reep to hav	Dare Friedry en	es Bereder	Approximate interval Betw Onset and D Onse
23. PART I. Enter the disease shock, or heert immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	Best, or complications the felture. Liet only one ce a. Me far Due to b. Due to d. Due	of coused the puse on each of the couse on each of the couse of the co	e death. Do illne. UV ONSEQUENCE CONSEQUENCE CO	22. NAME A Sewell not enter the mo	Funeral ode of dying, su	1451 L Home Print the as cardiec or reep to have a cardiec or reep to	Dare Friedry en	es Bereder	Approximate interval Betw Onset and D WERE AUTOPSY FINDS ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH?
23. PART I. Enter the disease shock, or heart immediate CaUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent or EXAMINER?	Bes, or complications the feliure. Liet only one centre of the contributing to the conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions co	et ceused the puse on each of the true of true	e death. Do iline. U ONSEQUENCE CONSEQUENCE 22. NAME A SEWELL not enter the mo Ca (Ca (Ca (Ca)) OF): OF): In the underlyin 26. P	Funeral ode of dying, su	TACHLITY 1451 L Home Print ch as cardled or reep to the second or reep to the second of the second	Dare Friedry en	es Bereder	Approximate interval Betw Onset and D WERE AUTOPSY FINDS ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
23. PART I. Enter the disease shock, or heart immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Bes, or complications the felture. Liet only one ce a. M. P. C. DUE TO d. DU	of coused the puse on each of catalog of the coused the puse of the coused the puse of the coused t	e death. Do iline.	22. NAME A Sewell not enter the mo	Funeral ode of dying, sure of dying, sure of dying, sure of dying, sure of dying, sure of dying course given in the ode of dying of the ode of dying, sure of the ode of dying, sure of the ode of dying, sure of the ode of dying, sure of the ode of dying, sure of the ode of dying, sure of the ode of dying, sure of the ode of dying, sure of the ode of dying, sure of the ode of dying, sure of the ode of dying, sure of the ode of dying, sure of the ode of dying, sure of the ode of dying, sure of the ode of dying, sure of the ode of dying, sure of the ode of dying, sure of the ode of dying of the ode of dying of the ode of dying of the ode of	1451 L Home Print the as cardiec or reep to have a cardiec or reep to	Dare Firstory en	es Bereder	Approximate interval Betw Onset and D WERE AUTOPSY FINDS ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH?
23. PART I. Enter the disease shock, or heart immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent or EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pend	Bes, or complications the felture. Liet only one ce a. M. P. G. DUE TO C. DU	of coused the puse on each of the true of true of true of the true of	e death. Do iline.	22. NAME A SEWEL1 not enter the mo CC (CC) OF): OF): OF): OF): OF): OF): OF): OF)	Funeral ode of dying, sure of dying, sure of dying, sure of dying, sure of dying, sure of dying of dyi	ACILITY 1451 L Home Print ch as cardled or reep to the second of the sec	Dare Firstory en	es Bereder	Approximate interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
23. PART I. Enter the disease shock, or heart immediate Cause (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST PART II. Other algnificent or EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pend Investigation	BUETO DUE TO	of ceused the puse on each of the puse on each of the puse of the	INSEQUENCE CONSEQUENCE . NAME A SEWEL1 not enter the mo CC (CC) OF): OF): OF): OF): OF): OF): OF): OF)	Funeral ode of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying at the control of dying	ACILITY 1451 L Home Print ch as cardlec or reep to as cardlec or r	Dare Firstory en	es Berederreat,	Approximate Interval Betwoon on set and D	
23. PART I. Enter the disease shock, or heart is sh	BUETO DUE TO	of ceused the puse on each of catalog of the ceused the puse on each of the ceused the puse of the ceused the puse of the ceused the	INSEQUENCE CONSEQUENCE . NAME A SEWEL1 not enter the mo CC (CC V) OF): OF): OF): OF): OF): OF): OF): OF)	Funeral ode of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying at the control of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying, sure the control of dying at the control of dying	1451 L Home Print ch as cardled or reep chas cardle	Dare Firstory en	es Berederreat,	Approximate Interval Betwoon on set and D	
23. PART I. Enter the disease shock, or heert is shock, or heert is shock, or heert is shock, or heert is shock, or heert is shock, or heert is shock, or heert is shock, or heert is shock, or heert is shock, or heert is shock, or cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificent or shock is shocked as shocked	Bes, or complications the feliure. Liet only one ce a	of coused the puse on each of the puse on each of the puse of the	onsequence of the second of th	22. NAME A SEWEL1 not enter the mo C C C C OF): OF): OF): OF): 26. P OTHER: 4 Numing Hori ME OF 28c. IN JURY M 1	Funeral ode of dying, sunder of dying, sunder of dying, sunder of dying, sunder ode of dying, sunder ode of dying, sunder ode of dying, sunder ode of dying, sunder ode of dying, sunder ode ode of dying, sunder ode ode ode ode ode ode ode ode ode ode	ACLITY 1451 L Home Print ch as cardlec or reep to as cardlec or re	AUTOPSY RMED? 2 IN NO	es Bereder reat, 24b.	Approximate Interval Betwood Onset and Double and Doubl
23. PART I. Enter the disease shock, or heert is sh	Bes, or complications the feliure. Liet only one ce a	of injury — g, etc. (Specify)	PONSEQUENCE CONSEQUENCE NAME A SEWEL1 not enter the mo C C C C OF): OF):	Funeral ode of dying, sunder of dying, sunder of dying, sunder of dying, sunder ode of dying, sunder ode of dying, sunder ode of dying, sunder ode of dying, sunder ode of dying, sunder ode ode of dying, sunder ode ode ode ode ode ode ode ode ode ode	ACHITY 1451 Home Print ch as cardled or reep Part I. 24a. Was An Perfo 1 Yes: Check only one) 28d. Describe How 28t. LOCATION (Street City or Rown, State)	Dar Control of Autopsy RMED? 2 No Injury oc and Number	es Bereder reat, 24b.	WERE AUTOPSY FINDIA AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 No	

PRINCE FREDERICK, MARYLAND

20678

M.D.

02. REGISTRAR'S SIGNATURE LONG DAY COMPANY



3. TIME OF DEATH

4:00 PM

2. DATE OF DEATH

- 1

FOR

1 -

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

George

0

SEP 16 91

o'	within
2	executed
<	e e
	ficate
5	perti
Ĺ	death
ח	he
5	that t
	requires
	WB
4	The
DIVISION OF VITAL RECORDS, F.O. BOA 13146	OSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within
	ENDING
2	AT
\leq	B
	DSPITAL

10

4. SOCIAL SECURITY NUMBER 6. SEX a. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS HOURS XX M 2 - F 212-20-1542 YRS Aug. 19, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 9515 Old Georgetown Road Bethesda RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE Maryland Montgomery Bethesda FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 9515 Old Georgetown Road 20814 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XXES 2 NO IF YES, GIVE WAR OR OATES WWI 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specity Yee or No-If yes, specity Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced ETED. 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementery/Secondary (0-12) College (1-4 or 5+) COMPL Business owner 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) John notified at Imirie Mary BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Sue M. Imirie 9515 Old Georgetown Road, Bethesda, Maryland å 20e. METNOD OF DISPOSITION

XX Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or must director, Rockville Union Cemetery 4 Donetion 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY
Robert A. Pumphrey Funeral Home
Bethesda-Chevy Chase, Inc., 7557 Wisconsin
Avenue, Bethesda, Maryland 20814-3501 examiner 21. SIGNALLINE OF FUNERAL SERVICE LICENSEE funeral M00522 the medicai 23. PART I. Enter the diseases, or compilications that caused the dasth. Do not enter tha mode of dying, such as cardiac or respiratory arrest, filled in by ahock, or heart failure. List only one cause on each line. 6 completely filled rial, cremation, o **IMMEDIATE CAUSE (Finel** the disease or condition Cardiac arrythmia resulting in death) traumatic event, OUE TO (OR AS A CONSEQUENCE OF): and com arteriosclerosis CORONARY CERTIFICATION Sequentially ilet conditions, DUE TO (OR AS A CONSEQUENCE OF): been signed by the attending physician are of Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events or other OUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST amy Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL Diverdicelan abscess 1 YES 2XXNO 23 shows has be Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) Hem certificate h HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Qualiferice 8 Other (Specify) 0 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED with t is marked, 1 Naturat 5 Pending Investigation 1 YES 2 NO death v BY 2 Accident After 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide a Could not be DIRECTOR: / COMPLETED 4 Homicide determined MPORTANT: If Item 28 29e. CERTIFIER

Chack and:

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end menner se stated. (Check only one) FUNERAL WITHIN 72 h 4 ** MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER BE 표분 DO82 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) hu 8218WISCONSIN AUE. Der

Lucia Davidson Render

Wadv

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Imirie, Sr.

8. BIRTNPLACE (State or Foreign Country) 1895 Washington, 9c. COUNTY OF DEATH Montgomery 10d. INSIDE CITY 1 YES 2XXNO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Specify: White Auto parts & repair Boswell 20814 20c. LOCATION — City or Town, State Rockville, Maryland Approximeta Interval Between **Onset and Death** 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO

29d. OATE SIGNEO (Month, Day, Year

	1
	d
	1
	F
_	
-	3
φ	1
4	3
'n	-
-	- }
-	
	4
\simeq	1
0.0	-
	4
0	-
n'	4
	4
ເຄົ	-
~	4
~	1
\overline{a}	1
\aleph	1
Ų.	1
	1
OF VITAL RECORDS, P.O. BOX 13146	:
_	-
4	ž
5	4
	Š
Щ.	6
0	7
_	7
~	-
0	6
(A)	1
=	1
2	
DIVISION	the second of the second secon
_	:
	-

	1 - STATE REGISTRAR	STATE OF MA		DEPART					MENTAL	HYGIEN REG. NO			20400	
	1. DECEDENT'S NAME (First, Middle, Last)		1191						2. DATE (OF DEATH		YEAR	3. TIME OF DEATH	
		Elizabe								ember	10,1		3:00 p M	
	4. SOCIAL SECURITY NUMBER 179-26-1390	6. SEX	B. AGE (In yrs. les		IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	(Month,	te of Birth orth, Dey, Veer) ch 29,1934 Pennsylvan				
	9a. FACILITY NAME (If not institution, give a	test and number			N. OUTY	201101	OR LOCATI	011 05 0		1 29,1		NTY OF D		
HO H		eton Driv	'e		PE. CITY,	IOWN	Beth				96. COU		gomery	
5	RESIDENCE OF DECEDENT													
DIRECTOR	10a. STATE 10b. COUNT			10c. CITY,	TOWN O	R LOCAT		1	2-				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	Maryland 100. STREET AND NUMBER	Montgomer	У	1	-	101	. ZIP COD	hes	aa		10g. CIT	IZEN OF V	VHAT COUNTRY?	
E	9835 Singl	eton Driv	6				2	0817	7		Hr	ited	States	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. AF	RMED NO	H	f yes, sp		n, Mexic	NIC ORIGINA an, Puerto R				E — American Indian, k, White, etc.	
ED	15. DECEDENT'S EDU	I CATION	Tan N	ECEDENT'S U	01111 00	20110171	211		-				White	
쁘	(Specify only highest grade		10a. De	Sive kind of words. Do NOT use:	rk done d	during mo	et of workli	ng	160.	KIND OF BU	SINESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	1170											
COMPLET	12			Home	emak	er		_			_	Hom	e	
	17. FATHER'S NAME (First, Middle, Last)								AME (First, M	-3.0	,			
H	Kenneth	Carlton			-	_		_	vaila				ry	
2	19e. INFORMANT'S NAME (Type/Print)			b. MAILING A										
	Douglas C.						_				**		20817	
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	noval from State	other p	of dispositions of the contract of the contrac							CATION -			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1 Mont	.qomer									aryland	
	· Seman	T Xa	It MC	00335	Re Be	ober ethe venu	t A. esda- e Be	Che	mphre vy Cha sda, I	y Fundase,	eral Inc.	Home 7557 20814	Wisconsin	
	23. PART I. Enter the diseases, or	complications that	caused the de	eath. Do no									Approximate	
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	CA ON	e on each line	v. D		0 /	/		/				Onset and Death	
	resulting in death)	DUE TO (OR AS A CONSE	DUENCE OF:	ual	A.S.	MA	My	se-	-			muses	
_		Lan	ahee	01	~~	A / (00 A			0				1424	
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A COMSE	QUENCE, OF):	404	acce)						Jan	
¥	If any, leading to immediate cause. Enter UNDERLYING	Cena	linia.	1/10									care.	
[윤]	CAUSE (Disease or Injury that initiated events	DUE TO (I	OR AS A CONSE	QUENCE OF):	1								graces	
ᇤ	resulting in death) LAST	14	deal 1	140 (In	101							yella	
빙		8	rug ver	1	100	- 10-							1200	
A	PART II. Other significant condition	na contributing to	leath but not	resulting in	the un	dertyln	g cause	given ir	n Part I.	24a. WAS AN		248	WERE AUTOPSY FINDINGS	
일										1 TYES			COMPLETION OF CAUSE OF DEATH?	
MEDI													1 YES 2 NO	
N N	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF E	EATH (C	heck only one)				
Sic	EXAMINER? 1XXYES 2 ☐ ND	HOSPITAL:	ER/Outpatient	3 DOA	OTHER	it: sina Horr	ne 5 ⊠ n	esidence	6 🗆 Other	(Specify)				
PHYSICIAN:	27. MANNER OF DEATH 1 🔀 Natural 8 🖂 Pending					ling Home 5 ∰ Residence 6 □ Othe 28c. INJURY AT WORK? 1 □ YES 2 □ NO			DESCRIBE HOW INJURY OCCURED					
B	2 Accident investigation	28a PLACE OF	INJURY — At h	ome form str	read fort				281 1.004	TION (Street	and Numbe	or or Dural	Route Number,	
TE	3 Suicide 8 Could not be 4 Homicide determined	building, e	nc. (Specify)	Ome, min, en	, 100	ory, one				or Town, State		or ritoral	noce number,	
2	29a. CERTIFIER 1 X CERTIFYING PHYS	ICIAN: To the best of r	ny knowledne d	eath occurred	at the ti	ime, date	and place	and di	e to the con-	se(a) and me	nner es el-	nted.		
COMPLET	enel												s) and manner as stated.	
E C	290 GIGNATURE AND TITLE OF CERTIFIE	1	()			-	29c. LIC	ENSE NU	UMBER		29d. DA	TE SIGNE	(Month Day, Year)	
B	Autola lo	Tenking	· de	MIC			12	28	54		> C	7/1	2/91	

Connecticut Avenue Kensington,

10810

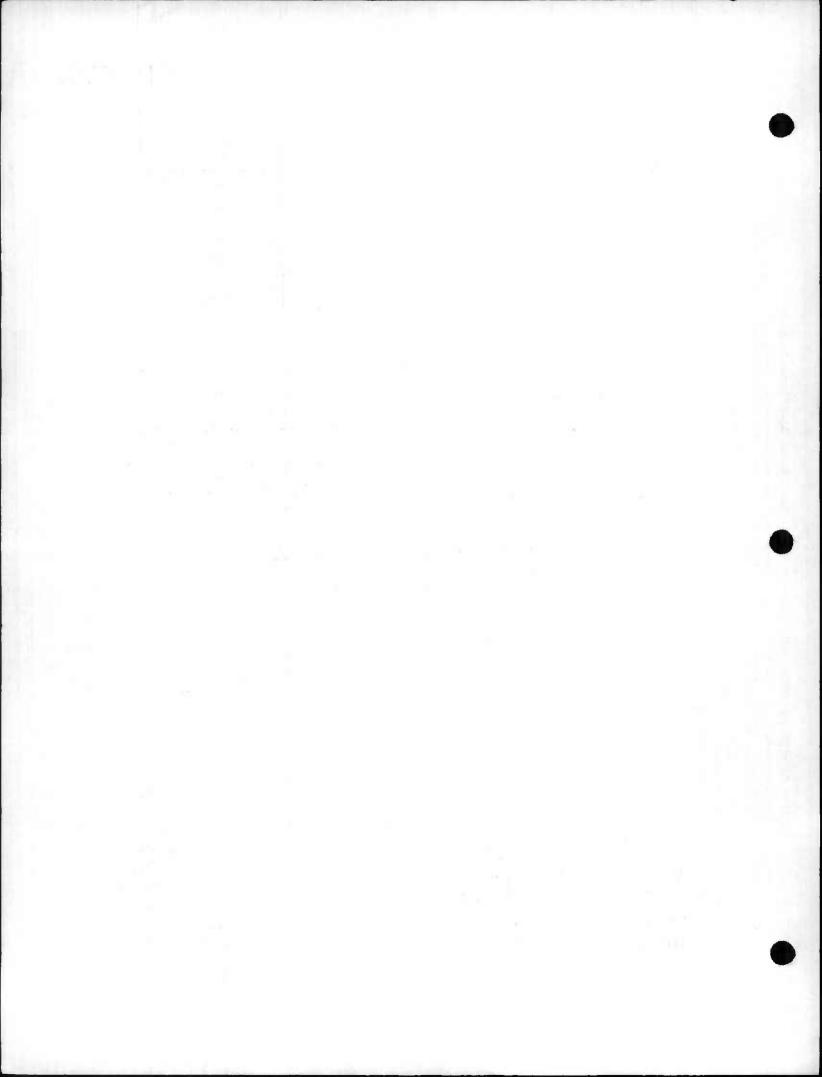
32. REGISTRAR'S SIGNATURE

D

Nicholas Roo 31. DATE FILED (Month, Day, SFP 13 91

Rogentine

Maryland 20895



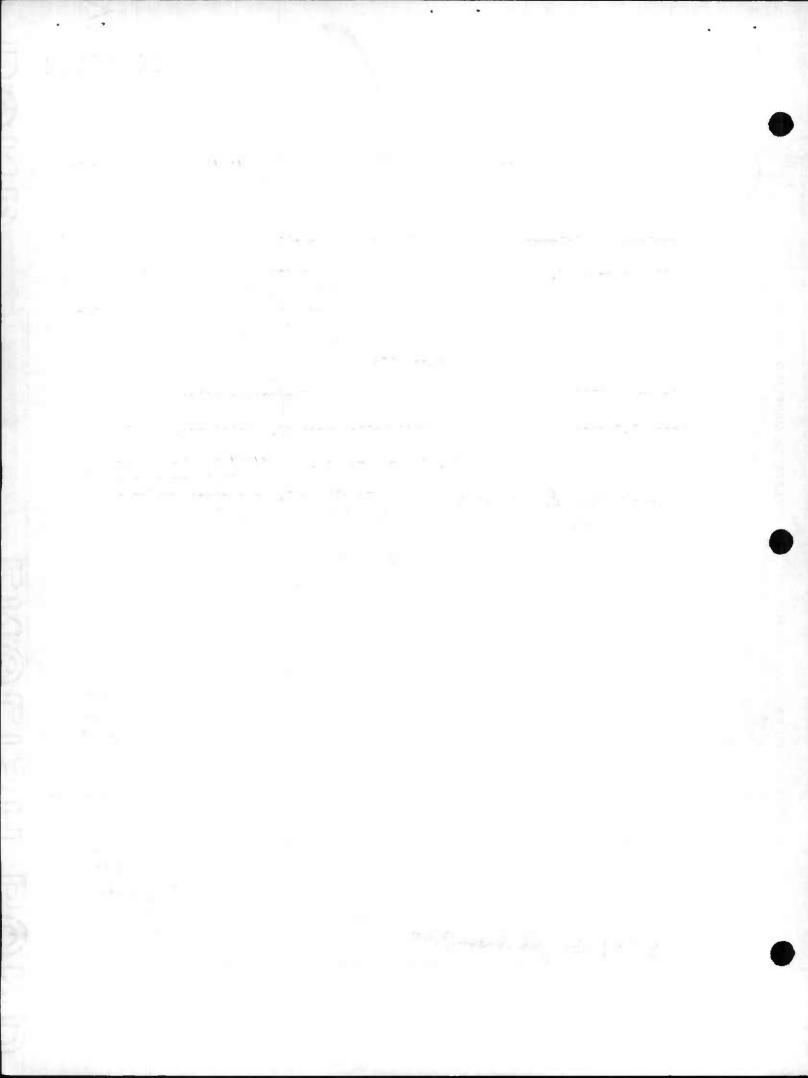
•
13146
-
m
•
BOX
~
<u>~</u>
v
P.0.
<u> </u>
84
(n)
0
_
RECORDS
~
0
()
_
ш
CY"
and the same
VITAL
_
•
-
>
t i
=
OF
7
$\overline{}$
U
-
(n)
_
DIVISION
_
0

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	91	2640
CERTIFICATE OF DEATH REG NO		

1 - FOR STATE REGISTRA	AR	STATE OF MARY		RTMENT OF I		MENTAL HYG		50101
1. DECEDENT'S N	NAME (First, Middle, Last) Leonard	1 S. Jones				2. DATE OF DEAMONTH	DAY Y	3. TIME OF DEATH
4. SOCIAL SECUI			E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	н в	BIRTHPLACE (State or Foreign
577-01-	-4491 ME (If not institution, give	1 M 2 F	87 YRS.	MONTHS DAYS	HOURS MIN.	April 1		Alabama
Carroll RESIDENCE	Manor Nu	rsing Home		Hyattsv			Princ	ce George's
Carroll RESIDENCE 10e. STATE 10e. STREET AND 5004 Th 11. MARITAL STA	10b. COUNT			ry, town or Local				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND	NUMBER				1. ZIP CODE		10g. CITIZE	OF WHAT COUNTRY?
5004 Th	nird Street	N.W.	R IN U.S. ARMED		20011 CENDENT OF HISPA	NIC OBIGIN? (Spec		ed States
∑ 3 □ Widowed	ed 2 🔀 Married	FORCES? 1 YE	S 2 NO	If yes, s	pecify Cuben, Maxic 3 2 NO Speci	en, Puarto Ricen, et		Black, White, etc. Specify: Black
	15. DECEDENT'S EDU (Specify only highest grade econdary (0-12)	JCATION e completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of Itte. Do NOT u	S USUAL OCCUPATE work done during m see retired.)	ON ost of working	16b. KIND C	OF BUSINESS/INDUS	TRY
12 1		2	State I	epartmen	nt Superv	visor U	.S.A. Gov	vernment
17. FATHER'S NA	ME (First, Middle, Last)					AME (First, Middle, A		
Curtis	Jones				Unknow			
O INFORMANT	'S NAME (Type/Print)						or Town, State, Zip Co	
Wauli	ine Jones							.C. 20011
1 GgBurlel 2 D	☐ Cremation 3 ☐ Ren 5 ☐ Other (Specify)	noval from State	other place) Ft. I		Cemetery		Brentwood	
21. SIGNATURE	FUNERAL SERVICE L	CENSEE	<u></u>	22. NAME A	NO ADDRESS OF F	ACILITY	rvice Inc	
IMMEDIATE Condiseese or control in de	ock, or heert fallure. AUSE (Finel ndition	Progress	on Pneumo s A consequence of ive Cereb	onia on: oral Thro		or se cardiec or	Toophistory offer	t, Approximate interval Between Onset and Death
	y to immediata UNDERLYING use or injury events	Hyperten	s a consequence of sive Card s a consequence of ve Heart	liovascu.	lar Disea	ase		
H. H.		d. Conjesti	ve neart	rallure	-			
	r significant condition	ns contributing to deat	h but not resulting	in the underlyli	ng cause given ir	P	MS AN AUTOPSY ERFORMED? YES 2 1 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Z VAS CASE DE	EFERRED TO MEDICAL			9.0	LACE OF DEATH (C	beak ank and		
EXAMINER?	n	HOSPITAL:	hitnetlest & [7] 500	OTHER:			4.1	
	DEATH 5 Pending	28e. DATE OF INJUI (Month, Day, Yea	28b. TII	ME OF 28c. IN	JURY AT ORK? YES 2 NO	1	HOW INJURY OCCU	RED
2 Accident 3 Suicide 4 Homicid	8 Could not be	28e. PLACE OF INJU- building, etc. (5	JRY At home, farm, Specify)	street, factory, off	CO	281. LOCATION (City or Town,	Street end Number or , State)	Rural Route Number,
4 Homicid 29e. CERTIFIER (Check only one)		SICIAN: To the best of my ki						cause(a) and manner ea stated.
Muth	AND TITLE OF CERTIFIC	HO COMPLETED CAUSE OF	OF ATH (ITEM 27) (3-	no Printi	29c, LICENSE NU D263		29d. DATE \$	10/9/ 10/9/
Marta	A. Schnei	der, M.D.		ro, critin)	,			
31. DATE FILED	16 '91	32 REGISTRAR'S S						

	Ga	0
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pay	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.
i	after d	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.
	SUNO	d In b
	124	y fille
6	within	crem
	cuted	d con
	e exce	an an
	ate b	hysici prior
,	ertific	ling pl
	eath	attend ntal H
	the d	the Me
	that	ed by
	Juires	sign
	W rec	beer of
	he la	e has
	AN: T	ifficati Stat
	YSICI	s cert
	G PH	er thi
)	NION	R: Aft or dea
	ATTE	ECTO FS aft
	L OR	L DIR
	SPITA	NERA PI
	E HO	E FUI
	TH Q	는 는 H

FOR STATE REGISTRAR	STATE OF N	MARYLAND / DEP CERT			DEATH	MENIA	REG. NO					
1. DECEDENT'S NAME (First, Middle, LTHELMA		ERSON				MONT	of DEATH		YEAR 19		0F DEATH	
4. SOCIAL SECURITY NUMBER 212-14-0661	5. SEX 1	6. AGE (In yrs. last birthd	S. MONTHS		IF UNDER 24 HRS. HOURS MIN.	09/	OF BIRTH h, Day, Year) 16/190	6	Country	Mar	State or Fore	
99. FACILITY NAME (If not institution, g Calvert Memo	orial Hos		Pr	ince	Frede		ς	ca.	lver	ct	SIOE CITY	
	alvert		CITY, TOWN		Dowe11			10g. CITIZ	ZEN OE W	1 🗌 YI	AITS? ES 2 XN	ю
119 Newtown	Rđ.				2062	9		12,00	SA	TIAI CO		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. ARMED YES 2XXNO WAR OR DATES	13	If yes, sp	ENDENT OF HISP ecity Cuben, Mexi 2 NO Spec	ANIC ORIGII can, Puerto			14. RACE	, White,	ricen Indian	١,
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		16a. DECEDEN (Give kind life. Do NO	of work done of use retired.,	OCCUPATION during mo	ON ast of working	161	. KIND OF BU	SINESS/INDI	USTRY			
17. FATHER'S NAME (First, Middle, Las	n()				18. MOTHER'S I	NAME (First,	Middle, Maiden	Surname)				
Richard Phillip					Chri	stian	a Wils	on				
19e. INFORMANT'S NAME (Type/Print)					and Number or Run							
Peggy L.Sutton					urte Rd							_
20a, METHOD OF DISPOSITION 1 N Burial 2 Cremetion 3		20b. PLACE ANO of cemetary, crema	itory or other	place)		OAT		CATION —				
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE Specify	CE LICENSEE	- St. Joh	22	2. NAME A	em. NO ADDRESS OF 1 Fun1.		1451 D		Beac	h R	d.	57
shock, or haart fali IMMEDIATE CAUSE (Final	lure. List only one cau						diac or reap		est,	In	pproxima iterval Be inset and	ts tw
shock, or heart fall	a. POSS IB DUE TO b. A C U 7 DUE TO c. D A		GLYCE E OFF: ARDIF E OFF: NELL	mIA	NFAR	uch as car			est,	In	terval Be	ts two
shock, or heart fell IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. POSS IB DUE TO b. A C U 7 DUE TO c. D A DUE TO d.	LE 14 Y PO (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE	GLYCE E OF): ARDIF E OF): MELL EE OF):	mIA	NFAR	CTIU		latory arm		WERE A AMAILAE COMPLIA	UITOPSY FIN DIE PRIOR T ETION OF C	ts twe De
shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent cond	a. POSSIB DUE TO b. ACUT OUE TO c. DIA DUE TO d. ditiona contributing to	LE 14 Y PO (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE	GLYCE E OF): ARDIF E OF): MELL EE OF):	MIA	NFAR	CTIO	24s. WAS AI PERFO 1 YES	latory arm		WERE A AMAILAE COMPLIA	JUTOPSY FIN DIE PRIOR T ETION OF CA	ts twe De
shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDIC EXAMINER?	a. POSS IB DUE TO b. A C UT DUE TO c. DIA DUE TO d. HOSPITAL:	LE HYPO (OR AS A CONSEQUENCE MYOCF (OR AS A CONSEQUENCE OR AS A CO	GLY CE E OF): A R DI F E OF): MELL E OF): Ing in the C	MIA -ITU underlyin 28. P	NFAR	CTIU	24a, WAS AF PERFO	latory arm		WERE A AMAILAE COMPLIA	JUTOPSY FIN DIE PRIOR T ETION OF CA	ts twe De
shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDIC	a. POSS B. DUE TO C. DI A DUE TO DU	LE HYPO (OR AS A CONSEQUENC E MYOCF (OR AS A CONSEQUENC BETES M (OR AS A CONSEQUENC deeth but not result)	GLYCE E OF): PEDIF E OF): MELL E OF): OTHER OTHER A 4 INI.	26. PER:	DIAGE OF DEATH (CTIU	24a, WAS AF PERFO	AUTOPSY RMED? 2 \(\square\) NO	246.	WERE A AMAILAE COMPLIA	JUTOPSY FIN DIE PRIOR T ETION OF CA	ts twe De
shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	a. POSS B. DUE TO C. DI A DUE TO DU	LE HYPO (OR AS A CONSEQUENC E MYOCF (OR AS A CONSEQUENC BETES M (OR AS A CONSEQUENC deeth but not result)	GLY CE E OF): A R DI F E OF): MELL E OF): Ing in the L A OTHER	mIA L ITU underlyin 26. P ER: ursing Hor	DAGE OF DEATH	CTIU	24a, WAS AI PERFO 1 YES	AUTOPSY RMED? 2 \(\square\) NO	246.	WERE A AMAILAE COMPLIA	JUTOPSY FIN DIE PRIOR T ETION OF CA	ts twe De
shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	AL HOSPITAL: 1 Minpettant: 280. DATE OF (Month, Lot be building, ot be building, ot be building, on the building to be building, ot be building, on the building of the building	LE HYPO (OR AS A CONSEQUENC E MYOCF (OR AS A CONSEQUENC BETES M (OR AS A CONSEQUENC deeth but not result)	GLYCE E OF): A P DI F E OF): OE L L E OF): Ing in the L TIME OF INJURY M	28. PER: unsing Hor	DAGE OF DEATH (JURY AT 1985 2 NO	In Part I.	24a, WAS AI PERFO 1 YES	I AUTOPSY RMED? 2 NO	24b.	WERE A ANALLAS	UTOPSY FIN BLE PRIOR TETRON OF CA THY	ts twe De
shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investiga 2 Accident 3 Suicide a Could no determin 29e. CERTIFIER (Check only) 1 CERTIFYING I	AL HOSPITAL: 1 Minpettant: 280. DATE OF (Month, Lot be building, ot be building, ot be building, on the building to be building, ot be building, on the building of the building	LE HYPO (OR AS A CONSEQUENC E MYOCF (OR AS A CONSEQUENC BETES M (OR AS A CONSEQUENC deeth but not result) ERVOutpetient 3 DC FINJURY 28b. OF INJURY At home, faretc. (Specify)	GLY CE E OF): A R DI F E OF): OE L L E OF): Ing in the u This of INJURY M rm, street, fa	26. PER: ursing Hor	g cause given LACE OF DEATH (ne 5 Residence JURY AT JURY AT TYES 2 NO	In Part I. Check only of 28d. DE 28f. LO Chi	24a. WAS AI PERFO 1 VES TO YES CATION (Street or Town, State	NAUTOPSY RMED? 2 NO INJURY OCC	24b. CURED or Rural F	WERE A AVAILABLE OF DEA	JUTOPSY FININE PRIOR TETTON OF CATTARY ES 2 N	IDIN O
shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 1 Investigation 2 Accident 3 Suicide a Could not determine 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER AND TITLE OF CERTIFING	AL HOSPITAL: 1 Minpetient 2 28e. PLACE of building. PHYSICIAN: To the basie of a pricing part of the part of the par	LE HYPO (OR AS A CONSEQUENC E MYOCF (OR AS A CONSEQUENC BETES M (OR AS A CONSEQUENC deeth but not result) ERVOutpetient 3 DC FINJURY 28b. OF INJURY At home, faretc. (Specify)	GLY CE E OF): A R DI F E OF): OE L L E OF): Ing in the u This of INJURY M rm, street, fa	26. PER: ursing Hor	g cause given LACE OF DEATH (ne 5 Residence JURY AT JURY AT TYES 2 NO	In Part I. Check only one 8 Other 28d. DE 28d. LO Chy the to the cather time, defined the cathe	24a. WAS AI PERFO 1 VES TO YES CATION (Street or Town, State	NAUTOPSY RMED? 2 NO INJURY OCC	24b. CURED or Rural F	WERE A AMAILAN COMPLIAN OF DEA	JUTOPSY FIN JUTOPSY FIN JUE PRIOR T STRION OF CU THY ES 2 N	IDIN O
shock, or haart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigas 3 Suicide 1 Could ind determine 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	AL HOSPITAL: 1 Norpalant 2 280. DATE OF (Month, Lend) 280. DATE OF (Month, Lend) 280. DATE OF (Month, Lend) 280. DATE OF (Month, Lend) 280. DATE OF (Month, Lend) 280. DATE OF (Month, Lend) 280. DATE OF (Month, Lend) 280. DATE OF (Month, Lend) 280. DATE OF (Month, Lend)	LE ITY PO (OR AS A CONSEQUENC E MYOCF (OR AS A CONSEQUENC BETES M (OR AS A CONSEQUENC deeth but not result! ER/Outpetient 3 DC FINJURY 28b. OF INJURY At home, fallete. (Specify) If my knowledge, deeth occasional and consequence of the	GLYCE E OF): A C DI F E OF): MELL E OF): Ing in the u Time OF INJURY M rm, street, fe	26. PER: ursing Hor	g cause given LACE OF DEATH (ne 5 Residence JURY AT DRK? YES 2 NO	In Part I. Check only of the cathetime, det	24a. WAS AI PERFO 1 VES TO YES CATION (Street or Town, State	I AUTOPSY RMED? 2 NO INJURY Occurrence and Number	24b. CURED or Rural F ed. e cause(e	WERE A AMAILAN COMPLIAN OF DEA	JUTOPSY FIN JUTOPSY FIN JUE PRIOR T STION OF CA THY ES 2 N	IDIN TO MUSE

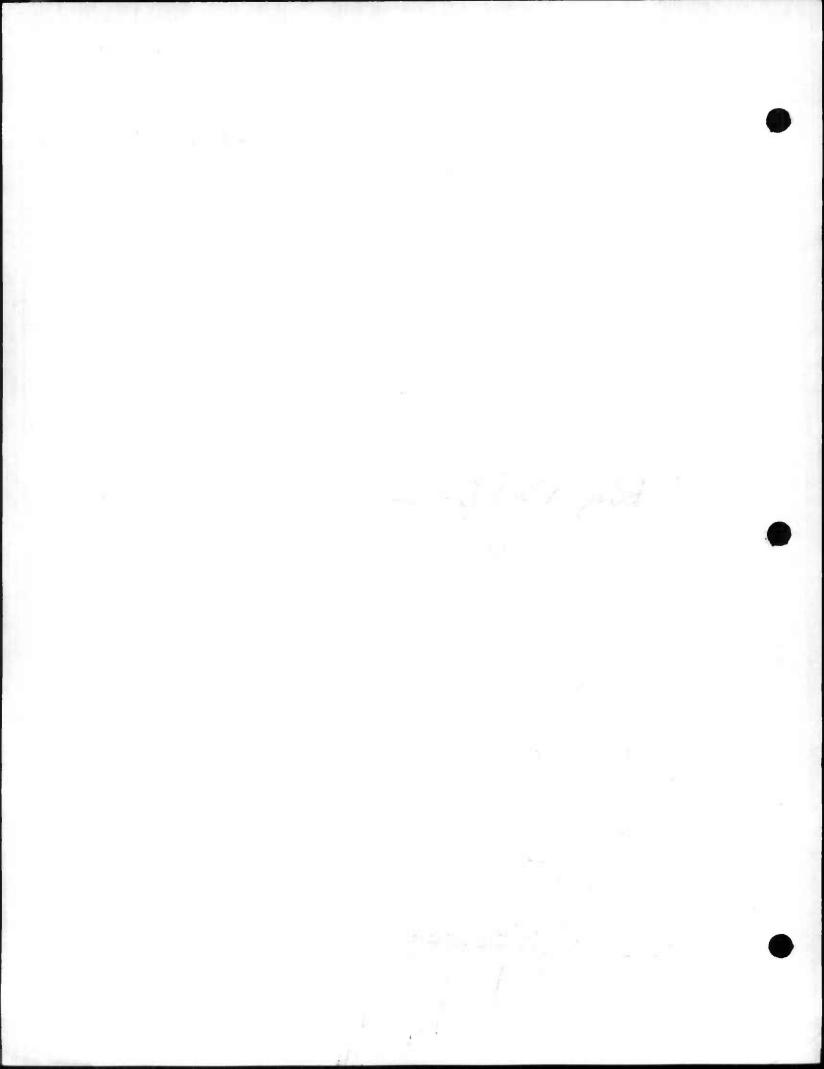


hay be retained by the hospital or attending physician. page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should E, MARYLAND 21215-0020

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND

10

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF HEALI	H AND ME	NTAL HYGIE		
	1. OECEDENT'S NAME (First, Middle, Last)	+ Varia	/	SERVICE CONTRACTOR	2,	DATE OF DEATH	DAY 1	TEAN 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	SK UPT CO		T E. KEN		DATE OF BIRTH	1 - 0	BIRTHPLACE MUSES OF FOUNDS
	577-03-3161	1 M 2 S	YRS. MON	AMERICAN PROPERTY AND ADDRESS OF THE PARTY AND		Mying dex may	4.4	MARYLAND
	9a. FACILITY NAME (If not institution, give :	street and number)	9b.	CITY, TOWN OR LOC	ATION OF DEATH	1/12/		Y OF OEATH
DIRECTOR	RESIDENCE OF DECEDENT	bspital	S	ILVER SP	RING		MONTG	OMERY
E S	10a. STATE 10b. COUNT	Y	10c. CITY, TO	WN OR LOCATION				10d. INSIDE CITY
ă	MARYLAND MO	ONTGOMERY	SI	LVER SPR	ING			LIMITS?
A I	10s. STREET AND NUMBER			10f. ZIP C			10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	2420 EVANS DRIVE	2012		20	0902			USA
15	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS OECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDEN	T OF HISPANIC C	PRIGIN? (Specify Y		. RACE — American Indien, Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	res X	1 TES 2 X	NO Specify:	Jano Mcan, atc.)		Specify:
ED	15. DECEDENT'S EDU	CATION	18a. OECEDENT'S USUA	M. OCCUPATION		Last white of the		WHITE
ETE	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)		fone during most of wa	orking	16b. KIND OF BI	ISINESS/INDUS	тну
ם	12	Conege (1-4 or 5 +)	HOUSEW	TEE				
COMPL	17. FATHER'S NAME (First, Middle, Last)		1100011		OTHER'S NAME (First, Middle, Maide	Sumame)	
ш	NEWTON YOUNG					E SCHAEF		
0 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Num				ode)
F	CATHERINE L. BAR	NES						AND 20904
	20e. METHOD OF DISPOSITION 12 Buriel 2 Cremetion 3 Rem	20b. I	PLACE ANO DATE OF DIS	SPOSITION (Name of	1			y or Town, State
	4 Donation 5 Other (Specify)	GA	tery, crematory or other parties of HEA		ERY	9/14 SIL	VER SP	RING, MARYLAND
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADD	RESS OF FACILIT	Υ		
	Kon)	D. 154	8_	FRANCIS 3	ERSTTY I	LNS FUNE	KAL HO	ME, INC. PR.,MD.20901
	23. PART I. Entar the diseases, pr	complications that caused List only one cause on each	the death. Do not e	nter the mode of	dying, auch as	cardiac or rear	iratory arres	t, Approximata
	IMMEDIATE CAUSE (Final	**						Interval Between Onset and Death
	disease or condition resulting in death)	Rapinete	CONSEQUENCE OF):	(UKO				
NO	Sequentially list conditions,	o. Corcer	of os	ophasu)				
CERTIFICATION	if any, leading to immediata cause. Entar UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF):					
윤	CAUSE (Disease or Injury that initiated events	CDUE TO (OR AS A C	CONSEQUENCE OF					
E	resulting in death) LAST		,					
핑		4.						
AL	PART II. Other aignificant condition	s contributing to death but	t not reaulting in the	underlying caus	e given in Part	I. 24a. WAS AT		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC	old age					1 TYES		COMPLETION OF CAUSE OF DEATH?
ME	previous							1 TES 2 NO
PHYSICIAN:								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLACE OF HER:	DEATH (Check o	nly one)		
14S	1 YES 2 700	hpatient 2 ER/Outpet	lent 3 DDA 4 -	Nursing Home 5				
à	Netural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	1	. DESCRIBE HOW	INJURY OCCUP	ED
ВУ	2 Accident Investigation 3 Suicide & Could get be	28a. PLACE OF INJURY -		1 1 123 2		LOCATION (C)		
	4 Homicide 6 Could not be	building, etc. (Specify)	tactory, office	201.	City or Town, State	and Number or	Rural Route Number,
9	29a. CERTIFIER							
COMPLETED	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowled R: On the basis of examination a	dge, death occurred at t	he time, data and pla	ca, and due to th	e cause(a) and me	nner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER		and investigation, in					
BE	1 1001 1 + 2	- mn		29c. L	ICENSE NUMBER		29d. DATE SI	GNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHI	O COMPLETED CAUSE OF DEAT	H (ITEM 27) / Kora Dalast	[57	942		09	11/14/
	Alah B	Krovit	2 mn	4697	Sheds	Drive	B. T	es, be and
	31. DATE FILED (Month, Day, Year) CFD 1 6 1991	32. REGISTRAR'S SIGNAT	andell					

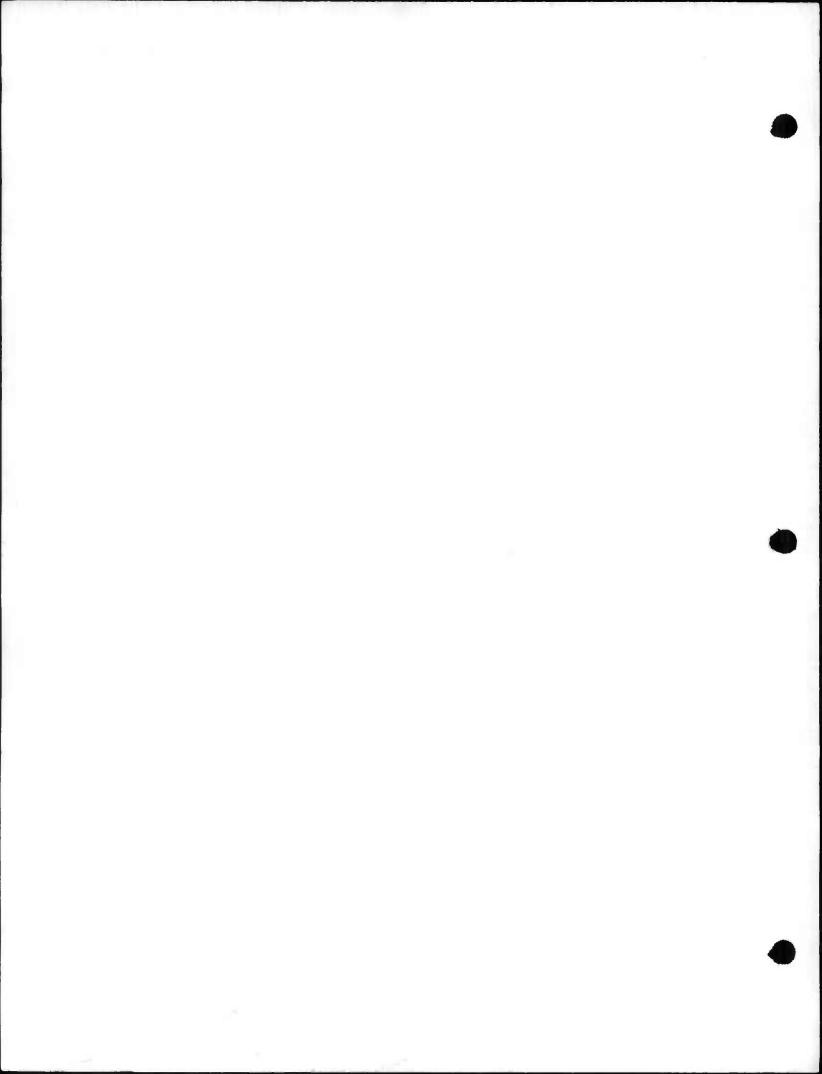


,	-	2
1	ned	COL
DIVISION OF VITAL DECORDS, F.O. DOA 1314	HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed we	IE FINEDAL DIRECTOR. After this certificate has been signed by the attending physician and com-
<	e	ian.
2	cate	hvsi
	ertifi	טשט
	9	pudi
-	Jeat	2116
Ď.	the	the
2	13	3
5	S	ned
5	uire	O.O.
	req	LAAC
1	S.	36
ξ.	The	d of
	ż	fical
>	CIA	arti
	3	ie o
_	4	4
5	DING	Afta
	EN	SB
=	A	E
5	OR	AIG
_	M	A
	SPI	001
	오	ū
	ш	M

31. DATE FILED (Month, Day, Year)
SEP 17 91

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA				YGIENE EG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) CARME/	ARA CARMEN C	CIS			2. DATE OF I	16 19	
	4. SOCIAL SECURITY NUMBER 564-20-6656	1 - M 2 DF 7	YRS. MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		1920 C	BIRTHPLACE (State or Foreign Country) BNADA
TOR	98. FACILITY NAME (If not institution give	Street and number ATIS	FR. T	AKO1	MA PF	ATH FRIC	MON.	TGOMERY
DIRECTOR	10e. STATE 10b. COUNT	NTGOME		VEIZ	SPR	ING	⇒ 1	10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 10202 LORAIN AV	ENUE	-/.	10f	20901			OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Newer Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	endent of HISPAN ecity Cuben, Mexicar 2 X NO Specify	, Puerto Rica		RACE American Indian, Black, White, etc. Specify:
COMPLETED	15. OECEDENT'S ED (Specify only highest grace Elementary/Secondery (0-12)	Coflege (1-4 or 5+)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mo lired.)	st of working		ID OF BUSINESS/INDUST	RY
OMF	12 17. FATHER'S NAME (First, Middle, Last)		ADMINISTRA	TIVE S			VATE INDUST le, Maiden Surname)	CRY
BE C	ARTHUR M. O	NEILL			GEORGE	NIA MO	CDONALD	
10	190. INFORMANT'S NAME (Type/Print) PHYLLIS K. SIE	Сртст					City or Town, State, Zip Co.	
	20e. METHOD OF DISPOSITION 1 Burlel 2 D Cremetion 3 Re	20b.	PLACE OF OISPOSITIO			LVER	PRING MARY 20c. LOCATION — City	
	4 Donation /5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	A MI	ETROPOLITA		ATORY		ALEXANDIA.	VIRGINIA
	inath X	17 Lapell		FRANCI	S J. COL	LINS I	FUNERAL HON	ME, INC. PR.,MD.20901
	21 PART L Entar the diseases or shock, or heart fallure	complications that caused. List only one cause on as						
	IMMEDIATE CAUSE (Final disease or condition	DIABETES	NELLIT	110				Onset and Death W 15 YEARS
	resulting in death)		CONSEQUENCE OF):	V(2				13 40110
NO	Sequentially list conditions,	b	CONSEQUENCE OF):					
CATI	If any, laading to immediata cause. Enter UNDERLYING	e.	CONSECUENCE OF J.					
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
CAL CI	PART II. Other significant condition			ha undariyin	g cause given in	Part I. 24	a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC/	CEREBROVACU	WAR DISEASE	E			_ 1	TES 2 NO	COMPLETION OF CAUSE OF DEATH?
		7.5.0				-		1 NES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Che	eck only one)		
YSIC	1 TYES 2 NO	HOSPITAL: 1 Inputlent 2 ER/Outpi	etlent 3 DOA 4 E		ne 5 🗆 Reeldence			
у РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	WC	JURY AT DRK? YES 2 NO	28d. DEŞCR	IBE HOW INJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE OF INJURY	— At home, farm, atree	et, factory, offic	ia .		ON (Street and Number or bwn, State)	Rural Route Number,
COMPLET	cool -	SICIAN: To the best of my knowle						suse(a) and manner ea stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFICATION -	L. Shaper	40		29c. LICENSE NUN			GNEO (Morith, Day, Year)
일	30. NAME AND ADDRESS OF PERSON V					20091		

32 REGISTRATES SIGNATURA PAROLOTA



DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year) SEP 1 9 91

32. REGISTRAR'S SIGNATURE

- STATE REGISTRAR		CE	MIII	ICATE OF	DEAT	"	HE	G. NO.				
1. DECEDENT'S NAME (First, Middle, Las							2. DATE OF DE	ATH DA	Y	YEAR	3. TIME OF D	EATH
GEOFFREY		HILLIP		K	EHM		09	16			11:00	р
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24	4 HRS.	7. DATE OF BIR (Month, Day,	TH Year)		6. BIRT	HPLACE (State o	Foreign
216-02-7271	1 🛛 M 2 🗍 F	17	YRS.	worths Date	HOURS	mira.	(Month, Day, 11-20-	197.	3	Was	hingtor	n DO
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION	N OF DEA	ATH		9c. COI	UNTY OF		
1721 TEMI A	VENUE			WAL	DORF				С	HAR	LES	
10a. STATE 10b. COUN		10c. CIT	Y, TOWN OR LOCA	TION						Lead monte of		
Maryland Cha	rles			ldorf							10d. INSIDE C	
10e. STREET AND NUMBER				140	II. ZIP CODE				10 00	TIZEN OF	1 YES 2	-
1721 Temi Driv	е			1 "	2060				iug. Ci	USA	WHAT COUNTRY	7
11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S. ARM	AED.	13. WAS DE	CENDENT OF	HISPANII	C ORIGIN? (Spe	nifty Van	or No	I 14 BAC	E — American la	Alex
Never Married 2 Married	FORCES?	YES 2 NO	0	If yes, s	pecify Cuban,	Maxican.	, Puarto Rican,	rtc.)	or no—	Blec	k, White, atc.	waan,
3 Widowed 4 Divorced		MAIT OFF OATES		1 1 16	S Z NO	Specify.				Whi		
15. DECEDENT'S EL (Specify only highest gre	OUCATION de corroleted	18a. DEC	EDENT'S	USUAL OCCUPATI	ION		16b. KIND	OF BUS	INESS/IN			
Elementary/Secondary (0-12)	College (1-4 or 5	+)		work done during m se retired.)	ost or working							
12		5	Stud	ent			Ed	uca:	tion	1		
17. FATHER'S NAME (First, Middle, Last)							E (First, Middle,		Sumame)	-		
William Nacker K	ehm						Kay Bad					
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	AODRESS (Street Temi Di	and Number of	r Rural Ro	oute Number, City	or Town	State Z	(D.Code)		
Wm. N. Kehm			1/21	Temt Di	rive,	Mal	JULI, I	u .	2000)1.		
20a. METNOO OF DISPOSITION 1) Burlal 2 Cremation 3 Ra	moval from State	20b. PLACE AN	NDDATE	OF DISPOSITION (N	ame of		DATE 2	Oc. LOC	ATION -	City of To	own, Stata	
4 Donation 5 Other (Specify)				ther placel			d	-	0 1 7	1	h 4 -1	
		_ Cedar	HiI	Temete	ery	5	9-21-91	Su	itla	and,	Md.	
21. SIGNATURE OF FUNERAL SERVICE	ICENSEE	Cedar	Hil	22. NAME A	ND ADDRESS	OF FACI	9-21 - 91	Su	itla	and,	Md.	
21. SIGNATURE OF FUNERAL SERVICE	US.		Hil	22. NAME A	ND ADDRESS	of FACE	9-21-91 Home			and,	Md.	
ichael Blan	kenship M	100857		Hunti	t Fune	or FACE	Home	rf.	Md.	and,	Md. 504-015	
ichael Blan 23. PART I. Enter the diseases, or ahock, or heert fellure	kenship M	100857		Hunti	t Fune	eral	Home	rf.	Md.	and,	Md.	mate Betw
Michael Blan 23. PART I. Enter the diseases, or ahock, or heert fellure IMMEDIATE CAUSE (Finei disease or condition	kenship M complications the	100857 at caused the deel use on each line.	oth. Do n	22. NAME A HUNT! P. O	ND ADDRESS THE HOX ode of dying	eral 156 g, euch	P-21-91 Home Waldo es cerdiec of	rf.	Md.	and,	Md.	mate Betw
TI SIGNATURE OF FUNERAL SERVICE MICHAEL BLAN 23. PART I. Enter the diseases, or anock, or heart fellure IMMEDIATE CAUSE (Fine)	kenship M complications the Liet only one can	100857 It caused the deer use on each line.	oth. Do n	22. NAME A HUNT! P. 0 not enter the mo	ND ADDRESS THE HOX ode of dying	eral 156 g, euch	P-21-91 Home Waldo es cerdiec of	rf.	Md.	and,	Md.	mate Betw
Michael Blan 23. PART I. Enter the diseases, or ahock, or heert fellure IMMEDIATE CAUSE (Finei disease or condition	kenship M complications the Liet only one can	100857 at caused the deel use on each line.	oth. Do n	22. NAME A HUNT! P. 0 not enter the mo	ND ADDRESS THE HOX ode of dying	eral 156 g, euch	P-21-91 Home Waldo es cerdiec of	rf.	Md.	and,	Md.	mate Betwe
23. PART i. Enter the diseases, or ahock, or heart fellure (lisease or condition resulting in deeth) Sequentielly list conditione,	kenship M recomplications the Liet only one cast e. MULT OUE TO	100857 It caused the deer use on each line.	GW UENCE OF	22. NAME A HUNT! P. O not enter the mo	ND ADDRESS THE HOX ode of dying	eral 156 g, euch	P-21-91 Home Waldo es cerdiec of	rf.	Md.	and,	Md.	mate Betw
23. PART I. Enter the diseases, or ahock, or heart fellure disease or condition resulting in deeth) Sequentially list conditione, if eny, leeding to immediate cause. Enter UNDERLYING	kenship M recomplications the Liet only one cast e. MULT OUE TO	at caused the deer use on each line.	GW UENCE OF	22. NAME A HUNT! P. O not enter the mo	ND ADDRESS THE HOX ode of dying	eral 156 g, euch	P-21-91 Home Waldo es cerdiec of	rf.	Md.	and,	Md.	mate Betw
23. PART i. Enter the diseases, or ahock, or heert fellure disease or condition resulting in deeth) Sequentielly list conditione, if eny, leeding to immediate	e. OUE TO	at caused the deer use on each line.	OULUENCE OF	22. NAME A HUNT! P 0 not enter the me	ND ADDRESS THE HOX ode of dying	eral 156 g, euch	P-21-91 Home Waldo es cerdiec of	rf.	Md.	and,	Md.	mate Betw
23. PART i. Enter the diseases, or ahock, or heert fellure immediate CAUSE (Finei disease or condition resulting in deeth) Sequentielly list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	e. OUE TO	at caused the deer use on each line.	OULUENCE OF	22. NAME A HUNT! P 0 not enter the me	ND ADDRESS THE HOX ode of dying	eral 156 g, euch	P-21-91 Home Waldo es cerdiec of	rf.	Md.	and,	Md.	mate Betw
23. PART i. Enter the diseases, or ahock, or heart fellure immediate cause (Finei disease or condition resulting in deeth) Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	e. MULTO OUE TO C. DUE TO d.	IT PUE O (OR AS A CONSEQUE) O (OR AS A CONSEQUE)	UENCE OF	22. NAME A HUNT! P	ND ADDRESS THE FUNCE HOX DODE OF BY WOW	s of FACE PROPERTY OF THE STATE	9-21-91 Home Waldo	rf.	Md.	and,	Md.	mate Betw
23. PART i. Enter the diseases, or ahock, or heert fellure immediate cause (Finei disease or condition resulting in deeth) Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	e. MULTO OUE TO C. DUE TO d.	IT PUE O (OR AS A CONSEQUE) O (OR AS A CONSEQUE)	UENCE OF	22. NAME A HUNT! P	ND ADDRESS THE FUNCE HOX DODE OF BY WOW	s of FACE PROPERTY OF THE STATE	Home Waldo	rf,	Md .	206	Md . 504-015 Approxinterval Onset a	mate Betw nd De
23. PART i. Enter the diseases, or ahock, or heart fellure immediate cause (Finei disease or condition resulting in deeth) Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	e. MULTO OUE TO C. DUE TO d.	IT PUE O (OR AS A CONSEQUE) O (OR AS A CONSEQUE)	UENCE OF	22. NAME A HUNT! P	ND ADDRESS THE FUNCE HOX DODE OF BY WOW	s of FACE PROPERTY OF THE STATE	Home Waldo	orf,	Md . ratory si	206	Md . 504-0150 Approx Interval Onset a	mate Betw nd De
23. PART i. Enter the diseases, or ahock, or heart fellure immediate cause (Finei disease or condition resulting in deeth) Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	e. MULTO OUE TO C. DUE TO d.	IT PUE O (OR AS A CONSEQUE) O (OR AS A CONSEQUE)	UENCE OF	22. NAME A HUNT! P	ND ADDRESS THE FUNCE HOX DODE OF BY WOW	s of FACE PROPERTY OF THE STATE	Home Waldo	respir	Md . ratory si	206	Md . 504-015 Approx interval Onset a	mate Betweend De
23. PART i. Enter the diseases, or ahock, or heart fellure immediate cause (Finei disease or condition resulting in deeth) Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	e. MULTO OUE TO C. DUE TO d.	IT PUE O (OR AS A CONSEQUE) O (OR AS A CONSEQUE)	UENCE OF	22. NAME A HUNT! P	ND ADDRESS THE FUNCE HOX DODE OF BYTHE	s of FACE PROPERTY OF THE STATE	Home Waldo	respir	Md . ratory si	206	Md . 504-015 Approx Interval Onset a Onset a	FINDING TO
23. PART I. Enter the diseases, or ahock, or heart fellure immediate cause (Finei disease or condition resulting in deeth) Sequentially list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significent conditions.	kenship M complications the Liet only one case e	IT PUE O (OR AS A CONSEQUE) O (OR AS A CONSEQUE)	UENCE OF	22. NAME A HUNT! P	ND ADDRESS THE FUNCE HOX DODE OF BYTHE	s of FACI Pral 156 g, euch	Home Waldc es cerdiec of	respir	Md . ratory si	206	Md . 504-015 Approx Interval Onset a Onset a	FINDING TO
23. PART i. Enter the diseases, or ahock, or heart fellure immediate CAUSE (Finei disease or condition resulting in deeth) Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significent conditions in death in the conditions in death in the conditions	kenship M compile trons the Liet only one cse e. MUL oue To b. OUE TO c. DUE TO d. HOSPITAL:	IT PUE O (OR AS A CONSEQUE) O (OR AS A CONSEQUE)	UENCE OF	22. NAME A HUNT! P	ND ADDRESS E FUNC LOCATION LOCATION LACE OF DEA	s of FACI Pral 156 g, euch	Home Waldces cerdlec on	r reepir	Md . ratory si	206	Md . 504-015 Approx Interval Onset a Onset a	FINDING TO
23. PART I. Enter the diseases, or ahock, or heart fellure immediate CAUSE (Finei disease or condition resulting in deeth) Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significent conditions in death in the conditions in death in the conditions	kenship M compile trons the Liet only one cse e. MUL oue To b. OUE TO c. DUE TO d. HOSPITAL:	ICO857 It caused the deel use on each line. IF PUE O (OR AS A CONSEQUE) O (OR AS A CONSEQUE) O (OR AS A CONSEQUE) O (OR AS A CONSEQUE) O (OR AS A CONSEQUE)	UENCE OF	22. NAME A HUNT! P	ND ADDRESS TO FUNCTION TO SERVICE STATE OF DEA	s of FACI Pral 156 g, euch	Home Waldces cerdlec on	r reepir	Md.	206 rrest,	Md . 504-015 Approx Interval Onset a Onset a	FINDING TO F CAUS
23. PART i. Enter the diseases, or ahock, or heart fellure immediate CAUSE (Finei disease or condition resulting in deeth) Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significent conditions in death in the conditions in death in the conditions	C. DUE TO d. HOSPITAL: 1 Inputant 2 288. DATE OF (Month, E.	at caused the deel use on each line. PUE O (OR AS A CONSEQUE O (OR AS	UENCE OF UENCE OF Builting I	22. NAME A HUNT! P	ND ADDRESS E FUNC LACE OF DEA LACE OF DEA SURY AT JU	s of FACI	Home Waldo es cerdiec ou S	reepir	Md.	206 rrest,	Md . 504-015 Approx Interval Onset a Onset a	FINDING TO F CAUS
23. PART I. Enter the diseases, or ahock, or heert fellure disease or condition resulting in deeth) Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	kenship M r complicetions the complicetions the Liet only one case e. MUU oue To b. OUE To d. Due To d. HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, E) 09 / 16 28e. PLACE 28e. PLACE	ICONSTRUCTION OF THE PROPERTY	UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF	22. NAME A HUNT! P	ND ADDRESS E FUNC LACE OF DEA LACE OF DEA BURY AT PRES 2X 1	s of FACI	Part I. 24a. v p	MAS AN A ERFORM VES 2	Md.	206 rrest, 24b	Md . Approx interval Onset a Onset a	FINDING F CAUS
23. PART I. Enter the diseeses, or abock, or heert fellure immediate cause (Finei diseese or condition resulting in deeth) Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions in the cause	C. DUE TO d. HOSPITAL: 1 Inpatiant 2 28e. DATE OF (Month, L. O. 9) 1 6 29	at caused the deel use on each line. I PUE O (OR AS A CONSEOU O	UENCE OF UEN	22. NAME A HUNT! POTHER: 4 Nursing Non E OF 28c. IN. WY 0 1 No. 1	ND ADDRESS E FUNC LACE OF DEA LACE OF DEA BURY AT PRES 2X 1	or FACI Pral 156 g, euch	Home Waldc es cerdiec of S Lart I. 24a. V The control of the con	AS AN A ERFORA YES 2 (Street are State)	Md. atory st	206 rrest, 24b	Md . 504-015 Approx Ap	FINDING NO
23. PART i. Enter the diseases, or ahock, or heart fellure immediate cause (Finei disease or condition resulting in deeth) Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other eignificent conditions in the cause in the conditions in the cause in the	kenship M recomplicetens the complicetens the Liet only one case e. MUL- oue to b. OUE to c. DUE to d. HOSPITAL: 1 Inpatient 2 288. DATE Obuilding, PRI	ICO857 Int caused the deel use on each line. IFUE OOR AS A CONSEOU OOR AS A CONS	DOA DOA 28b. TIMIN 10:11 10:11 10:11 10:11 10:11 10:11 10:11 10:11	22. NAME A HUNT! P	ND ADDRESS T FUNC HOX Dode of dying WWW G ceuse giv LACE OF DEA HOR S X Reals JURY AT JURY AT JURY 2	or FACI Pral 156 g, euch MD	Home Waldces cerdlec on S. Wart I. 24a. V. 1	AS AN A ERFORA YES 2 (1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	Md. atory se witory se witory se self- ind Number MA	206 rrest, 24b	Md . Approx interval Onset a Onset a	FINDING NO
23. PART i. Enter the diseases, or ahock, or heart fellure immediate condition resulting in deeth) Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other eignificent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending investigation 3 Suicide 6 Could not be detarmined.	kenship M recomplicetens the complicetens the Liet only one case e. MULT oue To b. OUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 280. DATE OF Month, L 09 / 16 260. PLACE C building, PRI SICIAN: To the best of	TOOR AS A CONSCOU	DOA 20b. TIMI INJ 10: 11 Inj. farm, s S I D 2th occurred	22. NAME A HUNT! P	ND ADDRESS T FUNC HOX Dode of dying WWW LACE OF DEA HOR 5 X Rask JURY AT JURY AT HES HER BORNESS HER	or FACI Pral 156 g, euch	Home Waldc es cerdiec of wart I. 24a. v art I. 24a. v Other (Special City or Fown WALDO othe cause(s) at	reepir repir res	Md. attory si	206 rrest, 24b	Approximately and a second sec	FINDING F CAUS
23. PART I. Enter the diseases, or ahock, or heert fellure disease or condition resulting in deeth) Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significent conditions and investigation investigations investigations investigations are conditionally investigations. Suicide a Could not be determined.	C. DUE TO d. DUE TO	TOOR AS A CONSCOU	DOA 20b. TIMI INJ 10: 11 Inj. farm, s S I D 2th occurred	22. NAME A HUNT! P	ND ADDRESS E FUNC HOX Dode of dying WOW Ig couse giv LACE OF DEA no 5 X Real JURY AT DRK7 YES 2X 1 a and place, a death occured	s of FACI eral 156 g, euch MD: ven In P	Part I. 24a, V P P P P P P P P P P P P P P P P P P	AS AN A ERFORM YES 2 (h/y) NOW IN ECT Street arangement of the property of the	Md. atory statement of the statement of	24b	Approximaterval Onset a conset	FINDING PERSON NO.
23. PART i. Enter the diseases, or ahock, or heart fellure immediate condition resulting in deeth) Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other eignificent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending investigation 3 Suicide 6 Could not be detarmined.	C. DUE TO d. DUE TO	TOOR AS A CONSCOU	DOA 20b. TIMI INJ 10: 11 Inj. farm, s S I D 2th occurred	22. NAME A HUNT! P	ND ADDRESS E FUNC DOWN	s of FACI eral 156 g, euch MD: ven In P	Part I. 24a. V P P P P P P P P P P P P P P P P P P	AS AN A ERFORM YES 2 (h/y) NOW IN ECT Street arangement of the property of the	MC . attory set MITOPSY MEO? NO SH MA Nor as stat dua to ti 29d. DAT	206 rrest, 24b CCURED OT You Burst RYLL ried. the cause(st	Approximately and a second sec	FINDING TO FALLS

DHMH-16 Rev 1/89

to the second

23.1 T. E. T.

and the same to th

A MILE WILL

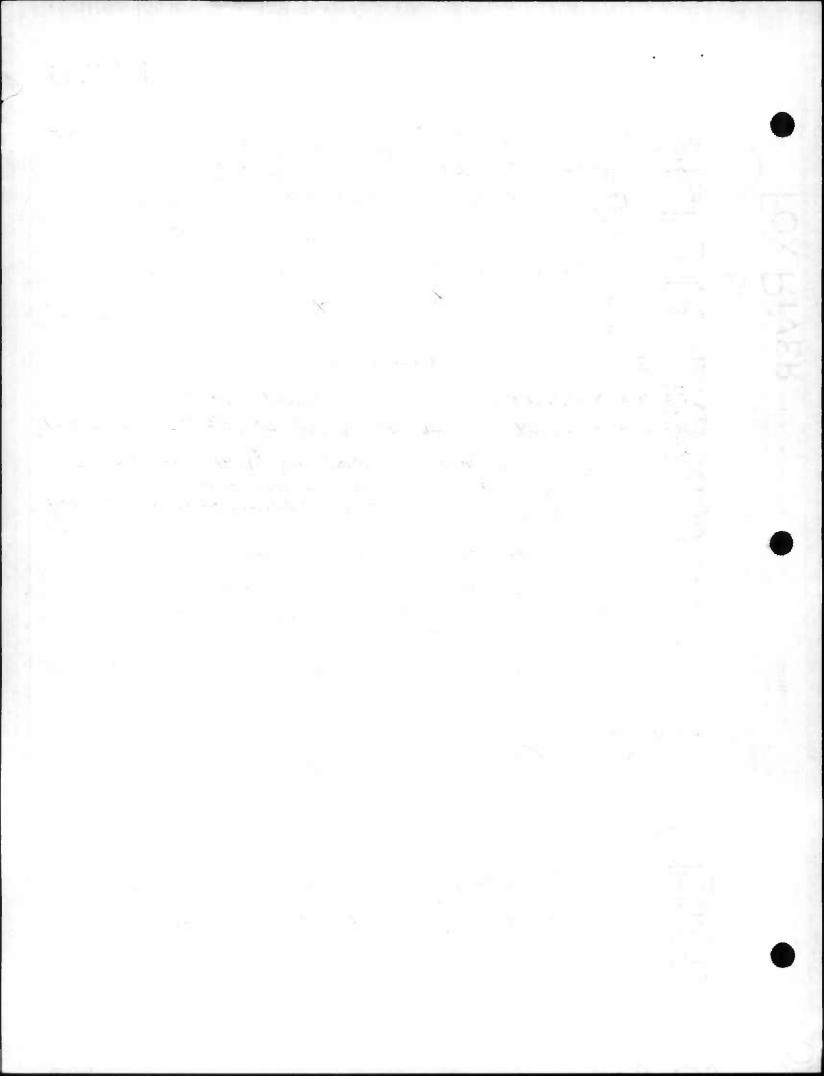
process of the second

fait tour

1 TATE 2 5 5 5 5

AND THE RESERVE

	1 - FOR STATE REGISTRAR		EPARTMENT OF HEALTH AN	ID MENTA	L HYGIENE REG. NO.	. 20900
	1. DECEDENT'S NAME (First, Middle, Last) DOROTHY	KENNEDY		MONT		7 3 30 11
H.	4. SOCIAL SECURITY NUMBER 234-62-6472 98. FACILITY NAME (If not institution, give a large of the control of t	5. SEX 1 M 2 XF 8. AGE (In yrs. lest bit 1 GH Col Counts		of DEATH	th, Day, Year) 927	8. BIRTHPLACE (State or Foreign Country) TY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		oc. CITY, TOWN OR LOCATION		NG SUN-	104 INSIDE CITY
FUNERAL (100. STREET AND NUMBER Calvert Mac	nor Nursing He	me - 101. ZIP CODE	1911	10g. CITIZ	ZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ABME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, M			14. RACE — American Indian, Black, Whita, etc. Specify: WHITE
COMPLETED	16. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+) (Give	DENT'S USUAL OCCUPATION kind of work done during most of working NOT use redred.) LSEWIFE	161	b. KIND OF BUSINESS/INDI	USTRY
ш	17. FATHER'S NAME (First, Middle, Lest) FLOYD KEAL	NEDY		'S NAME (First,	Middle, Maiden Surname)	un)
TO B	19a. INFORMANT'S NAME (Type/Print)		AALING ADDRESS (Street and Number or II) GRANVIEW	Rural Route Num	nber, City or Town, State, Zip ELKTON	(MD 21921
A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T	20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State 20b. PLACE AN of cemetary, or	D DATE OF DISPOSITION (Name ematory or other place)	m. %	/	City or Town, Stata (FON, MD
10000	21. SIGNATURE OF FUNERAL SERVICE U		32. NAME AND ADDRESS OF FUND	ERAL	HOME	(, MD 21921
NOI		s. Due to (or as a consecut b. Due to (or as a consecut b. Due to (or as a consecut consecution)	Proncho ence op: clear Pal		com contact	interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. Usuary DUE TO (OR AS A CONSTOUR	truct Ing	lect.	o'an —	•
MEDICAL	PART II. Other significant condition	ns contributing to death but not rea	uiting in the underlying cause give	en in Part i.	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT			
	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Prinpetient 2 ER/Outpetient 3 = 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJURY AT WORK?	28d. DE	ner (Specify) ESCRIBE HOW INJURY OCC	CURED
ED BY	2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide determined	28e. PLACE OF INJURY — Al home building, etc. (Specify)	I 169 2 N	28f. LO	CATION (Street and Number y or Town, State)	or Rural Route Number,
COMPLETED	onei ony	ICIAN: To the best of my knowledge, death				
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE		29c. LICENS			E SIGNED (Month, Day, Year)
TO	30, NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DEATH (ITEM	ET) (Type, Print) LICTON —	MD	21821	110/7/
	31. DATE FILED (Month, Day, Year) SFD 1 6 'Q 1	182, REGISTRAR'S SIGNATURE Suna Day doon-handa		V	21701-	



	e hc	etac	000
į	Dy th	20	100
	O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the ho	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
6	be n	Je 5	- 6
1	nay	pag.	of h
	9 9	ector	mus
	Pag	al di	ner
	death.	e funer.	exam
1	after	y the	cai
_	SINC	in b	pedi
	24 h	filled on, c	her
7	within	O THE FUNEAAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fure filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ent. t
	ted v	comp ial, c	ev.
	execu	to bur	mati
)	e be	siclar	trau
	pheat	phy ene	her
)	Cer	Hygi	10
	leath	after	٧. 0
1	the	d Me	Inlu
	that	ed by	Aue
1	Jires	Sign	WS
	regi	Deen of	sho
	e law	has	1 23
	7	cate	Herr
	ICIA	the	10
	HYS	with w	ked
	NG	fter	mar
	END	J. A. ter d	80
	TA.	IE CTI	m 2
	L OR	Dou	ite
	PITA	RAI 72	11 3
	HOS	FUNE	MA
	光	THE BE	POR
	0	9	E

	1 - STATE REGISTRAR	STATE OF MA			IMENT OF H CATE OF						
	1. DECEDENT'S NAME (First, Middle, Last)		02.		OAIL OI	DLA		2. DATE OF DE	G. NO.		3. TIME OF DEATH
1	Dale	Franc	15	Rall	P.V			SUPT	DAY IO	YEAR 1991	2 30
1			AGE (In yrs. lest b		IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIL	RTH	8. BIRT	HPLACE (State or Foreign
	1 - 00 - 02 0	1 M 2 D F	75	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, DEC 5		Count	.,
1	Se. FACILITY NAME (If not institution, give street	et and number)			9b. CITY, TOWN O	R LOCATI				UNTY OF D	INSYLVANTA DEATH
OH	Harford Methoria	L HOS	pital		Haure o	e	Grac	E	1	arto	rel
EG	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY			ine CITY	TOWN OR LOCATI	ION				1	
DIRECTOR	MARYLAND CECI	Т									10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			PO	RT DEPO	ZIP CODE			10a CI	TIZEN OF	1 TES 2 THO
FUNERAL	1767 BELVIDERE	ROAD				2	1904	1			
5	11. MARITAL STATUS	2. WAS DECEDENT E	VER IN U.S. ARME	D	13. WAS DECE	ENDENT O	F HISPANI	C ORIGIN? (Spe	offy Yea or No-	USA 14. RAC	E — American Indien, sk, White, etc.
BY F	1 Never Married 2 Married 5 Widowed 4 Divorced	FORCES? 1	OR DATES		It yee, spe	city Cube	n, Mexicen, Specify:	, Puerto Rican,	etc.)	Blac Spec	
											WHITE
11	15. DECEDENT'S EDUCAT (Specify only highest grade co	mpleted)	16e. DECE (Give	kind of we	ISUAL OCCUPATION ork done during most retired.)	N it of workin	g	16b, KIND	OF BUSINESS/IN	DUSTRY	
PLE	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5+)						Dan.	. DOUT		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		IFA	KIS	MANAGE		ED'S NAM		Maiden Surname)	MEN	T SALES
BE C	CLARENCE KELLER							E PLAN			
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. I	AILING /	ADDRESS (Street en					(p Code)	
F	GUY E. KELLER				7 BELVI						MD
	20a, METHOO OF DISPOSITION 5, Deniel 2 Cremation 3 Remove	I from State		DATEO	DISPOSITION (Nan				POC. LOCATION -		
	4 Donation 5 Other (Specify)		HOPE	WEL]	L CEMET	ERY	91	Li391	PORT	DEP	OSIT, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE /	12		22. NAME AND			LITY			
	Dichard &	. Go	ofice						RAL HO	ME	
CERTIFICATION	shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST Approximate internal Between Onset and Desth OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	DART II Other desilies and an inter-										
MEDICAL	PART II. Other significant conditions of	with f		uiting in	the underlying	ceuse g	iven in P	P	VAS AN AUTOPSY ERFORMED? YES 2 NO	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
ä											
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			28 PLA	CE OF DE	ATH (Checi	k only one)			
PHYSICIAN:	1 YES 2 N	U tripatient 2 ER		DOA 4	□ Nursing Home		idence 8	Other (Speci	fy)		
	Netural 5 Pending	(Month, Day, Y	bar)	Bb. TIME	RY WOR	K?		28d. DESCRIBE	HOW INJURY OC	CURED	
B	2 Accident Investigation 3 Suicide Could not be	28e. PLACE OF IN.	JURY — At home	form etc		S 2 _		net Location			
	4 Homicide 6 Could not be	building, etc.	(Specify)	tatiri, ati	set, lectory, office		1	City or Town	Street end Numbe , State)	r or Rural F	Route Number,
9	298. CERTIFIER A VOCESTIEVING BUYERGIA	N. To the best of the									
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:) and manner as atated.
TO BE	South, Www	rahiter	w)-			DI -	166	ER U	29d. DAT	E SIGNEO	(Month, Day, Year)
	DANTE MO	OMPLETED CAUSE OF	F OEATH (ITEM 2		mne	de	Or	Acc	Md	2	1112
	SEP 1 2 91	32. REGISTRAR'S	SIGNATURE Davidson	Rando	02						V / 3
1			- 1-40box ,	1							

THE EXPLANATION STREET STREET

Boute melling

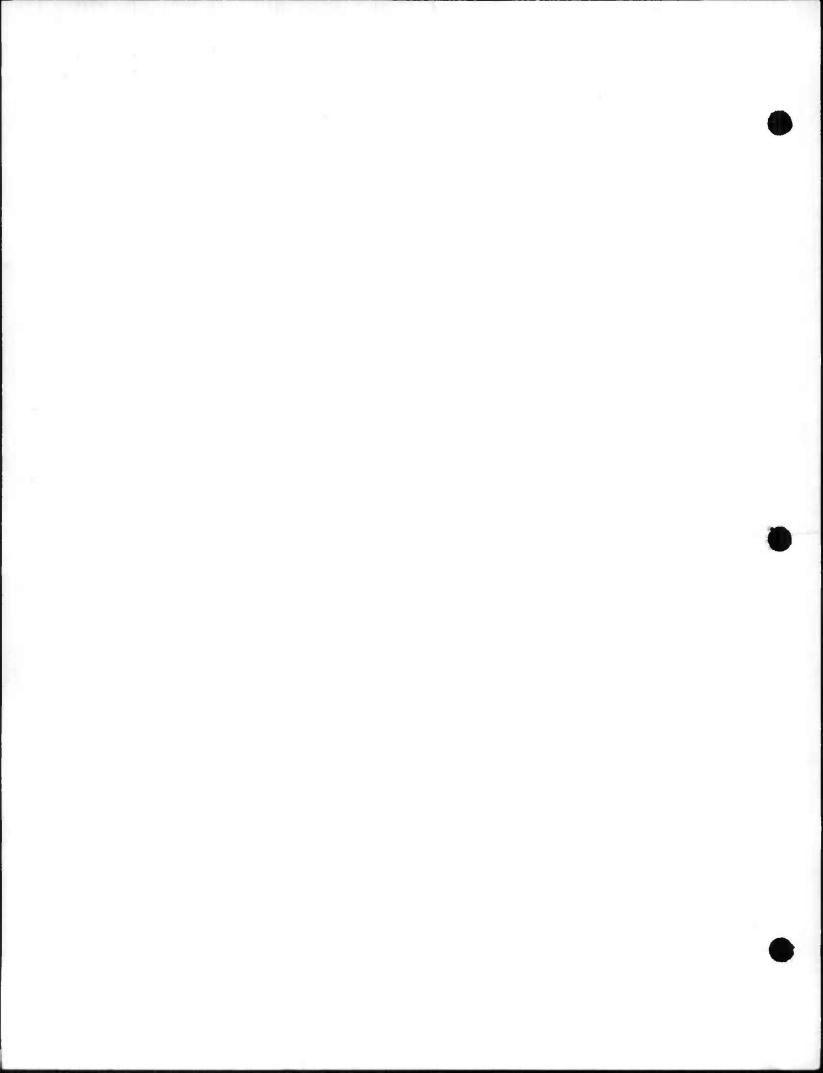
> ×

was week at well

me was to make

FENDING PHYSICIAN: The law requires that the death certificate be executed within 2000 after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Bent, of Health and Mental Hollene prior to burial, cremation, or removal.	8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: TI	TO THE FUNERAL DIRECTOR: After this certificate has filed with the State	IMPORTANT: If Item 28 is marked, or iter

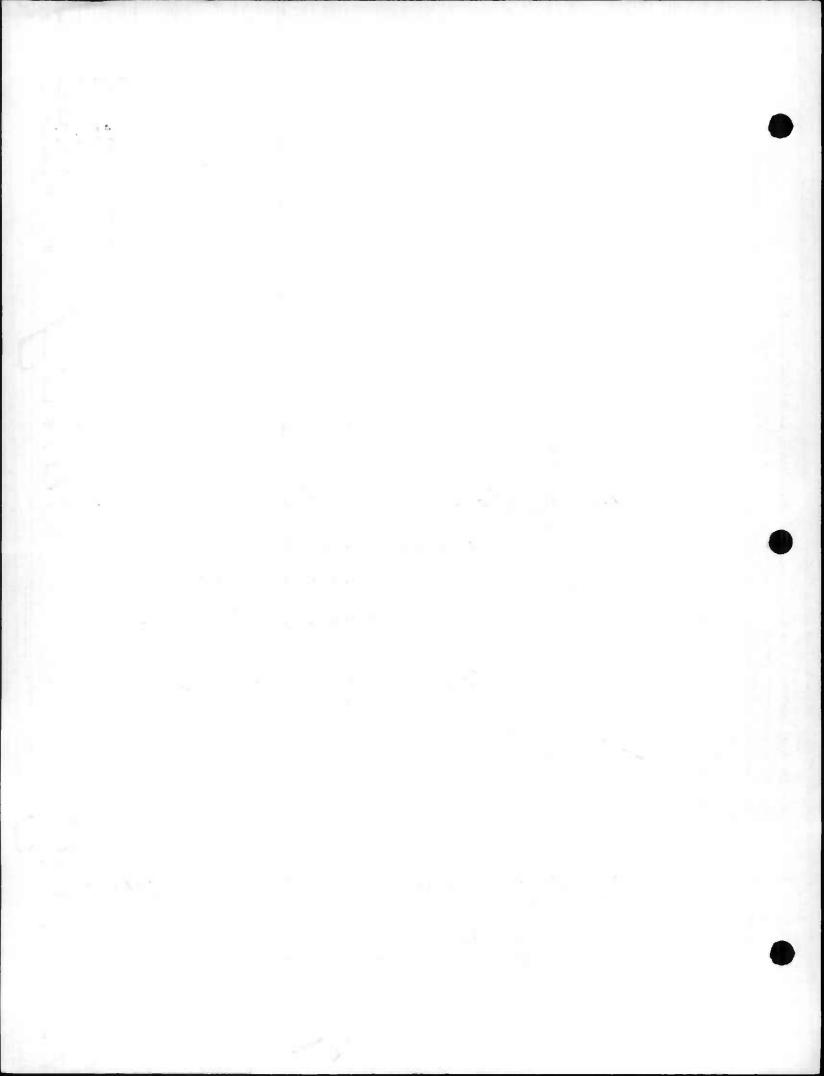
	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			IENTAL HYGIEN	E		
į	1. DECEDENT'S NAME (First, Middle, Last)	B. L	AWRING			2. DATE OF DEATH &	-91 YE	AR 3. TIME OF DEATH	
		6. AGE ((In yrs. lest birthday) IF U	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Nov. 26,		country) Mary's Co:	
OR	9a. FACILITY NAME (If not institution, give stree 12006 Titian Way	et end number)		ockvil	LOCATION OF DEA	ATH	9c. COUNTY Mont	of DEATH gomery	
DIRECTOR	nesidence of decedent 10a. STATE 10b. COUNTY Maryland Montg	omerv		wn or locati	ON			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
RAL	10e. STREET AND NUMBER	J	1 3333	10f.	ZIP CODE		-	OF WHAT COUNTRY?	
FUNERAL	1 Never Married 2 Morried	2. WAS DECEDENT EVER II FORCES? TYTY YES IF YES, GIVE WAR OR D.	2 NO	13. WAS DECE If yes, spe		C ORIGIN? (Specify Yes i, Puerto Ricen, etc.)			
TED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUCA (Specify only highest grade co		16e. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	AL OCCUPATION	N t of working	16b. KIND OF BUS		hite my	
COMPLETED		College (1-4 or 5+) 5+	Attorney			Private		ice	
BE CO	17. FATHER'S NAME (First, Middle, Last) George L. Lawren	ce			Pauline	NE (First, Middle, Meiden Long	Surname)		
10	190. INFORMANT'S NAME (Type/Print) Joan Ryan Lawren	ce	196. MAILING ADD		d Number or Rural R	oute Number, City or Tow	n, State, Zip Coo	fe)	
	20g. METHOD OF DISPOSITION 1	al from State	other place) ate of Hea			- 11	cation—chy ver Spr	or Town, Stata ing, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICES	ISEE)			Wisc. Av	DEVOI	_	11 Home D.C. 20007	
CERTIFICATION	23. PART I. Enter the diseeses, or co shock, or heart feliure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A					-	Interval Between	
PHYSICIAN: MEDICAL CE	PART II. Other eignificant conditions HRON/C OBST					Pert I. 24a, WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01	26. PL	ACE OF DEATH (Che	ick only one)			
HYS	1 YES 2 NO 27. MANNER OF DEATH	26e. DATE OF INJURY		Nursing Home		6 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCUR	EO	
ВУ РІ	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJURY Y — At home, farm, stree	M 1 Y	RK? ES 2 NO	26f. LOCATION (Street			
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spe	coffy)	t, tactory, office		City or Town, Stete)	nurai noute variosi,	
COMPLETED	(Ornoon orn)	AN: To the best of my know On the basis of axamination						ouse(s) end menner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	rown, W	w		296 LICENSE NUN	BER EU	29d. DATE 9	SMED (Month, Day, Year)	
5	CO ASMES A. P.	COMPLETED CAUSE OF DI	A 14808		CHANGE	ANT RO	CKVIL	16 MD 20800	
	31. DATE FILEO (Month, Day, Year) SEP 1 1 91 32. REGISTRAT'S SUNATURE SUNATURE SUNATURE								



BALTIMORE, MARYLAND 21203-3146	urs after death. Page 6 may be retained by the hospital or attending physic	in by the funeral director, page 5 should be detached for use as the burial removal.
	3	filled on, or
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the hospital or attending physic	L DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial. Pours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N	MENTAL HYGIENE REG. NO.	91	26409
)	LAPOVSKY	2. DATE OF DEATH	91 YEAR	3. TIME OF DEATH

1. DECEDENT'S NAME (Fit MARTHA	rst, Middle, Last)	LAPOVSKY	Z				2. DATE OF DEATH) 91	YEAR 3	T1 45
4. SOCIAL SECURITY NUI 060-52-976	56	5. SEX 1 M 2 F	6. AGE (In yrs.) 86	iest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		8. BIRTHPI Country).	New York
Howard Co	entral				9b. CITY, TOWN C	ia	ATH		lowar	_
100. STATE Maryland	10b. COUNT Howa				olumbia	TION				IOd. INSIDE CITY LIMITS? YES 2 1 NO
7317 Eden		Drive	0.00		10	21046				tates
11. MARITAL STATUS 1 Never Merried 2 1 3 Widowed 4 Di		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W		ARMED NO	If yes, sp		IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No-	14. RACE - Black, Specify:	- American Indian, White, etc.
	ECEDENT'S EOU only highest grade (0-12)		+)	DECEDENT'S (Give kind of life. Do NOT u	work done during me see retired.)	ON ost of working	Own I		USTRY	
17. FATHER'S NAME (First,	Middle, Lest)						ME (First, Middle, Malden		П	
199. INFORMANT'S NAME Arthur La	(Type/Print)					and Number or Rural F	Columbia,	vn, State, Zip (21046
20e. METHOD OF DISPOS 1 X Burlel 2 Creme 4 Donation 5 Oth	tion 3 - Rem	noval from State	20b. Pl AC	E OF DISPO	Park Ce	metery cremetory or	20c. LC	OCATION C	City or Town	
	diseases, or heart feliure.	2. St	t ceused the	deeth. Do	DANZA	ROCKVILL	DBERG MEMO	CKVIL	LE.	MD. 2085 Approximate interval Betw
23. PART I. Enter the	diseases, or heert feilure. Final ditione, nediate LYING njury	complications the Liet only one ceu	t coused the lise on each if	deeth. Do ne.	22. NAME A DANZA 1170 not enter the mo	NSKY-GOLI ROCKVILL	DBERG MEMO	CKVIL	LE.	MD. 2085 Approximate interval Betw
23. PART I. Enter the shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list conditions, leading to immediate. Enter UNDERI CAUSE (Disease or in that initiated events	diseases, or heert feilure. Final dittone, nediate LYING njury AST	complications that Liet only one ceu o. OUE TO b. DUE TO c. DUE TO	(OR AS A CONS	deeth. Do ne.	22. NAME A DANZA 1170 not enter the mo	NSKY-GOLL ROCKVILL Ide of dying, such Lip R	DBERG MEMO E PIKE. RC h as cardiac or resp where the control of t	NAUTOPSY RMED?	1E.	Approximate interval Betw Onset end Do
23. PART I. Enter the shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentielly list conditions, leading to immensuse. Enter UNDERI CAUSE (Disease or in that initiated events resulting in deeth) LA PART II. Other significant in the condition of the co	disesses, or heert fellure. Final ditione, nedlate Lying AST	Complications that Liet only one ceu. OUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS	deeth. Do ne.	22. NAME A DANZA 1170 not enter the modern the modern the modern the modern the modern the modern the modern the underlying the modern the underlying the modern the underlying the modern the underlying the modern the underlying the modern the underlying the modern the underlying the modern the underlying the modern the underlying the	ROCKVILLINGE OF DEATH (Ch	DBERG MEMO E PIKE. RO h as cardiac or resp What has cardiac or resp	N AUTOPSY RMED?	24b. 1	Approximate interval Betw Onset end Do
23. PART I. Enter the shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) PART II. Other significance of interest in the condition of the conditio	disesses, or heert fellure. Final ditione, nedlate Lying AST	Complications that Liet only one ceu. e. OUE TO b. DUE TO c. DUE TO d	(OR AS A CONS (OR AS	deeth. Do ne. SEOUENCE C SEOUENCE C T resulting	22. NAME A DANZA 1170 not enter the modern the modern the modern the modern the modern the modern the underlying the modern the underlying the modern the underlying the modern the underlying the underl	ROCKVILL ROCKVILL Ade of dying, such Conclusion Greene given in LACE OF DEATH (Ch	DBERG MEMO E PIKE. RC h as cardiac or resp What has cardiac or resp	N AUTOPSY RMED? 2 NO INJURY OCC and Number	LE.	Approximate interval Betw Onset end Do Onset end Do Onset end Do Onset end Do Onset end Do Onset end Do Onset end Do Onset end Do Onset end Do Onset end Do Onset end Do Onset end Do Onset end Do Onset end Do Onset end Do
23. PART I. Enter the shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list conditions and it is conditionally list condition resulting in death) PART II. Other significant in the significant interest in the significant in the significant in the significant i	disesses, or heert fellure. Final dittone, nediate Littone, nediate JUNNG D'TO MEDICAL Pending Investigation Could not be determined	Complications that Liet only one ceu. OUE TO B. DUE TO C. DUE TO d	OR AS A CONS OR	deeth. Do ne. SEOUENCE C SEOUENCE C R resulting 3 □ DOA 28b. TH IN death occur	22. NAME A DANZA 1170 not enter the model of the property of t	ROCKVILL ROCKVILL Add of dying, such Add of	DBERG MEMO E PIKE RO h as cardiac or resp A Pent I. 24a. WAS AI PERFO 1 YES BCK only one) 6 Other (Specify) 26d. OESCRIBE HOW	N AUTOPSY RMED? 2 NO INJURY OCC	24b. 1	Approximate interval Betwo Onset end De Onse



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ING PHYSICIAN: The law requires that the death certificate be executed within 24 flour After this certificate has been signed by the attending physician and completely filled it feath with the State Dept. of Health and Mental Hygiene prior to builal, cremation, or marked, or Item 23 shows any Injury, or other traumatic event, the me

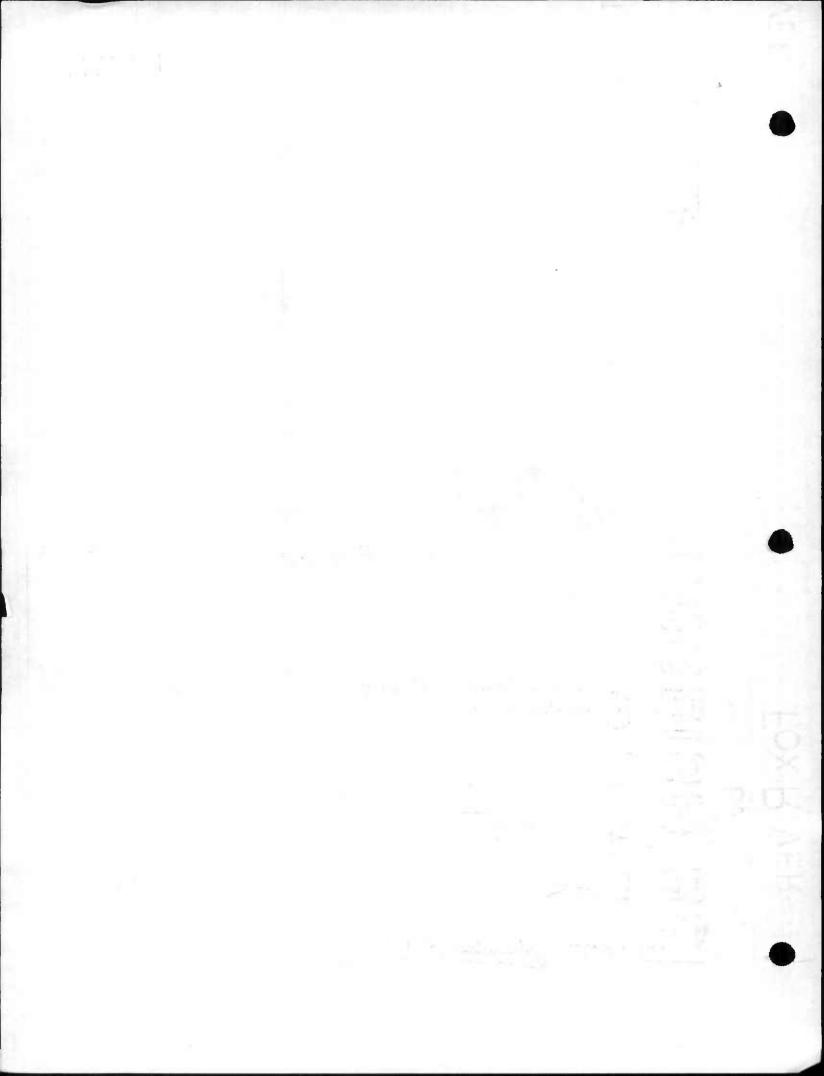
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
	2. DATE OF DEATH

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT	OF H	IEALTH AND	MENT	AL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH			3. TIME OF DEATH	
	Harry	Clarence	Lull				Se	ptembe:	r 11.	YEAR 1991	3:10 A M	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH oth, Day, Year)		S. BIRTHP	LACE (State or Foreign	
	435-03-4180	1 🔀 M 2 🗆 F	94 YRS. De					Dec. 6,1896			Michigan	
TOR	9e. FACILITY NAME (If not institution, give Wilson Health Ca RESIDENCE OF DECEDENT					ersburg	DEATH			ty of or	ATH	
DIRECTOR	10a. STATE 10b. COUNT Maryland Mon	ntgomery	10c. CI	TY, TOWN OF							10d. INSIDE CITY LIMITS?	
	100. STREET AND NUMBER	regomery		R	_	zille			_		1 YES 2X NO	
ER/	15001 Columbine	Wav			101	2085	2				IAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. W	MS DEC	ENDENT OF HISP		INT (Paralle Va			tates	
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X YES	2 NO	11	yes, spe	2 NO Spec	can, Puert	Ricen, etc.)	or No.	Black, Specify	- American Indian, White, etc. White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	e completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCI	CUPATIO	DN st of working	10	Sb. KIND OF BU	SINESS/INDU	STRY		
MPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		litor				Ci	tco			
00	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First	, Middle, Malden	Sumame)			
BE	Unknown					May De						
2	19e. INFORMANT'S NAME (Type/Print)					nd Number or Rura						
	Mary T. Wright					ne Way	Rock					
	1 X Burial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	novel from State	b. PLACE AND DATE metery, crematory or c OSELAWN	of disposit ther place) Memor	rion <i>(Nei</i>		1		tle R		Arkansas	
	21. SIGNATURE OF FUNERAL SERVICE LI		M00672	Roh Inc Mar	ert via	D ADDRESS OF F	ACILITY				Rockville Rockville	
ATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	Carcinoma BUE TO (OR AS	each line.	F):	ha mod	da of dylng, su	ch as ca	rdlec or reap	ratory arre	et,	Approximate interval Between Onset and Death 3 Years	
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF	F):								
PHYSICIAN: MEDICAL C	PART II. Other eignificent condition Arteriosclerotic Anemia	na contributing to deeth	but not resulting	in the und	eriying	ceuse given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?	a c	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL/	ACE OF DEATH (C	heck only o	nne)				
is l	1 TES 2 NO	1 Inpatient 2 ER/Out	patient 3 🗆 DOA	OTHER:		5 🗆 Rasidence	6 🗆 Oth	er (Specify)				
H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM		6c. INJU	IRY AT	_	SCRIBE HOW I	NJURY OCCU	RED		
BY	1 Natural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1110	M		ES 2 NO						
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, a	treet, factor	y, office		28f. LO	CATION (Street e or Town, State)	nd Number or	Rural Rou	te Number,	
COMPLET	29e. CERTIFIER (Check only one)	CIAN: To the best of my know	riedge, desth occum	d at the tim	e, date e	end place, end du	to the ca	use(e) and man	ner ee stated	1.		
8		R: On the beels of examination	n and/or investigatio	n, in my opi	nion, de	ath occured at the	time, dat	e and place, en	d due to the	ceuse(e) =	nd menner ea stated.	
띪	296. SIGNATURE AND TITLE OF CERTIFIE	1. 41	17.1		T	29c. LICENSE NU	MBER		29d. DATE S	SIGNEO (M	lonth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	JUNISA	0 100			D125	04		Sep	temb	er 11,1991	
	Henry C. Scruggs,	M.D. 5413	West Ced		ne,	#206C,	Bet	hesda.	Marvl	and	20814	
	SEP 13 91	32. REGISTRAR'S SIGN	ATURE									

1 X = 4 101

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician,	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should https: State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be flied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN			
1. DECEDENT'S NAME (First, Middle, MARY VIRGINIA					2. DATE OF DEATH DO	1991	YEAR	2:30 P
4. SOCIAL SECURITY NUMBER 578-16-1757 9a. FACILITY NAME (If not institution	1 🗆 M 2💢 F 7	O YRS.	IF UNDER 1 YEAR IONTHS DAYS 9b. CITY, TOWN (IF UNDER 24 HRS. HOURS MIN. PR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Vear) JAN. 19, 19 EATH	21	Country)	NGTON, D.C.
9820 CHERRY T	REE LANE		SILVE	R SPRING		MON	CGOME	RY
10a. STATE 10b. C	OUNTY ONTGOMERY		TOWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER	n Till		10	. ZIP CODE		10g. CITT	ZEN OF WI	HAT COUNTRY?
10020 REDDICK I	12. WAS DECEDENT EVER	2 ANO	If yes, sp		NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.)	or No—	USA 14. RACE Black, Specify WHI	
15. DECEDENT (Specify only highes Elementary/Secondary (0-12) 1.2		life. Do NOT use	vrk done during mo	ON st of working	16b, KIND OF BU	SINESS/IND		
17. FATHER'S NAME (First, Middle, L.	ast)		J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
FREDERICK GOO				ANNA				
PEGGY MULLICAN 29a, METHOD OF DISPOSITION	(DAUGHTER)		NDIAN L	ANE SIL	VER SPRING		LAND	
1 Burlel 2 Cremation 3 4 Donation 6 Other (Specific Signature of Funeral Service) 23. PART i. Enter the disease)	GATE OF H.	FRANC 500 U	IS J. CO NIVERSIT	CLITY LLINS FUNE Y BLVD.,W.	RAL H	IOME,	
iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentielly list conditions, if any, leading to immediate	a. CAVCIND A DUE TO (OR AS			shagus				interval Betwee
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	cDUE TO (OR AS	A CONSEQUENCE OF)	:					
Chronic Obst	nditions contributing to doesh we true Pulmone who is of legs	but not resulting in Wise	the underlyings	g cause given in	Part I. 24e. WAS AN PERFO	RMED?		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MED EXAMINER?	CAL HOSPITAL:		28. P OTHER:	LACE OF DEATH (C	heck only one)			
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pendin 1 Netural Invest	1 Inpatient 2 ER/Ou 26a. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA 28b. TIME	4 Nursing Hor OF 28c. IN IRY W	THE STREET OF TH	6 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OC	CURED	
2 Accident investig	28e. PLACE OF INJUR	ty — At home, farm, st	reet, factory, offi		26f. LOCATION (Street City or Town, State	and Number	or Rural A	oute Number,
one) —	PHYSICIAN: To the best of my kno XAMINER: On the beste of axaminat							and manner as stated.
29b. SIGNATURE AND TITLE OF CO.	COMPLETED CAUSE OF E	BATH OTEM 27 /5	Drint)	DZ14	MBER 35	29d. DAT	E SIGNED	(Month, Day, Year)
IRA KREFTI 31. DATE FILED (Month, Day, Year)	NG, M.D. 2101	MEDICAL I		IVE SIL	VER SPRING	MD.	2090	2
SEP 1 6 199	11 June hander							



	1
o,	- Table
9289	- property
×	41.00
90	4 4
0.	andifine.
9	andh.
DS	the of
SH	that a
SEC(and in
1	in a
TA	F
OF VI	LIVE ICIANI.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	US UNCOLTA! DO ATTENDIAS OUVERIANT The last consistent that the state of the state
2	90
	MOCDITAL
	4

	1. DECEOENT'S NAME (First, A	Middle, Last)					F DEATH	2. DA	REG. NO		WF.4-	3. TIME OF	DEATH
	BO			TIEN		LI	3	TO TO	9 1°	19	54	1:10	ā
	4. SOCIAL SECURITY NUMBER 586-34-0900		5. SEX	6. AGE (In	yrs. last birthday) YRS.	IF UNDER 1 YEA			TE OF BIRTTH onth, Day, Year) 14- 19		Countr	PLACE (State y) nam	or Foreign
TOR	90. FACILITY NAME (If not Institute of the control	N OR LOCATION OF			PRI		E GEO	RGES					
DIRECTOR	Maryland Prince Georges Beltsville									10d. INSIDE LIMITS?			
FUNERAL	106. STREET AND NUMBER 101. ZIP CODE 10g. CITIZ							ited States					
ВУ	11. MARITAL STATUS 1 Never Married 2XXM 3 Wildowed 4 Divorce		12. WAS DECEDE FORCES? IF YES, GIVE	1 YES	2X XNO	If yes,	DECENDENT OF HIS specify Cuban, Mar	PANIC ORIG	GIN? (Specify Year o Rican, etc.)	_	4. RACE	- American , White, atc.	Indian,
LETED	(Specify only h		College (1-4 or 5		Ins Do NOT use	ork done during retired.)	ATION most of working	1	66. KIND OF BU	SINESS/INDU	STRY		
COMPL	12 years	idle Lest)	2 years		Techni	clan			Xerox				
ECC	Lieu Van I								, Middle, Maiden				
0 86	19a. INFORMANT'S NAME (Type				19b. MAILING	ADDRESS (Stre	Lung et and Number or Rui	Thi	Nguye mber, City or Tow		Code)		
F	Tru Thi I	æ		L.		as #1				,,	-/		
	20a. METHOD OF DISPOSITION 1 ☐ Burlet ②XXCremetion		oval from State	20b. Pt	LACE AND DATE OF	DISPOSITION	(Name of	D/	TE 20c. LO	CATION — CI	ty or To	wn, State	
	4 Donation 5 Other (S)			Met	ropolit	an Cre	matory	9/14	/91 A1	exandr	cia,	Virg:	inia
	IMMEDIATE CAUSE (Fine)	int tallute.	Complications the	use on eaci	n line.	4400		Mill Uch as ce	Rd. Be	ltsvil	lle,	Approx interva	2070. dmate
RTIFICATION	SHOCK, OF ITEM	na, ete	DUE TO	O (OR AS A CO	n line.	14400 the enter the i	Powder 1	Mill Uch as ce	Rd. Be	ltsvil	lle,	Approx interva	2070 dmate d Betwe
EDICAL CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list condition if any, leeding to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	na, ete G	DUE TO	O (OR AS A CO	ONSEQUENCE OF:	14400 the enter the i	Powder I	Mill uch as ce	Rd. Be	AUTOPSY IMEO?	24b.	Approx interva	2070 dimate is Betwee and Des
MEDICAL	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list condition if any, leeding to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant	na, ete G	DUE TO	O (OR AS A CO	ONSEQUENCE OF:	14400 tenter the r	Powder I	Mill uch as ce AD	P. P. P. P. P. P. P. P. P. P. P. P. P. P	AUTOPSY IMEO?	24b.	Approximerva Onset WERE AUTOPS AVAILABLE PR AVAILABLE PR COMPLETION	2070 dimate is Between Des
SICIAN: MEDICAL	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list condition if any, leeding to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant	na, ete G	DUE TO	O (OR AS A CO	ONSEQUENCE OF):	t enter the r	PLACE OF DEATH	Mill Uch as ce AD In Part i.	PRO. Be rdiec or respirate of the respir	AUTOPSY IMEO?	24b.	Approxinterval Onset	chmate is Between and Des
MEDICAL	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list condition if any, leeding to immedia cause. Enter UNDERLYINK CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO NEXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH	na, ete G	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO	ONSEQUENCE OF):	the underly 26. OTHER: Nursing H. OF 28c. 1	PLACE OF DEATH (Mill uch as ce AD in Part i. Check only is 8 Other	PRO. Be rdiec or respirate of the respir	AUTOPSY IMED?	24b.	Approxinterval Onset	chmate of Between and Dea
SICIAN: MEDICAL	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list condition if any, leeding to immedia cause. Enter UNDERLYINK CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant 25. WAS CASE REFERRED TO NEXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per 1 Natural 5 Per 2 Accident	na, ete G	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	O (OR AS A CO O	ONSEQUENCE OF: ONSEQUENCE OF: ONSEQUENCE OF: ONSEQUENCE OF: ONSEQUENCE OF: ONSEQUENCE OF: ONSEQUENCE OF: ONSEQUENCE OF:	the underly 26. DTHER: Nursing H. ON 1.	PLACE OF DEATH (Mill Uch as ce AD In Part i. Check only 8 Out	PRO BE Tridiec or respiration of the respiration o	AUTOPSY IMED? NJURY OCCUI SHOT	24b.	Md . Approximaterya Onset	chmate is Between and Des
ED BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list condition if any, leeding to immedia cause. Enter UNDERLYINK CAUSE (Disease or injury that initiated events resulting in desth) LAST PART ii. Other significant 25. WAS CASE REFERRED TO NEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per 2 Accident Investigation of the condition of the	na, ete G C C C C C C C C C C C C C C C C C C	DUE TO DUE TO	O (OR AS A CO O	ONSEQUENCE OF: ONSEQUENCE OF: ONSEQUENCE OF: ONSEQUENCE OF: ONSEQUENCE OF: ONSEQUENCE OF: ONSEQUENCE OF: ONSEQUENCE OF: ONSEQUENCE OF: At home, farm, atr.	the underly the underly the underly 26. Thursing Hope 28c. 1 O & 1 and, factory, of	PLACE OF DEATH (Mill Uch as ce AD in Part i. Check only of 28d. Di SU 28f. LO City City City City City City City City	PRO. Be reliec or respirate or respirate or respirate or respirate or respirate or respirate or respirate or respirate or respective or respirate or	AUTOPSY IMED? IN NO NJURY OCCUI SHOT	24b.	Md . Approximaterya Onset	climate is Between Bet
ED BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list condition if any, leeding to immedia cause. Enter UNDERLYINK CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant 25. WAS CASE REFERRED TO NEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per Land	na, etc G C Condition MEDICAL Condition MEDICAL Condition Medical C	DUE TO DUE TO	O (OR AS A CO O	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): At home, farm, str. E RESIE go, death occurred	the underly 26. THER: Nursing Hoof 28c. 1 A 1 1 DENCE st the time, di	PLACE OF DEATH (Mill Uch as ce AD In Part i. Check only a 8 0 Ott 28d. DI 28f. LO Ch DEL us to the cu	24a. WAS AN TREOR 1 VES 2 POPULATION (Street a cr or Town, State) TOWN, State) TOWN, State) TOWN, State) TOWN, State)	AUTOPSY MED? NO NJURY OCCUP SHOT	Ile, at, at, at, at, at, at, at, at, at, at	WERE AUTOPS AVAILABLE PR AVAILABLE PR 1 YES 2	climate of Between Bet
BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list condition if any, leeding to immedia cause. Enter UNDERLYINK CAUSE (Disease or injury that initiated events resulting in desth) LAST PART ii. Other significant 25. WAS CASE REFERRED TO NEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per SEAMINER? 2 Accident Invention of the condition	na, ete G C C C C C C C C C C C C C C C C C C	DUE TO DUE TO	O (OR AS A CO O	ONSEQUENCE OF): ONSEQU	the underly the underly the underly the underly 28. The strength of the st	POWDEY Incidence of dying, a series of dying, a ser	Mill Uch as ce AD In Part i. Check only o SU 28d. Di SU 28f. Co Che time, def	24a. WAS AN TREOR 1 VES 2 POPULATION (Street a cr or Town, State) TOWN, State) TOWN, State) TOWN, State) TOWN, State)	AUTOPSY IMED? NO NJURY OCCUP SHOT Of Number or of the company o	24b.	WERE AUTOPS AVAILABLE PR AVAILABLE PR 1 YES 2	climate in Between and Dear No.

BE COMPLETED

2

	nit. Pages		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	ith and Mental Hygiene prior to bunat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ATTENDING PHYSICIAN: The law requires that the death certificate be execute	CTOR: After this certificate has been signed by the attending physician and or	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene pnor to bunal, cremation, or removal.	28 is marked, or item 23 shows any Injury, or other traumatic
TO THE HOSPITAL OR /	TO THE FUNERAL DIRE	be filed within 72 hours	IMPORTANT: If Item

1. DECEDENT'S NAME (First, Middle, Le	st)							E OF DEATH			TIME OF DEATH
JACQUELI	NE SUE	LAWSON					SEE	TEMBER		1991	5:31 P.
4. SOCIAL SECURITY NUMBER 218-88-3265	5. SEX	6. AGE (in yrs. les	t birthday) YRS.	IF UNDER 1		F UNDER 24 HRS	(Mor	e of BIRTH oth, Day, Year) ne 9, 1	962	GERM	CE (State or Foreign
9a. FACILITY NAME (If not institution, g						LOCATION OF	DEATH	16 79 1		Y OF DEAT	
SUBURBAN HOSPI				BETH	ESDA,	MARY	LAND		MONTO	GOMER	Υ
MARYLAND MON	TGOMERY			Y, TOWN OR							d. INSIDE CITY LIMITS? X YES 2 NO
10e. STREET AND NUMBER					10f. ZI	IP CODE			10g. CITIZI	N OF WHA	T COUNTRY?
623-DD CARRIAGI	HOUSE TE	RRACE			20)904			UNIT	ED ST.	ATES
11. MARITAL STATUS 12. Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR 1 YES XXI WAR OR DATES		31	yes, specif	DENT OF HIS fy Cuben, Mer ZANO Sp	ican, Puerto	IN? (Specify Ye Rican, etc.)	s or No 1	4. RACE — Black, W Specify:	American Indien, hite, etc. BLACK
15. DECEDENT'S (Specify only highest g	EDUCATION rade completed)	16a, DE	CEDENT'S	USUAL OCI work done di se retired.)	CUPATION	of working	-10	b. KIND OF BU	SINESS/INDU	STRY	
Elementary/Secondery (0-12)	College (1-4 or 5	+)				RATIO	N	FEDERA	L GOVE		NIH NT
17. FATHER'S NAME (First, Middle, Last,					_			, Middle, Melder	Sumame)		
CHARLES EDWARD	LAWSON				1	PATRIC	IA	ANN SE	ENEY		
19e. INFORMANT'S NAME (Type/Print)								mber, City or Tox			
CHARLES EDWARD	LAWSON				_						D 20853
20a METHOD OF DISPOSITION 1/ Surial 2 Cremation 3 1 4 Donation 5 Other (Specify)	Removal from State	20b. PLACE other pi	face)			METER!		200	NEY, M		
21. SIGNATURE OF FUNERAL SERVICE	D.	266	ind			ADDRESS OF		SERVIC			Ave., N.
23. FART I. Enter the disease, ahock, pr heart fells immediate CAUSE (Finel disease or condition resulting in death)	a. PULMON	ruse Dn each line	e. PERTE	ENSION		of dying,	ouch as ca	erdiac or reep	piratory arre	et,	Approximate Interval Betwee Onset and Dear
		ITAL HEA			E		1				
Sequentially list conditione, if any, leading to immediate	D.	O (OR AS A CONSE									
cause. Enter UNDERLYING	e PULYCY	THAEMIA									
CAUSE (Disease or Injury that initiated events	DUE TO	O (OR AS A CONSE	OUENCE (DF):							
resulting in death) LAST	d. S/P PE	ERMANENT	PACE	MAKEF							
PART II. Other aignificant cond	itione contributing t	o death but not	reaulting	In the unc	derlying (cause giver	In Part I.		RMED?	CO	PRE AUTOPSY FINDING MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		CE OF DEATH	(Check only	one)			
1 🗆 YES 2 📉 NO	1 - Inpetient 2	ER/Outpetient		4 🗆 Nurs	ing Home	5 - Resider	_				
27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigat		Day, Year)	26b. TI	ME OF JURY M	28c. INJUR WORK		28d. C	ESCRIBE HOW	INJURY OCC	URED	

29e. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER

6 Could not be determined

29c. LICENSE NUMBER D-22755

29d. DATE SIGNED (Month, Day, Year) September 15, 1991

MD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CHRISTINE DE LIMA, MD. 14201- LAUERAL PARK DRIVE, LAUREL MARYLAND

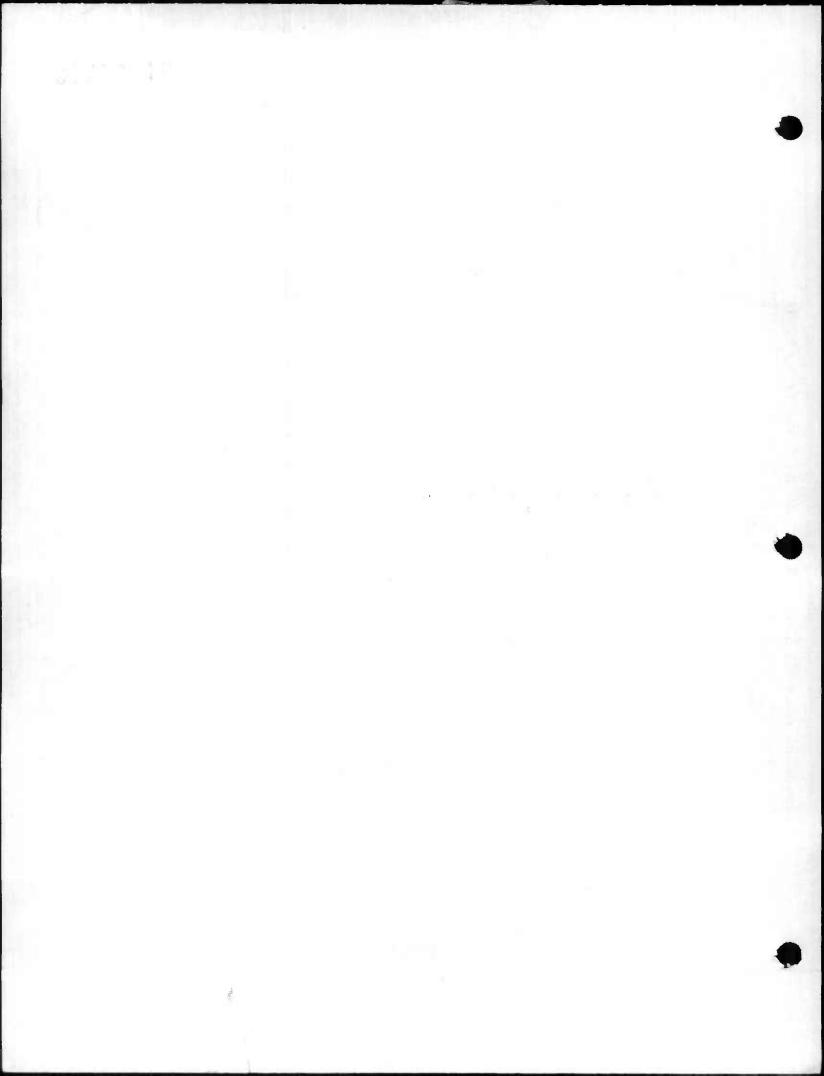
20707

31. DATE FILED (Month, Day, Year) 9

4 Homicide

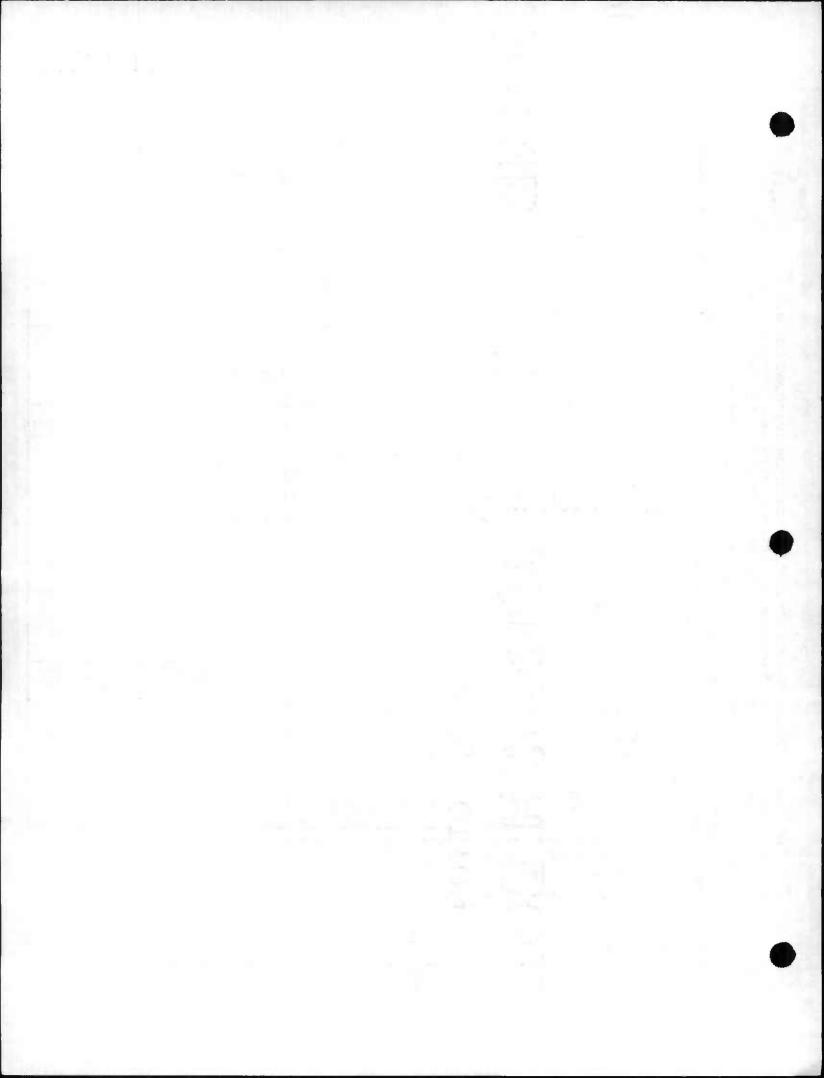
32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



111111111111111111111111111111111111111	
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
je.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
ne funeral director, page 5 should be detached for use a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a
r death. Page 6 may be retained by the hospital or atte	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or after

1. DECEDENT'S NAME (FI	irst, Middle, Last)						2. DATE OF DEATH	NAW.	WE	3. TIME OF DEATH
WALSIE		М		LATCHU	M		09 13	DAY.	91	1030
4. SOCIAL SECURITY NU	MBER	5. SEX		rs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		6. BIRTI	HPLACE (State or Foreign
216-70-65	503	1 M 2 F	80	YRS.	MONTHS DAYS	HOURS MIN.	11-02-10			″aware
9a. FACILITY NAME (If no		street and number)			9b. CITY, TOWN	OR LOCATION OF D			NTY OF D	DEATH
PENINSULA RESIDENCE OF D		AL HOSPI	TAL		SALI	SBURY		WICC	OMIC	0
100. STATE Maryland	TATE 10b. COUNTY				rv, town on Loc hopville				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10941 St. N		s Neck Ro	oad			21813		USA		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 24 3 Widowed 4 D		12. WAS DECEDED FORCES? IF YES, GIVE	T YES 2	2 NO	If yes,		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) fy:	on or No—	14. RAC Blac Spec	E — American Indian, ik, White, etc. #/y: WHITE
	ECEDENT'S EDU only highest grad (0-12)		+)	Give kind of life. Do NOT a	B USUAL OCCUPA work done during me retired.)	TION most of working	Own Ho		DUSTRY	
17. FATHER'S NAME (First	, Middle, Last)					16. MOTHER'S N	AME (First, Middle, Melde			
Willis R. H	Bunting					Anna T	immons			
19a. INFORMANT'S NAME				19b. MAJLIN	G ADDRESS (Street		Route Number, City or To	wn, State, Zic	Code)	
Herman J. I	Latchum				1112.5-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-					le. MD 218
1 Durtel 2 Creme	erman J. Latchum on. METHOD OF DISPOSITION VI Burthal 2 Cremetton 3 Removal from State				E OF OISPOSITIO	OATE 20c. L	eck Road, Bishopvil			
41 Donation 5 C Ot	her (Specify)		Bis	hopvil	1e Ceme			shopva	гтте	, MD
21. SIGNATURE OF EUNE	RAL SERVICE L	CENSEE Las	4	ź	22. NAME Hast	and address of Fi	ral Home,	Selby	yvil	le, DE
21. SIGNATURE OF EUNE 23. PART I. Enter the shock, of IMMEDIATE CAUSE (RAL SERVICE L CAL SERVICE L diseases, or r heert fellure.	complications th	at caused thuse on each	7 he deeth. Do h line.	Hast:	ings Fune	eral Home,	Selby	yvil	1e, DE Approximate interval Betwee Onset and Dea
23. PART I. Enter the shock, or	RAL SERVICE L CAL SERVICE L diseases, or r heert fellure.	complications the List only one ce	at caused to use on each RIOSCL	7 he deeth. Do h line.	Hast:	and address of Fi	eral Home,	Selby	yvil	1e, DE
23. PART I. Enter the shock, or IMMEDIATE CAUSE (disease or condition	RAL SERVICE L diseeses, or heert fellure. Finel ditions, nediete LVING njury	complications the List only one ce a. ARTEI DUE TO C.	at caused the use on each color as a color of the same color of th	ne deeth. Do	22. NAME Hast: not enter the r CARDIO DF):	ings Fune	eral Home,	Selby	yvil	1e, DE Approximate interval Betwee Onset and Dea
23. PART I. Enter the shock, or immediate CAUSE (disease or condition resulting in death) Sequentially list con if any, leeding to immediate. Enter UNDER CAUSE (Disease or I that initiated events resulting in deeth) L	RAL SERVICE L dissess, or rheert fellure. Finel ditions, mediate LYING night.	complications the List only one ce e. ARTEI DUE TO C. DUE TO d.	at caused the use on each color as a color as a color as a color (or a) (or a)	PROTICE CONSEQUENC	22. NAME Hast: not enter the r CARDIO OF):	ings Fune	ral Home, ch as cerdiac or rea DISEASE	Selby	yvil	Approximate Interval Betwee Onset and Dea YEARS b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the shock, or immediate CAUSE (disease or condition resulting in death) Sequentially list con if any, leeding to immediate. Enter UNDER CAUSE (Disease or I that initiated events resulting in deeth) L	RAL SERVICE L dissess, or rheert fellure. Finel ditions, mediate LYING night.	complications the List only one ce a. ARTEI DUE TO DUE TO d	at caused the use on each color as a color as a color as a color (or a) (or a)	PROTICE CONSEQUENC	22. NAME Hast: not enter the r CARDIO OF):	ings Fune	ral Home, ch as cerdiac or rea DISEASE	Selby	yvil	Approximate Interval Betwee Onset and Dea YEARS b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE
23. PART I. Enter the shock, or IMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list con if any, leading to immediate. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other significant or CAUSE (Disease or I that initiated events resulting in death) L PART II. Other significant or CAUSE (Disease or I that initiated events resulting in death) L	diseases, or heert fellure. Finel ditions, necliete LVING nijury AST BRAIN	complications the List only one ce a. ARTEI DUE TO DUE TO d	at caused the use on each color as a color as a color as a color (or a) (or a)	PROTICE CONSEQUENC	22. NAME Hast: not enter the r CARDIO DF): DF):	ings Fune	Part I. 24a. WAS A PERF	Selby	yvil	Approximate Interval Betwee Onset and Dea YEARS b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the shock, of IMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list confi any, iseding to limicause. Enter UNDER CAUSE (Disease or I that initiated events resulting in deeth) L PART II. Other significance of the confidence	diseases, or heert fellure. Finel ditions, necliete LVING nijury AST BRAIN	complications the List only one ce e. ARTEI DUE TO C. DUE TO d. SYNDROME	at Sused to use on each of the second of the	DISEQUENCE OF THE PROPERTY OF	22. NAME Hast: not enter the r CARDIO OF): OF): of): of): of): of): of): of): of): of	AND ADDRESS OF FINGS FUNCTIONS FUNCTIONS VASCULAR Ing cause given in	Part 1. 24a. WAS A PERFO	Selby	yvil	Approximate Interval Betwee Onset and Dea YEARS b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the shock, or immediate Cause (disease or condition resulting in death) Sequentially list con if any, iseding to limit cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in deeth) L PART II. Other signification of the condition of the cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in deeth) L PART II. Other signification of the cause of the	diseases, or heert fellure. Finel ditions, necliste LVING night of the property of the prope	complications the List only one ce a. ARTEI DUE TO DUE TO C. DUE TO A. SYNDROME HOSPITAL: 1 Inpatient 2 26e. DATE O (Month,	al/Sused the use on each color of the second	The deeth. Do hillne. EROTIC DISEQUENCE OF THE PROPERTY OF TH	22. NAME Hast: not enter the r CARDIO OF): OF): OF): OTHER: 4 Nursing H ME OF 28c. JUNRY	AND ADDRESS OF FINGS FUNCTIONS FUNCTIONS VASCULAR Ing cause given in	Part I. 24a. WAS A PERF	Se1by piratory and autropsy pamed?	yvil.	Approximate Interval Betwee Onset and Dea YEARS b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
21. SIGNATURE OF EUNE 23. PART I. Enter the shock, or immediate CAUSE (disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or I that initiated events resulting in deeth) L PART II. Other signification of the condition of the	diseases, or rheert fellure. Finel ditions, mediate LYING nijury AST BRAIN D TO MEDICAL	complications the List only one ce a. ARTEI b. DUE TO c. DUE TO d	al/Sused the use on each control of the control of	PROTICE CONSEQUENC	22. NAME Hast: not enter the r CARDIO OF): OF): OF): OTHER: 4 Nursing H ME OF 28c. JUNRY	AND ADDRESS OF FINGS Funce ings Funce mode of dying, survey VASCULAR Ing cause given in PLACE OF DEATH (Comme 5 Residence INJURY AT WORK? YES 2 NO	Part 1. 24a. WAS A PERFECT 1 TYES	N AUTOPSY PRIMEO?	yvil. rest,	Approximate Interval Betwee Onset and Dear YEARS Dear YEARS Dear AUTOPSY FINDING AMALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
23. PART I. Enter the shock, of IMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list con if any, iseding to immediate. Enter UNDER CAUSE (Disease or I that initiated events resulting in deeth) L PART II. Other signification of Condition of	diseases, or reert fellure. Finel ditions, mediate LYING night of the second to the	complications the List only one ce a. List only one ce b. DUE TO c. DUE TO d	al Caused the use on each caused the use on each caused the use on each caused the use of the use o	PROTIC ONSEQUENCE OF THE PROPERTY OF THE PROPE	22. NAME Hast: not enter the r CARDIO OF): OF): OF): OF): OF): OF): OF): OF)	AND ADDRESS OF FINGS Funce ings Funce mode of dying, survival VASCULAR VASCULAR Ing cause given in PLACE OF DEATH (C) ome 5 Residence ingury at work? YES 2 NO	Part I. 24a. WAS A PERFO. 1 YES theck only one) 28d. OESCRIBE HOW	Se1by piratory and Number of and Number one as sta	yvil. rest, 24	Approximate Interval Betwee Onset and Dear YEARS Dear YEARS Dear AUTOPSY FINDING AMALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
23. PART I. Enter the shock, of IMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list con if any, iseding to immediate. Enter UNDER CAUSE (Disease or I that initiated events resulting in deeth) L PART II. Other signification of Condition of	diseases, or heert fellure. Finel ditions, mediate LYING injury AST D TO MEDICAL Pending Investigation Could not be detarmined ERTIFYING PHY. EDICAL EXAMIN	complications the List only one ce a. ARTEI DUE TO DUE TO DUE TO DUE TO DUE TO A. DUE TO DUE T	al Caused the use on each caused the use on each caused the use on each caused the use of the use o	PROTIC ONSEQUENCE OF THE PROPERTY OF THE PROPE	22. NAME Hast: not enter the r CARDIO OF): OF): OF): OF): OF): OF): OF): OF)	AND ADDRESS OF FINGS Funce ings Funce mode of dying, survival VASCULAR VASCULAR Ing cause given in PLACE OF DEATH (C) ome 5 Residence ingury at work? YES 2 NO	Part I. 24a. WAS A PERFC. 1 YES Check only one) 28d. OESCRIBE HOW 28d. LOCATION (Street, City or Rown, State to the cause(a) and me time, data and place,	Se1by piratory and NAUTOPSY PRMED? XX NO r INJURY Occurrence of and Number eanner as eta and due to t	yvi1. rest, 24	Approximate Interval Betwee Onset and Dea YEARS b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO



3. TIME OF DEATH

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

33	1. DECEDENT'S NAME (Fin	t, Middle, Lest)	CORINI	IE W	LIDE	ELL			2. DATE OF DEATH	DAY	YEAR 1 991	3. TIME OF DEATH 1:00
	4. SOCIAL SECURITY NUM 212-52-656	7	5. SEX 1 M 2 F	6. AGE (In yrs	. last birthday) YRS.	IF UNDER 1	YEAR IF UND DAYS HOURS	DER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea Nov. 28	,1907	Ma	ryland
TOR	98. FACILITY NAME (# not CITIZE)	IS NUR	SING HO	ME			VRE D				NTY OF D	
DIRECTOR	10e. STATE Maryland	10b. COUNTY	Cecil			Y, TOWN OR Perry			10c			
	100. STREET AND NUMBER 1651 Ingle	side A				rerry	101. ZIP CO		21903	10g. CITIZEN OF WHA		
E ,	11. MARITAL STATUS 1 Never Married 2 XX Widowed 4 Direction			NT EVER IN U.S I YES 2 WAR OR DATES	NO	11		F OF HISPANI	IC ORIGIN? (Specifican, etc.		14. RAC	E — American Indian, k, White, atc.
	15. DE (Specify o Elementary/Secondary		CATION completed) College (1-4 or 5	+)		usual occ	ring most of wo	rking	16b. KIND OF	BUSINESS/INI	DUSTRY	WII CC
NO.	17. FATHER'S NAME (First,		nice ica	15	поше	maker		OTHER'S NAM	ME (First, Middle, Me	iden Surname)		
ш	Thomas	Watson						Reb	a Barnar	d		
10 B	19a. INFORMANT'S NAME	(Type/Print)			19b. MAILING	ADDRESS	Street and Num	ber or Rural R	Noute Number, City of	r Town, State, Zij	Code)	
_	Mrs. Carol 209, METHOD OF DISPOS 1 A Burial 2 Cremat	TION Ion 3 🗆 Rem		of ceme	ACE AND DATI	or other pla	SITION (Name		DATE 200	c. LOCATION —	City or To	
	4 Donation 5 Oth 21. SIGNATURE OF FUNER		CENSEE	Asb	ury Ce	22. N Le	e A. P	atter	9/17/91 son & So aryland			Home
CERTIFICATION	23. PART I. Enter the shock, pr IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentielly list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death)	itione, rediate YING jury	s. DUE TO C.		ISEQUENCE O	ers n: n:/	line mode of a	S C	melo melo	espiratory ar	ls	Approximate interval Betwo Onset and De
MEDICAL CE	PART II. Other algorities	cent condition	a. contributing to	o death but n	not resulting	in the unc	lerlying caus	e given in	PE	S AN AUTOPSY RFORMED? ES 2 X 100	24	b. WERE AUTOPSY FINDI MARILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 20 MO?
PHYSICIAN: I	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			ОТЙЕВ			2 1249 114			
	1_A_A_A_Berding M 1 VES 2 NO) OV INJURY OC	CURED	
TED BY	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28a. PLACE building	OF INJURY — / p, etc. (Specify)	At home, ferm,	street, facto	ry, offica		261. LOCATION (S City or Town,		or or Rural	Route Number,
COMPLET	one) 2 Me		-				olnion, death oc	ocured at the	time, data and plac	ca, and due to t	the cause	(a) and manner as state
TO BE	30. NAME AND ADDRESS	Lu	04	USE OF DEATH	(ITEM 27) (Typy	2 Pripit)	290. [D/2	2190)	3/1	1 2/9/
	/ /	OHN	DY	IN		TA	VRE	3/1	6- 67	KA	01.	2,150

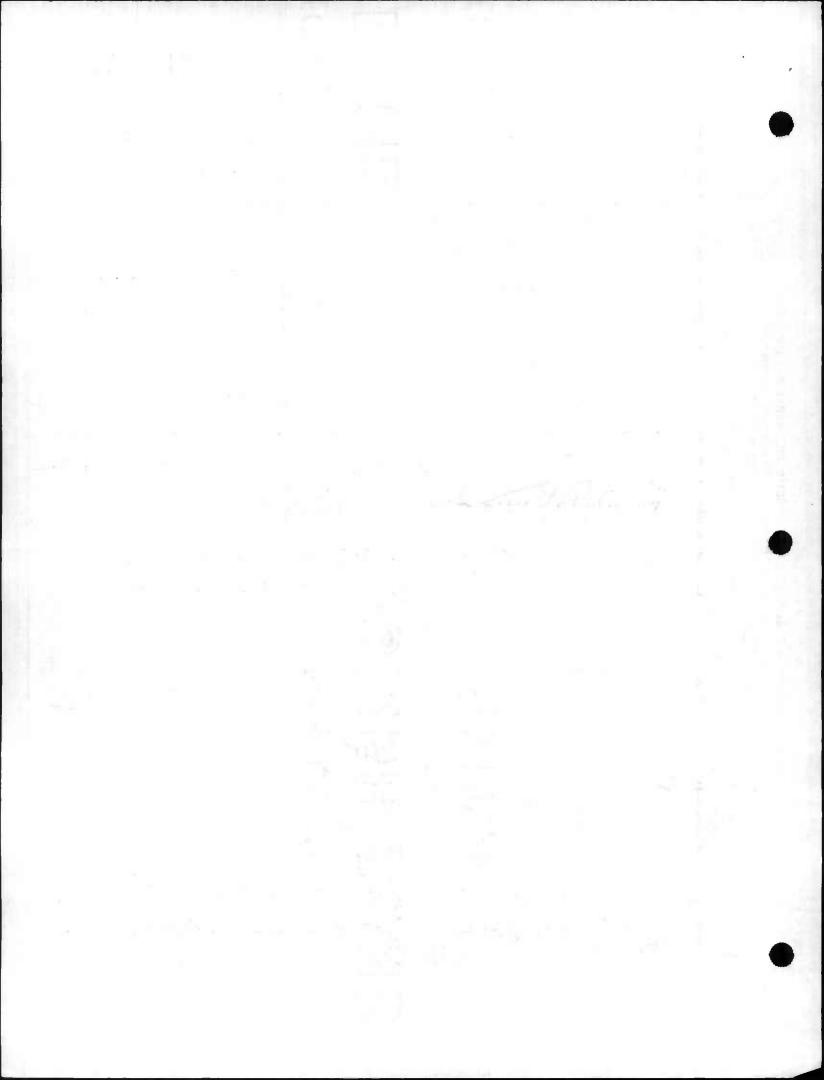
32. MEGISTRAR'S SIGNATURE Julia Davidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

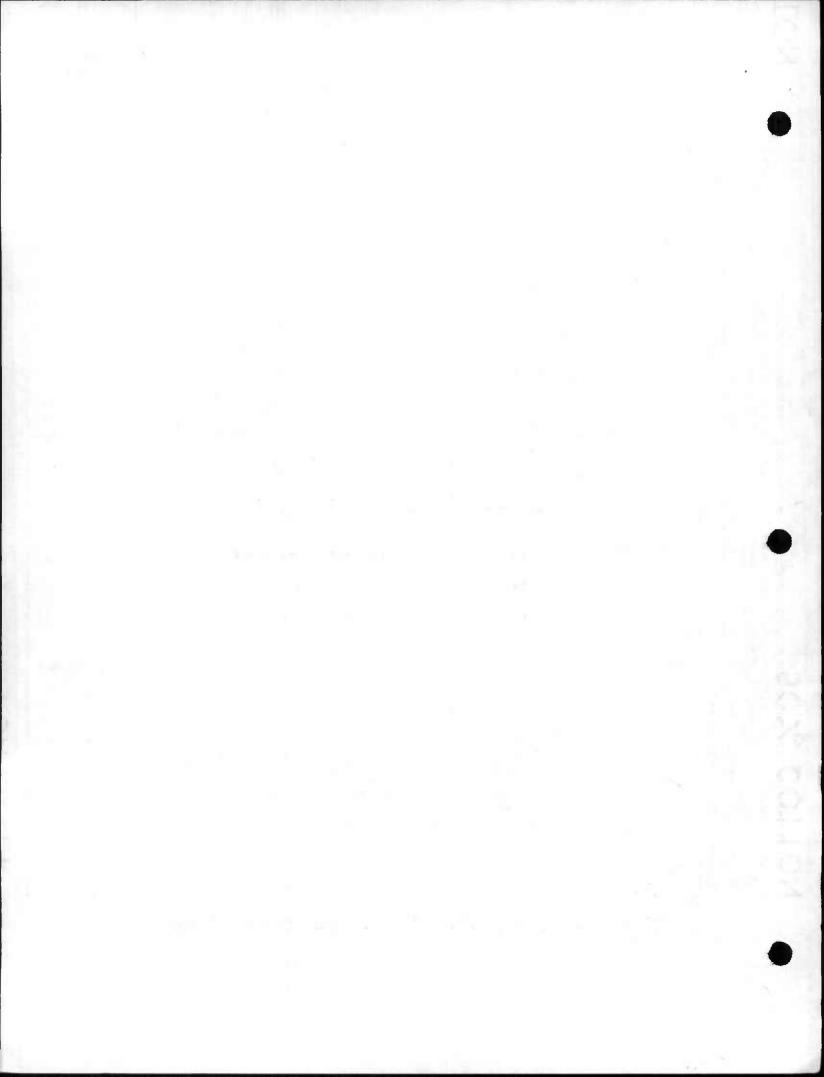
FOR STATE REGISTRAR

DHMH-16 Rev 1/89

SEP 1 6 '91



	1 - STATE REGISTRAR		CERTI	FICATE	OF DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) Charles	NMI Lari	more			2. DATE OF DEATH	9 19	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 222-10-4357		AGE (In yrs. last birthda)		EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. 8	BIRTHPLACE (State or For		
E	90. FACILITY NAME (If not institution, give a	-			own or location of di lkton	8-10-10 EATH	9c. COUNTY			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	γ	10c. C	TTY, TOWN OR			1 000	10d. INSIDE CITY		
	Maryland Cec	cil	Elk	ton	101. ZIP CODE		10g. CITIZEN	1 TYES 2 X		
FUNERAL	1610 W. Pulaski I	12. WAS DECEDENT E	VER IN U.S. ARMED		21921 S DECENDENT OF HISPA		s or No— 14.	USA RACE — American India		
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 I			es, specify Cuban, Mexico YES 2 X NO Specif			Black, White, etc. Specify: white		
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind	use retired.)	IPATION Ing most of working WINCE	restaur				
COMPL	17. FATHER'S NAME (First, Middle, Last) Algia Larimore	N/A			A. C. C. C. C. C. C. C. C. C. C. C. C. C.	AME (First, Middle, Malden nia Porter	Sumeme)			
TO BE	19a. INFORMANT'S NAME (Type/Print)				treet and Number or Rural	Route Number, City or Tow				
	Alma O. Paricia] 20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremetlon 3 Ren 4 Donetton 5 Other (Specify)		20b. PLACE AND O	TE OF OISPOS	laski Hwy TION (Name e) odist Cem.	DATE 20c LC	CATION — City	or Town, State		
	21. SIGNATURE OF PURE LAND SERVICE LA	CENSEE	Mortin Fas	22. NA	ME AND ADDRESS OF FA	Crouch	Funera	al Home		
rion	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reepiratory arrest, shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) a. CON CAUS THE HEALT THRUST									
CERTIFICATION	tf any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.									
MEDICAL	PART II. Other eignificent condition	ne contributing to de	eeth but not reaultir	g in the unde	erlying cause given in		RMED?	24b. WERE AUTOPSY F MAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF OEATH (C	heck only one)				
Y PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident investigation	1 ☑ Inpatiant 2 ☐ E 28a. DATE OF IN (Month, Day,			g Home 5 Residence Bc. INJURY AT WORK? 1 YES 2 NO	6 ☐ Other (Specify) 28d, DESCRIBE HOW	INJURY OCCUR	ED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	26a. PLACE OF I building, etc	NJURY — At home, fan c. (Specify)	m, street, fector	, office	281. LOCATION (Street City or Town, State		Rural Route Number,		
COMPLETE	CONTROL ONLY				e, date and place, and du nion, death occured at th			suse(a) and menner as		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	an wend	•		29c. LICENSE NU.			GNED (Month, Day, Year)		
	30. NAME/AND ADDRESS OF PERSON W Rolando A. N	Majera, M	.D. 10		Main Stre	eet. Elkt	on. M	D 21921		
	SEP 1 2 '91	32. REGISTRAN	Sairidson-Ran	dell						
				_				_		

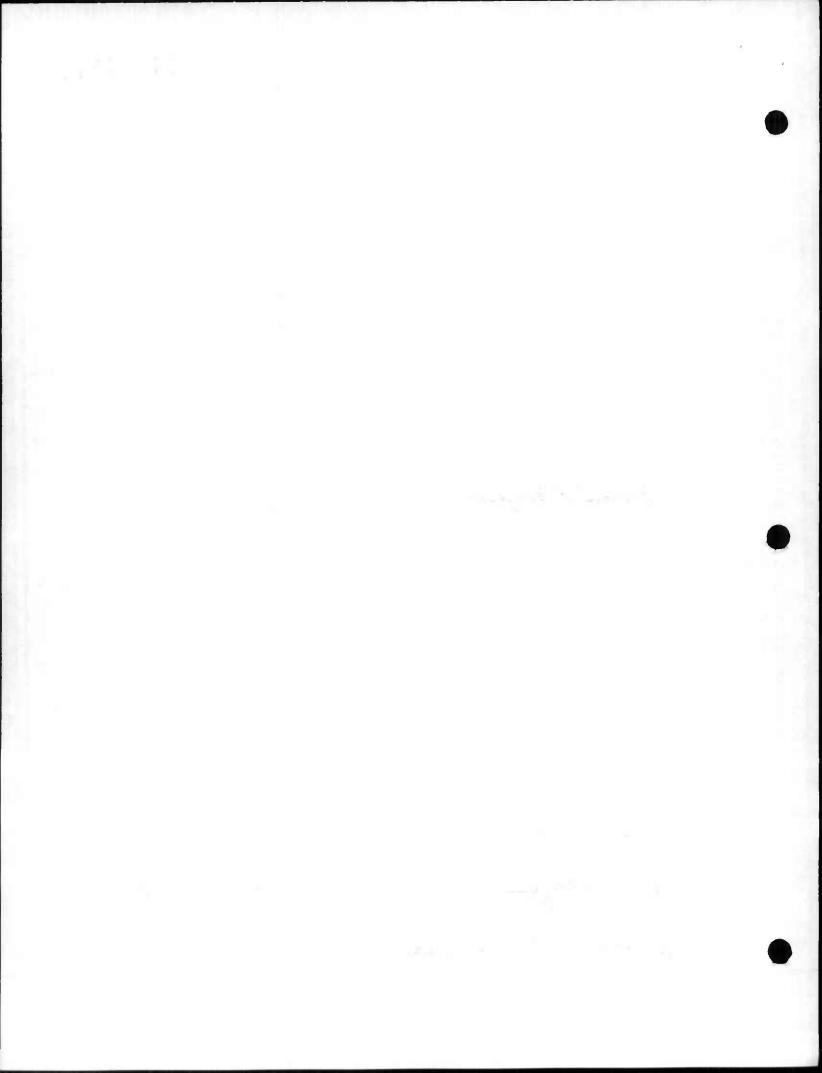


IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

SEP 78'91

Greg	Middle, Last		PSMEYER						2. DAT	E OF DEATH	AY 19	9 1 28	3. TIME OF DEATH 11:45 A
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. Is	ast birthday)	IF UNDER		IF UNDER		7. DAT	E OF BIRTH		8. BIRTI	HPLACE (State or Foreign
432-34-1755		1X M 2 F	68	YRS.	MONTHS	DAYS	HOURS	MIN.	9-	5–1923		Count	Arkansas
9a. FACILITY NAME (If not in					9b. CITY,	, TOWN	OR LOCATI	ON OF DE	ATN		9c. COU	NTY OF D	DEATN
Franklin So	uare	<u>Hospital</u>				Esse	ex				Balti	more	e County
10a. STATE	10b. COUNT			10c. CIT	Y, TOWN O	OR LOCAT	TION						10d, INSIDE CITY
Arkansas		Lawrence	9				H	Oxie	9				LIMITS?
10e. STREET AND NUMBER						101	. ZIP COD				10g. CITI		WHAT COUNTRY?
11. MARITAL STATUS	T. 1	BOX 2-F	AT FIVED IN I.O. A.	21.50					433				S. A.
1 Never Married 2X		FORCES? 1	YES 2 MAR OR DATES	NO		if yes, sp	ecity Cubs	n, Maxica	n, Puerto	N? (Specify Yea Rican, atc.)	or No-	14. RACI Black	E — American Indian, k, Whita, atc.
3 Widowed 4 Divo	roed			lavy		I U YES	2 X NO	Specify	<i>'</i> :			Speci	White
15. DECI (Specify only	EDENT'S EDI	JCATION e completed)	(0	ECEDENT'S	work done o	CCUPATIO	ON ast of working	10	16	b. KIND OF BUS	SINESS/IND	USTRY	WIII OC
Elementary/Secondary (0-	-12)	College (1-4 or 5		. Do NOI U	se retired.)			_		Acric	1 4	***	
17. FATHER'S NAME (First, MI	ddle, Lest)			Гс	irmer		10 MOT	JED'S NA	AE (Ein)	Agric		re	
	Н	enry B. I	ipsmeye	r			is. mon	ILN S NA	Ste		rie	Mar	tin
19a. INFORMANT'S NAME (Ty			19	b. MAILING	ADDRESS	(Street a	nd Number	or Runal R	Route Nun	nber, City or Town	n, State, Zip	Code)	
Helen Lips	_			RT.	1 B	ox 2	2-F	Hoxi	e, i	Arkansa	as 7	2433	
20a. METNOD OF DISPOSITION 1 St. Burlal 2 Cremation	n 3 🗆 Rem	noval from State	20b. PLACE cemetery, cre			ITION (Na	me of		OA'	20c. LO	CATION —	City or To	wn, Stata
Donation 5 Other		CENCEE	Lawr	ence	Memo				9,	18 Walr	ut R	idge	Arkansas
					22. 1	NAME AN	ID ADDRES	SS OF FAC	MI ITY				
INITAN			11						1	Marzull	o Fu	nera	1 Service
			39	81 (Carro	ollto	n R	oad Un	perc	o, M			
23. PART I. Enter the dis	easea, or art fallure.	a. Acute	t caused tha de see on each line	Gastr	oint:	tha mo	da of dyl	11to	n Ro	oad Up	perc	o, M	
23. PART I. Entar the dis shock, or ha IMMEDIATE CAUSE (Fine disease or condition	easea, or art fallure.	complications that List only one cau Acute DUE TO	t caused tha desire on each line. Upper (OR AS A CONSE	Gastr	oint:	tha mo	da of dyl	11to	n Ro	oad Up	perc	o, M	Approximate Interval Between
23. PART I. Entar the dis shock, or ha IMMEDIATE CAUSE (Find disease or condition resulting in death)	peasea, or part fallure.	Acute a. Cirrh	t caused tha da use on asch line Upper (OR AS A CONSE OSIS	Gastr	oint:	tha mo	da of dyl	11to	n Ro	oad Up	perc	o, M	Approximate Interval Between
23. PART I. Entar the disshock, or ha IMMEDIATE CAUSE (Find disease or condition reaulting in death) Sequentially list condition if sny, leading to immediately leading to immediately.	peasea, or art fallure. al	Acute a. Cirrh DUE TO	t caused tha delete on each line. Upper (OR AS A CONSE	Gastr COUENCE OF	oint:	tha mo	da of dyl	11to	n Ro	oad Up	perc	o, M	Approximate Interval Between
23. PART I. Enter the dis shock, or he immediate CAUSE (Findsease or condition resulting in death) Sequentially list condition for any, leading to immediate. Enter UNDERLYIN CAUSE (Disease or injur that initiated evants	peasea, or art fallure. al	Acute a. Cirrh b. Cirrh DUE TO c. Alcoh	t caused tha da use on asch line Upper (OR AS A CONSE OSIS	Gastrouence of	oints	tha mo	da of dyl	11to	n Ro	oad Up	perc	o, M	Approximate Interval Between
23. PART I. Entar the disshock, or ha IMMEDIATE CAUSE (Find disease or condition reaulting in death) Sequentially list condition if any, leading to immediate. CAUSE (Disease or Injur CAUSE (Diseas	peasea, or art fallure. al	Acute a. Cirrh b. Cirrh DUE TO c. Alcoh	t caused tha desire on each line. Upper (OR AS A CONSECOR AS A CONSECOR AS A CONSECOR ABUSE	Gastrouence of	oints	tha mo	da of dyl	11to	n Ro	oad Up	perc	o, M	Approximate Interval Between
23. PART I. Entar the dis shock, or ha immediate CAUSE (Find disease or condition resulting in death) Sequentially list condition for any, leading to immediately. Entar UNDERLYIN CAUSE (Disease or injurt that initiated evants resulting in death) LAST	peasea, or lert fallure.	a. Acute DUE TO C. Alcoh DUE TO C. Alcoh DUE TO C. Alcoh DUE TO	t caused tha dise on each line Upper (OR AS A CONSE OSIS (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	Gastrouence of	oint:	stir	da of dyi	ollto	on Ro	oad Ur diac or reapi	perc	O, M	Approximate Interval Between Onset and Death
23. PART I. Entar the dis shock, or ha IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition from the sequentially list condition from the sequentially list condition from the sequential sequen	peasea, or lert fallure.	a. Acute DUE TO C. Alcoh DUE TO C. Alcoh DUE TO C. Alcoh DUE TO	t caused tha dise on each line Upper (OR AS A CONSE OSIS (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	Gastrouence of	oint:	stir	da of dyi	ollto	on Ro	Dad Ur diac or reaple ge	DPETC ratory arm	O, M	ANTIOPSY FINDINGS
23. PART I. Entar the dis shock, or ha immediate CAUSE (Findsease or condition resulting in death) Sequentially list condition for any, leading to immediate. Entar UNDERLYIN CAUSE (Disease or injurnatinitiated evants	peasea, or lert fallure.	a. Acute DUE TO C. Alcoh DUE TO C. Alcoh DUE TO C. Alcoh DUE TO	t caused tha dise on each line Upper (OR AS A CONSE OSIS (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	Gastrouence of	oint:	stir	da of dyi	ollto	on Ro	oad Ugdiac or reaplinge	DPETC ratory arm	24b.	Aryland2115 Approximate Interval Between Onset and Death Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Entar the dis shock, or ha immediate CAUSE (Find disease or condition resulting in death) Sequentially list condition for any, leading to immediately. Entar UNDERLYIN CAUSE (Disease or injurt that initiated evants resulting in death) LAST	peasea, or lert fallure.	a. Acute DUE TO C. Alcoh DUE TO C. Alcoh DUE TO C. Alcoh DUE TO	t caused tha dise on each line Upper (OR AS A CONSE OSIS (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	Gastrouence of	oint:	stir	da of dyi	ollto	on Ro	Dad Ur diac or reaple ge	DPETC ratory arm	24b.	Aryland2115 Approximate Interval Between Onset and Death Onset and Death Were Autopsy Findings Available Paidor To Completion of Cause
23. PART I. Entar the dis shock, or ha immediate CAUSE (Find disease or condition resulting in death) Sequentially list condition if sny, leading to immediates. Entar UNDERLYIN CAUSE (Disease or injurthat initiated evants resulting in death) LAST	beasea, or art fallure.	Acute a. Acute DUE TO b. Cirrh DUE TO c. Alcoh DUE TO d	t caused tha dise on each line Upper (OR AS A CONSE OSIS (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	Gastrouence of	not antar	Stir deriying	da of dyi	olltong, auch	on Roman carrhad	Dad Updlac or reapled to the person of the p	DPETC ratory arm	24b.	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
23. PART I. Entar the disphock, or ha IMMEDIATE CAUSE (Find disease or condition reaulting in death) Sequantially list condition from the cause. Entar UNDERLYIN CAUSE (Disease or injurthat initiated evants resulting in death) LAST PART II. Other significant cause. Entar UNDERLYIN CAUSE (Disease or injurthat initiated evants resulting in death) LAST	beasea, or art fallure.	a. Acute DUE TO C. Alcoh DUE TO C. Alcoh DUE TO C. Alcoh DUE TO	t caused tha dise on each line Upper (OR AS A CONSE OSIS (OR AS A CONSE OI Abuse (OR AS A CONSE death but not a	Gastr Gastr OUENCE OF OUENCE OF	oint:	stir	da of dyl nal H	olltong, auch	on Roman carriage.	Dad Up dlac or reaple ge	DPETC ratory arm	24b.	Aryland2115 Approximate Interval Between Onset and Death Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Entar the dis shock, or ha immediate CAUSE (Find disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Entar UNDERLYIP CAUSE (Disease or injurnational initiated evants resulting in death) LAST PART II. Other significant causes of the condition of the co	beasea, or art fallure. al bona, lista NG Y MEDICAL	Acute a. Acute DUE TO b. Cirrh DUE TO c. Alcoh DUE TO d	t caused tha dise on each line Upper (OR AS A CONSE OSIS (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not of	Gastr Gastr OUENCE OF OUENCE OF	ot antar roint:	deriying 28. PL	al H	olltong, auch	Part I.	Dad Up dlac or reaple ge	AUTOPSY MED?	O, Mest,	Aryland2115 Approximate Interval Between Onset and Death Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Entar the disshock, or ha immediate CAUSE (Findisease or condition resulting in death) Sequentially list condition if any, leading to immediate. Entar UNDERLYIN CAUSE (Disease or injurthat initiated evants resulting in death) LAST PART II. Other significant in the cause. Entar UNDERLYIN CAUSE (Disease or injurthat initiated evants resulting in death) LAST 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH Netural 5 P 2 Accident Intal Suicide 8 C	beasea, or art fallure. al bona, lata NG nt condition MEDICAL	ACUTE ACUTE DUE TO CITTH DUE TO C. ALCOH DUE TO d	t caused tha dise on each line Upper (OR AS A CONSE OSIS (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not of	Gastr OUENCE OF	OTHER:	deriying 28. PL: Ing Noma 28c. INJU WOOD 1 Y	ACE OF OE S Rentark RR7 ES 2	olltong, auch	Part I.	24a. WAS AN / PERFORI 1 X YES 2	AUTOPSY MED?	O, Mest,	Aryland2115 Approximate Interval Between Onset and Death WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
23. PART I. Entar the dis shock, or ha immediate CAUSE (Fining In death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or Injurt that Initiated evants resulting in death) LAST PART II. Other algnificant 25. WAS CASE REFERREO TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 YES 2 NO 27. MANNER OF DEATH 2 Accident Int 3 Suicids 8 C 4 Homicide 1 CERTIFIER (Check only 1 CERTIN CERTIFIER (Check only 1 CERTIFIER)	meding westigation to be etermined	ACUTE ACUTE DUE TO CITTH DUE TO C. ALCOH DUE TO d	t caused tha dise on aach line Upper (OR AS A CONSE OSIS (OR AS A CONSE OI Abuse (OR AS A CONSE death but not of ER/Outpetlent 3 INJURY 19, Year) FINJURY — At ho etc. (Specify)	Gasti OUENCE OF OUENCE OF Presulting I	OTHER: 4 Nursi E OF URY M treet, factor	deriying 28. PL Ing Nome 28c. INJU WOF 1 Yery, office	ACE OF OE S Residery AT RES 2	olltong, auch	Part I.	24a. WAS AN / PERFORI 1 X YES 2	AUTOPSY MEO?	24b.	Aryland2115 Approximate Interval Between Onset and Death WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
23. PART I. Entar the disphock, or ha IMMEDIATE CAUSE (Find disease or condition reaulting in death) Sequentially list condition from the cause. Entar UNDERLYIN CAUSE (Disease or Injurt that Initiated evants resulting in death) LAST PART II. Other significant that initiated evants resulting in death) LAST 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH Natural 5 P 2 Accident 5 C C CERTIFIER C C CERTIFIER C CERTIFIER C CERTIFIER C CERTIFIER C CERTIFIER C C C C C C C C C C C C C C C C C C C	medical median m	ACUTE ACUTE ACUTE DUE TO CITTH DUE TO C. ALCOH DUE TO d	t caused tha desire on each line. Upper (OR AS A CONSE OSIS (OR AS A CONSE OI Abuse (OR AS A CONSE OI	Gastr OUENCE OF OUENCE OF COUENCE	OTHER: 4 Nursi E OF	deriying 28. PL ing Noma 28c. INJU WOF 1 Y ry, office	ACE OF OE S Residery AT RES 2	olltong, auch	Part I.	24a. WAS AN / PERFORI 1 X YES 2 ATION (Street ar or kwn, Stete)	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b.	Aryland2115 Approximate Interval Between Onset and Death WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
23. PART I. Entar the disphock, or ha IMMEDIATE CAUSE (Find disease or condition reaulting in death) Sequentially list condition from the cause. Entar UNDERLYIN CAUSE (Disease or Injurt that Initiated evants resulting in death) LAST PART II. Other significant that initiated evants resulting in death) LAST 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH Natural 5 P 2 Accident 5 C C CERTIFIER C C CERTIFIER C CERTIFIER C CERTIFIER C CERTIFIER C CERTIFIER C C C C C C C C C C C C C C C C C C C	DONA, late and late a	ACUTE a. ACUTE b. CIRTh DUE TO c. Al Coh DUE TO d	t caused tha desire on each line. Upper (OR AS A CONSE OSIS (OR AS A CONSE OI Abuse (OR AS A CONSE OI	Gastr OUENCE OF OUENCE OF COUENCE	OTHER: 4 Nursi E OF	deriying 28. PL ing Noma 28c. INJU WOF 1 Y ry, office	ACE OF OE S Residery AT RES 2	ollitong, auch	Part I.	24a. WAS AN / PERFORI 1 X YES 2 ATION (Street ar or kwn, Stete)	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b. 24b. consequences	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
23. PART I. Entar the disshock, or ha immediate CAUSE (Findisease or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Entar UNDERLYIN CAUSE (Disease or injurnatinitiated evants resulting in death) LAST PART II. Other significant in the cause of	meding mestigation outd not be elemined.	ACUTE a. ACUTE a. ACUTE b. CIRTh DUE TO c. Alcoh DUE TO d	t caused tha dise on aach line Upper (OR AS A CONSE OSIS (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE THE CONSE DESCRIPTION OF THE CONSE THE CONSE	Gasti OUENCE OF OUENCE OF OUENCE OF Tesulting Tesultin	OTHER OT	deriying 28. PL ing Noma 28c. INJU WOF 1 Y ry, office	ACE OF OE ACE OF OE TARY AND ACE ACE OF OE TARY AND ACE ACE OF OE TARY	ollitong, auch	Part I.	24a. WAS AN / PERFORI 1 X YES 2 ATION (Street ar or kwn, Stete)	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b. 24b. consequences	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

32. REGISTRAR'S SIGNATURE



	sit permit. Pages 1, 2, 3 s
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 s d within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

pinous TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hors TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

									9	1	26418
	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DI	EPARTME RTIFICA	NT OF	HEALTH	AND M	ENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					DEA		2. DATE OF DEATH). 	1	. TIME OF DEATH
- 1	ALBERT	MCGAN	1a)					777 05	1 100	YEAR	12070
	4. SOCIAL SECURITY NUMBER		yrs. last bir	rthday) IF UN	IDER 1 YEAR	IF UNDER	24 HRS	7. DATE OF BIRTH	7	a BIRTHRI	ACE (State or Foreign
	577-60-0357	1K) M 2 🗆 F 7	5	YRS. MONTE		HOURS	MIN.	(Month, Day, Year)		Country)	
	9a. AGILITY NAME (I not institution, give st	reet and number) (9h C	HTV TOWN	OR LOCATIO	ON OF BEAT	June 1, 1		Penns	
Œ	Holy Cross	Hantal									
16	RESIDENCE OF DECEDENT	Madallax		3	river	Spri	ng		Mont	gomer	У
DIRECTOR	10a. STATE 10b. COUNTY		10	Oc. CITY, TOW	N OR LOCA	TION				10	Dd. INSIDE CITY
<u>a</u>	none n	one		Washi	ngton	. D.C				,	LIMITS?
AL	10e. STREET AND NUMBER					H. ZIP CODE			10g. CITIZ		AT COUNTRY?
FUNERAL	3024 Wisconsin A	venue. N.W.				20016				.S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	D	13. WAS DE			ORIGIN? (Specify Ye			
	1 Never Merried 2 Married	FORCES? 1 YES			If yes, s	pecify Cubar	n, Mexican,	Puarto Rican, etc.)	0.1.0		- American Indian, White, atc.
ВУ	3 Widowed 4 Divorced	in the fact that of the			1 12	S Z ZINO	<i>Specify:</i>			Specify: whit	e
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECED	DENT'S USUAL	L OCCUPATI	ON		16b. KIND OF BU	SINESS/INDI	USTRY	
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	kind of work do NOT use retire	ine during m d.)	ost of workin	g				
AP.	12		cle	rical	typi	st		U.S. Ag	ricul	ture	Dent.
Ö	17. FATHER'S NAME (First, Middle, Last)						IER'S NAME	(First, Middle, Maiden		Care	вере.
BE C	William A. McGann					Ger	trude	Allar			
	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDR	ESS (Street			ite Number, City or Tox	n. State. Zip	Code)	
5	Arthur B. Carton										
	20a. METHOD OF DISPOSITION	20b. F	19th St., N.W. #300, Wash., D.C. 20036 FDISPOSITION (Name of DATE 20c. LOCATION — City or Town, State								
	1 Donation 5 Other (Specify)	oval from State	Mar	ory or other pla	ce)	rv	Q_	11-91 Wa			
	21. SIGNATURE OF FUNERAL SERVICE LIC	The state of the s									
	1 2 ()	0						DeVol			
	X.C. O.			2	2222	Wisco	nsin	Avenue,	N.W.,	Washi	ngton,DC
	23. PART I. Enter the diseases, or construction in the shock, or heart fallure. I.	Dmplications that caused t list only one ceuse on eac	the deeth.	. Do not en	ter the me	ode of dyle	ng, such a	s cardlec or resp	retory arre	st,	Approximata
	IMMEDIATE CAUSE (Final		iii iiii.								Onset and Death
	disease or condition resulting in deeth)	acute	n	Dust	lau.	Dul	mus	110			66.
	- N. 14-6-2	DUE TO (OR AS A C	ONSEQUE	NCE OF):							
Z	Constant the New condition of b	arsunce	wo	e can	du	dosa	eles	Descen	~		541
RTIFICATION	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUE	NCE OF):							
2	CAUSE (Disease or Injury										
=	that initiated events	DUE TO (OR AS A C	ONSEQUE	NCE OF):							
ш	reaulting in death) LAST										
2	PART II. Other significant conditions	contributing to death but	not reau	ilting in the	underlyln	G 00000 G	luca la Da	et i a. una cu			
MEDICAL				and the same	diacity	g cause g	wen m ra	rt i. 24a. WAS AN PERFOR		AM	ERE AUTOPSY FINDINGS WILABLE PRIOR TO
ā								_ 1 TYES 2	NO		OMPLETION OF CAUSE DEATH?
								_		- 11	YES 2 NO
PHYSICIAN:											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF DE	ATH (Check	only one)			
YSI		1 Inpetient 2 ER/Outpet	lent 3 🗆 (DOA 4 N		10 5 Ras	sidence 6	Other (Specify)			
H	27. MANNER OF DEATH	(Month, Day, Year)	28	b. TIME OF	28c. IN.	URY AT	21	d. DESCRIBE HOW I	NJURY OCC	URED	
ВУ	1 Natural 5 Pending 2 Accident Investigation			M		YES 2	NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, atc. (Specify	At home,	form, street, f	actory, offic	a	21	St. LOCATION (Street	and Number o	or Rural Rout	a Number,
ш	4 Homicide determined	and topouty	,					City or Town, State)			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowled	los, death	occurred at the	e time deta	and place	and due to	the council and	40	4	
M		: On the basis of examination a									nd mannae en state
. 11	29b. SIGNATURE AND TITLE OF CONTRIEN	//									
BE	296. SIGNATURE AND TITLE OF SHIPLEY MA 29d. DATE SIGNED (Morith, Day, Year) 006674 9/9/9/							onth, Day, Yeer)			
2	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED ONLINE OF THE	110			000	00/	7	- 1/	17/4	/

32. REGISTRAR'S SIGNATURE
Julia Savidson Randelle

LENKIN

29C. LICENSE NUMBER
006674
2309 SHOREFIE
WHEATON MO

12

MYRON

31. DATE FILED (Month, Day, Year)

SEP_11

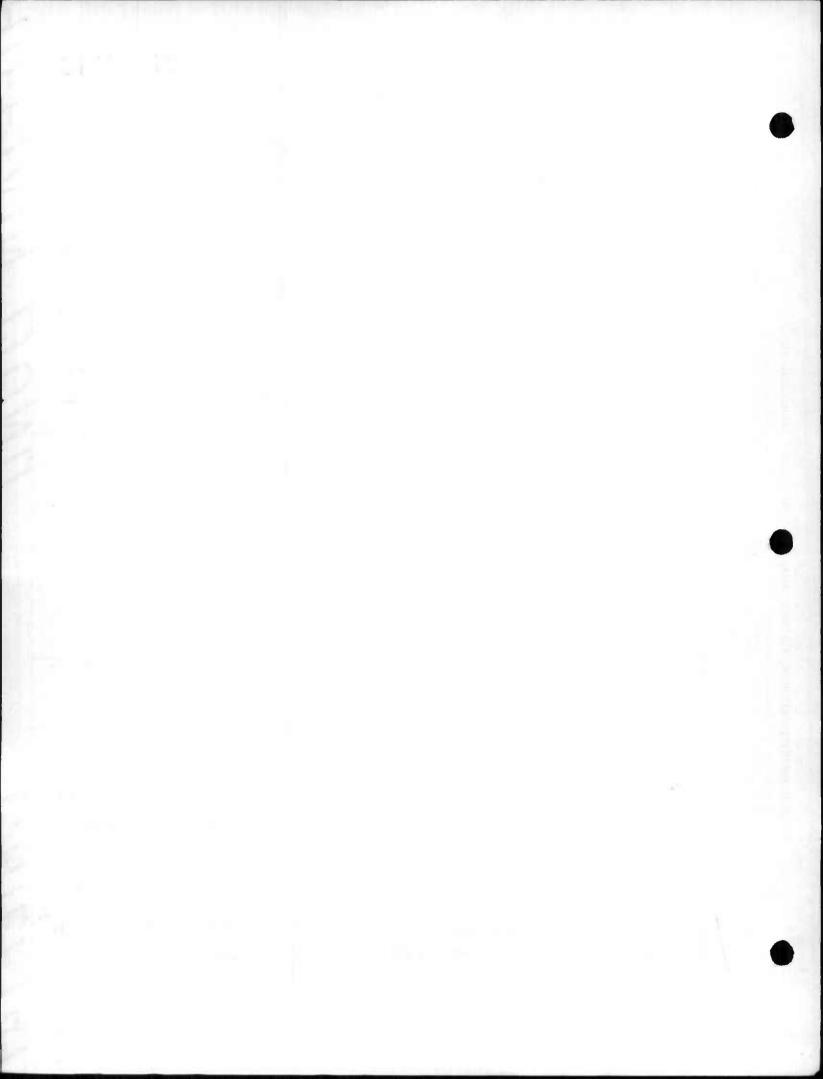
'91

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within a minute after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE	
C	ERTIFICATE	OI	F DEAT	TH		REG. NO.	

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI	MENT OF HEALTH		AL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, L WILLIAM	FRANK	MED	EDITH	MO	TE OF DEATH DAY PT. 7	YEAR 91	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER				R 24 HRS. 7. DAT	E OF BIRTH		5:47 P M
558-38-4202 9s. FACILITY NAME (If not institution, s	1 M 2 F	78 YAS.	DAYS HOURS	MIN. (Mo	vith, Day, Year) V. 17, 19	Coun	ryland
	VENTIST HOSPI		ROCKVILLE			MONTGO	
SHADY GROVE AD RESIDENCE OF DECEDENT 10a. STATE 10b. CO MARYLAND MO	UNTY NTGOMERY		TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
	NIGOTEKI	DEI	HESDA 101, ZIP COS	DF	1 10	CITIZEN OF	1 TYPES 2 NO
9 PERSIMMON CO	URT		20	817		U.S.A.	
10e. STREET AND NUMBER 9 PERSIMMON CO 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 (NY YE IF YES, GIVE WAR OR W.W.I	S 2 NO	13. WAS DECENDENT If yes, specify Cub 1 YES 2 NO	OF HISPANIC ORIG	GIN? (Specify Yes or N	lo— 14. RAC Blac	E — American Indian, ck, White, etc. city:
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Las.	grade completed)	16e. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most of work	ing 1	6b. KIND OF BUSINES		
Elementary/Secondary (0-12)	College (1-4 or 6+) 5+	LAW ENFOR	RCEMENT SPE	CTALISIT	DEPTT	OF INT	FRIOR
17. FATHER'S NAME (First, Middle, Las		1			t, Middle, Malden Sum		EKTOK
UNAVAILABLE				UNAVAI	LABLE		33
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street and Number	er or Rural Route No	imber, City or Town, St.	nte, Zip Code)	
DEITH RUSE MER			IMMON CT.				
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3		20b. PLACE OF DISPOSIT other place)	and the same of th		20c. LOCATI	ON City or 1	fown, State
4 Donation 8 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE	TE I ICENSES	METROPOLIT	CAN CREMATO		ALEX	ANDRIA	. VIRGINIA
- Alexadar	Or Hand			De	eVOL FUNE		ME GTON, D.C.
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF): S A CONSEQUENCE OF):					
PART II. Other significant cond	elitions contributing to death			given in Part I.	24a, WAS AN AUT PERFORMED 1 YES 2 X	27	Ib. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		THER:	DEATH (Check only			
1 XES 2 NO 27. MANNER OF DEATH 1 Figure 5 Pending	1 X inpetient 2 - ER/O 28a. DATE OF INJUF (Month, Day, Yea	RY 28b. TIME	Y WORK?		ther (Specify) DESCRIBE HOW INJU	RY OCCURED	<i>p</i> -
2 Socident Investiga 3 Suicide 6 Could no	28a. PLACE OF INJU- building, stc. (S	JRY — At home, farm, str Specify)	eet, factory, office	261, L	OCATION (Street and i	Number or Rum	I Route Number, Rock
29a. CERTIFIER (Check only	PHYSICIAN: To the best of my kr	nowledge, death occurred					(e) and manner as stated.
296. SIGNATURE AND TITLE OF CER	- Ode	2	M I	CENSE NUMBER	46 1	d. DATE SIGNI	ED (Morith, Day, Year)
30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE OF	er q	1918 L	NIS C	onsin	Xec	no son
SFP 11 '91		door Andree					



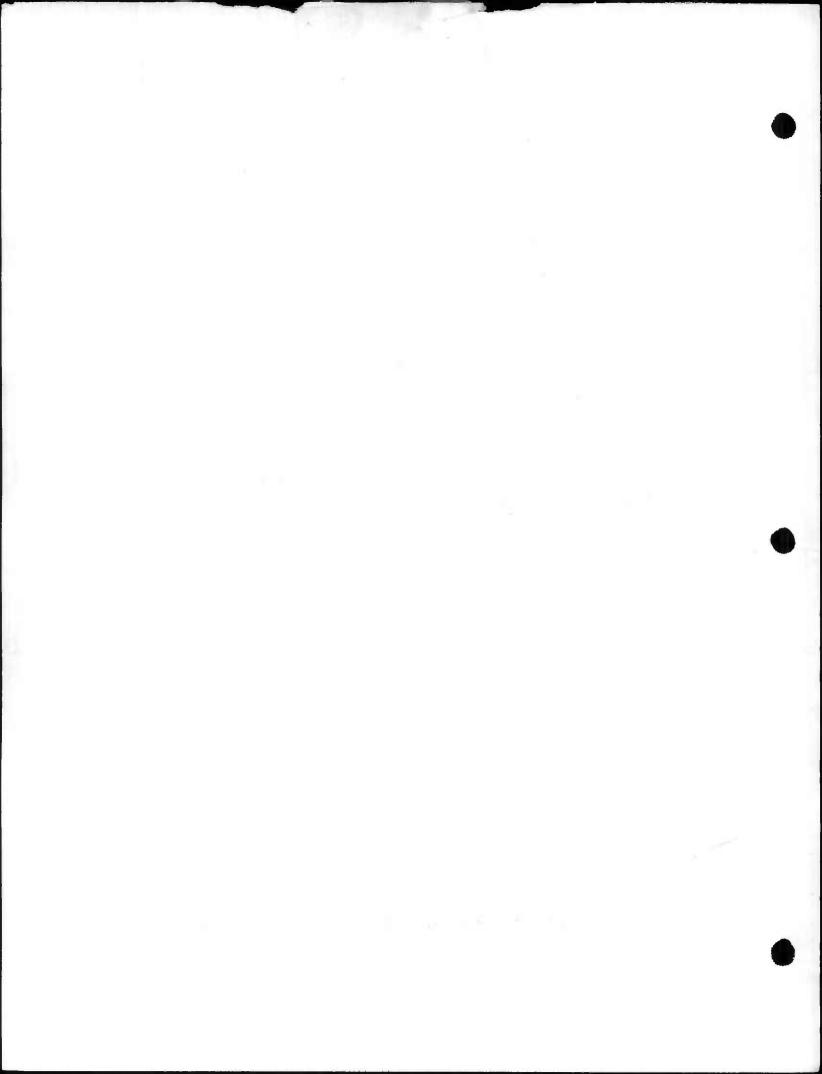
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

1	FOR STATE REGISTRAR		STATE OF I	MARYLAN	ND / DEPA					MEN'	TAL HYGIE		•	401	has V
1.	. DECEDENT'S NAME (First,	t, Middle, Lest)									ATE OF DEATH			3. TIME OF DEA	TH
			oulton							MC	ontembe.	r 8.1	991	5:35	A. M
4.	. SOCIAL SECURITY NUME		5. SEX	6. AGE (In y	yrs. last birthday	/) IF UND	ER 1 YEAR	IF UNDE	R 24 HRS.	7. DA	ATE OF BIRTH	-	8. BIRTI	HPLACE (State or F	
	266-76-9244		1 ☑ M 2 ☐ F		96 YRS.	MONTHS	_	HOURS	MIN.	(M	Nonth, Day, Year)	1295	Count	Tex	
- 1	a. FACILITY NAME (If not in			1 30			TY TOWN	OR LOCAT	LOCATION OF DEATH		7. 20,	-	UNTY OF E		as
10.			,	·											
<u> </u>	Carriage Hi		Sing non	Silver Spring								gomery			
1	IOa. STATE	10b. COUNTY	٧	ITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?		Υ		
In the Color of th	Maryland	Mor	ntgomery	В	ethe	sda						1 TES 2 NO			
	IOs. STREET AND NUMBER				10	f. ZIP COD	DE			10g. Ci	TIZEN OF	WHAT COUNTRY?			
TONELLA I	6813 Winter	berry	Lane					20	817			Uni	ted :	States	
17	II. MARITAL STATUS	DOLLI	12. WAS DECEDEN	NT EVER IN U	S. ARMEO	1	a. WAS DEC			NIC OR	RIGIN? (Specify)		14. RAC	E — American Ind	flan,
	Never Married 2	Married	FORCES?	1 X YES 2	2 NO		If yes, sp	ecify Cub		an, Pue	rto Rican, etc.)		Blac	ck, White, stc.	
"	3 Wildowed 4 Divo	brood	IF 1EG, WITE.	W.W.			1 📋 1000	2 W) Oproc.	ry.			up.c.	White	<u> </u>
3		CEDENT'S EDUC		16	6a. DECEDENT	'S USUAL	OCCUPATI	ON			16b. KIND OF B	USINESS/IN	VOUSTRY		
	(Specify onl	lly highest grade (0-12)	College (1-4 or 5	(+)	life. Do NOT	use retired	ne during mo i.)	AST OF WORK	ing						
		,,	5+	"	Att	corne	y				Vetera	n's A	dmin	istratio	on
al al	IT. FATHER'S NAME (First, M	Aiddle, Last)						16. MO	THER'S N	AME (FI	irst, Middle, Maide	n Sumame))		
	Joe Harmon	Moult	on			Isabell				l Ve	est				
11	19a. INFORMANT'S NAME (19b, MAILI	NG ADDRE	SS (Street	and Numb	er or Rural	Route I	Number, City or T	own, State, 2	Zip Code)		
2 "	John A. Ye:	rrick		19b. MAILING ADDRESS (Street and Number or Rural I 6813 Winterberry Lane					e Be	ethesda	,Mary	yland	1 20817		
	20a. METHOD OF DISPOSIT	TION		20b. P	LACE OF OISP	_					Y	LOCATION -			
1	I □ Burial 2 □ Crematic I □ Donation 5 💢 Other	on 3 Rem	tombment	ot	ther place)						En	alewo	ond.	Florida	
	21. SIGNATURE OF FUNERA									ACILITY					
	· Will	EB	xuen of	мос	0672		Home/ Wisco 2081	Betr nsir 1-35	lesda 1 Ave	a-Ci enue	hevy Ch	ase hesda	Inc.	rey Fun 7557 ryland	
ii	23. PART I. Enter the deshock, or he iMMEDIATE CAUSE (Find disease or condition resulting in death)	heart fellure.	a	Le on each		Land -					cardiac or ree		irrest,	Approxir Interval Onset ar	Between
CERTIFICAL	Sequentially list conditions, leading to imme cause. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in deeth) LAS	ediate VING Jury ST	c	O (OR AS A CO	CONSEQUENCE	EOF):									
ا ا	PART II. Other significa	ant condition	na contributing to	o deeth but	not resultin	g in the	undertyin	g cause	given in	n Part	I. 24a. WAS . PERF	AN AUTOPS ORMED?	Y 24	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
PHYSICIAN: MEDICA	- Uh	Beson	Colla	PAIC	injwa	X	2/0	le	1		1 🗆 YES	₹¥ NO		OF DEATH?	
¥ 2	25, WAS CASE REFERRED 1	TO MEDICAL						LACE OF	DEATH (C	check on	nly one)				
2	EXAMINER?		HOSPITAL:	☐ ER/Outpati	ient 3 🗆 DO/	OTH 4 MA		me 5 🗆	Residence	6 🗆	Other (Specify)				
2	27. MANNER OF DEATH		28a. DATE O	OF INJURY	26b, T	TIME OF	28c. IN	JURY AT		· F	DESCRIBE HO	W INJURY C	CCURED		
		Pending	(muni,	Day, Year)		M		YES 2	□ NO						
Accident Investigation 28s PLACE OF INJUSTY — At home form street factory office 28s LOCATIO									LOCATION (Stre City or Town, Sta		ber or Rural	I Floute Number,			
COMPLETED	one)		SICIAN: To the best of												
5	2 MED	DICAL EXAMINE	IER: On the besis of	examination a	ind/or investige	ntion, in m	y opinion,	dasth occ	aured at th	ie time,	date end place,	and due to	the cause	(a) and manner as	stated.
۳ 2 a	29b. SIGNATURE AND TITLE	E OF CERTIFIE	Tion N	W		-		_	CENSE NO			29d. D.	ATE SIGNE	ED (Month, Day, Yea	ir)
2 3	30, NAME AND ADDRESS C	OF PERSON W	HO COMPLETED CA	USE OF DEAT	H (ITEM 27) (1	Sype, Print)						_		2 -0	40

32. REGISTRAR'S SIGNATURE

Julia Davidson Randone

+1



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

ш
D
BOX 68760,
BOX
P.O.
OF VITAL RECORDS, P.O. E
VITAL
OF
DIVISION

4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday, IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DA 168-52-4609 1 M 2 X F 100 JI permit. Pages 1, 2, 3 should 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN DIRECTOR NATIONAL LUTHERAN HOME ROCKVILLE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION AVONDALE PA. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 1931 BOX 252 RT. as the burial-transit within 24 hours after death, Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORI FORCES? 1 YES 2. If yes, specify Cuban, Mexican, Puer 1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 🕅 Widowed 4 🗌 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION use (Specify only highest grade comple Por Elementary/Secondary (0-12) College (1-4 or 5+) HOMEMAKER director, page 5 should be detached 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (F) CHRISTIAN PLOESSER AGATI ă BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route N 9 9701-VEIRS DR. REV.DR. REICHARD 20a. METHOD OF DISPOSITION

1 © Burlei 2 Cremetion 3 Removal from State
4 Donestion 5 Other/Specific be 20b. PLACE AND DATE OF DISPOSITION (Name must 91/ IVERVIEW CEMETERY examiner 21. SIGNATURE OF FUNERAL SERVICE LICEN 22, NAME AND ADDRESS OF FACILITY the funeral THE HYSONG 1300-N ST medical 23. PART I. Enter the diseases, Dr complications the caused the each. Do not enter the mode of dying, such as a filled in by shock, or heart fellure. List only one cause 6 IMMEDIATE CAUSE (Final the disease pr condition noumonia completely resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): Obstructive unandi re executed Hygiene prior to burial, Injury, or other traumatic CERTIFICATION and Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): attending physician DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST een signed by the atter of Health and Mental PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I MEDICAL zheimers s certificate has been signed by the State Dept. of Health and sd, or Item 23 shows any In disease that PHYSICIAN: WB 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check on HOSPITAL: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA OR ATTENDING PHYSICIAN: marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. With this Natural 2 Accident 5 Pending 1 YES 2 NO BY After the L DIRECTOR: Aff thours after des item 28 Is r 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. 8 Could not be COMPLETED 4 Homicide IMPORTANT: If Item 29a. CERTIFIER
(Check only one)

1 X CERTIFYING PNYSICIAN: To the best of my know one) eth occurred at the lime, date and place, and due to the TO THE HOSPITAL O TO THE FUNERAL D be filed within 72 ho igation, in my opinion, death occured at the time, E AND TITLE 29c. LICENSE NUMBER BE 2 LOF DEATH (ITEM 27) (Type, Print) 20874 MP -ermantown 112. RESISTRAR'S SIGNATURE 31. DATE FILED (M 91 11

	OL	KIII	ICAT	E UF	DEAT	<u> </u>		REG. NO.	_	- 1	
Rosa Mutsc	hlar						MONT	_		YEAR	3. TIME OF DEATH
	E (In yrs. lest	birthday)	IF UNDE	R 1 YEAR	IF UNDER	1 24 HRS.	7. DATE	OF BIRTH	91	8. BIRTI	NPLACE (State or Foreign
□ M 2 🔀 F	100	YRS.	MONTHS	DAYS	HOURS	MIN.	JUI	th, Day, Year)		1-D	ELAWARE
nd number) HERAN HO	ME		96. CIT		OR LOCATI					TGO	MERY CO.
		10c. CIT	Y, TOWN	OR LOCA							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
X 252				10	I. ZIP COD	131	1		10g. CIT	US	WHAT COUNTRY?
WAS DECEDENT EVER FORCES? 1 YES		MED O	13.	If yes, s		ın, Mexica	an, Puerto	N? (Specify Yes Ricen, etc.)	or No—	14. RAC Blac Spec	E — American Indian, ck, White, etc.
201	Lan De						1 400	b. KIND OF BUS			WHITE
ON pleted) ollege (1-4 or 5+)	(GH	Do NOT u	work done	during m	ost of world	ng	184		emak Emak		;
PLOESSE	R				18. MOT		ME (First,	Middle, Maiden	sumame) ROWN		
	196	. MAILING	ADDRES	S (Street	and Number	r or Runal	Ploute Nurr	nber, City or Tow	n, State, Zi	Gode)	
D		970	1-V	EIR	S DR	. , R	OCK	VILLE	, MD.	208	50
	20b. PLACE		E OF OISI	POSITIO	M /Namo		DAT	00-10	CATION	City or To	inum State
TOTH OTHER	or cemetary.		or other		e (tassing		DA	20G. LO	CATION -		OWII, State
	RIVE		e or other	place)	ETER	Y	9/1				N, DEL.
# W .	RIVE		EW	PIACE) CEM . NAME A	ETER	SS OF FA	9/1	O WI	LMIN		
M. Ano	RIVE		EW	PIACE) CEM NAME A	ETER	SS OF FA	9/1 VCILITY NG	O WI	LMIN NC	GTO	ON, DEL.
plications the caus	MA sed the se	RVI	EW 22.	place) CEM NAME A T	ETER ND ADDRE HE H 300-	YSO NS	9/1 NG	O WI	LMIN NC WASH	GTO	ON, DEL.
plications the cause only one cause on P \ Qu	end the co	ath. Do	EW 22	place) CEM NAME A T	ETER ND ADDRE HE H 300-	YSO NS	9/1 NG	O WI	LMIN NC WASH	GTO	OC Approximate interval Between
plications the cause on	end the co	ath. Do	EW 22.	place) CEM NAME A T 1	ETER IND ADDRE HE H 300- ode of dy	SS OF FA	9/1 NG	O WI	LMIN NC WASH	GTO	OC Approximate interval Between
plications the cause only one cause on P \ Qu	AMO	ath. Do	EW 22.	place) CEM NAME A T 1	ETER ND ADDRE HE H 300-	SS OF FA	9/1 NG	O WI	LMIN NC WASH	GTO	OC Approximate interval Between
Obst	AMO	ath. Do	EW 22.	place) CEM NAME A T 1	ETER IND ADDRE HE H 300- ode of dy	SS OF FA	9/1 NG	O WI	LMIN NC WASH	GTO	OC Approximate interval Between
plications the cause only one cause on P N OU DUE TO (OR AS O S)	AMO S A CONSEC	eth. Do	EW 22.	place) CEM NAME A T 1	ETER IND ADDRE HE H 300- ode of dy	SS OF FA	9/1 NG	O WI	LMIN NC WASH	GTO	OC Approximate interval Between
Photosophications the course only one cause on DUE TO (OR AS	and the consection of the cons	eth. Do	EW 22.	CEM. NAME A	ETER ND ADDRE HE H 300 – ode of dy	SS OF FA	9/1 CILITY NG CT.,	O WI	LMIN NC WASH retory ar	GTO	DEL . Approximate interval Betwee Onset and Det Onset and Det AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
DUE TO (OR AS	and the consection of the cons	eth. Do	EW 22.	CEM. NAME A	ETER ND ADDRE HE H 300 – ode of dy	SS OF FA	9/1 CILITY NG CT.,	O WI: CO · , I: N · W · Triblec or respi	LMIN NC WASH retory ar	GTO	DEL . Approximate interval Betwee Onset and Dea . b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE
DUE TO (OR AS	and the consection of the cons	eth. Do	EW 22.	Place) CEM NAME A T T T the m	ETER ND ADDRE HE H 300 – ode of dy	SS OF FA	9/1 CILITY NG CT.,	O WI. CO., I. N.W. rdiec or respi	LMIN NC WASH retory ar	GTO	DEL . Approximate interval Betwee Onset and Det Onset and Det AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
DUE TO (OR AS	and the solution of the soluti	AUENCE O	P):	Place) CEM NAME A T T the m	ETER ND ADDRE HE H 300 — ode of dy	SS OF FA	9/1 NGLITY NG T	O WI: CO · , I N · W · rdiec or respi	LMIN NC WASH retory ar	GTO	DEL . Approximate interval Betwee Onset and Det Onset and Det AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
DUE TO (OR AS	AMO S A CONSECTION S	ERVI	PF):	Place) CEM T T the months of t	ETER ND ADDRE HE H 300 - ode of dy CALLE PLACE OF D THE S IN THE STATE TH	SS OF FA	9/1 CILITY NG The scene	O WI: CO · , I N · W · rdiec or respi	AUTOPSY	I., Dreat,	DEL. Approximate interval Betwee Onset and Det Onset and Det AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	and the consection of the cons	BUENCE O	F): In the upon the office of the office of the pure of the pure of the office of the pure of the office of the pure of the office of the office of the office of the pure of the offic	Place) CEM T T T the months of	ETER ND ADDRE HE H 300 - ode of dy CALLE C	SS OF FA	9 / 1 CILITY NG NG NG NG NG NG NG N	O WI CO · , I N · W · rdlec or respi	AUTOPSY MASH Retory ar	ZA ZCURED	DEL . Approximate interval Betwee Onset and Dea . b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF OCATH? 1 YES 2 NO
DUE TO (OR AS DUE TO	d the seeds like and	AUENCE O	PF): In the u OTHER ATOM ME OF JURY M	Place) CEM T T T the months of	ETER NO ADDRE HE H 300 — ode of dy ng cause PLACE OF E me 5 — R JORKY YES 2 [SS OF FA	9 / 1 CILITY ST Ch es cer	O WI. CO • , I. N • W • rodiec or respirate or respira	AUTOPSY MASH Retory ar AUTOPSY MED? XXNO	24i	DEL . Approximate interval Betwee Onset and Dea . b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF OCATH? 1 YES 2 NO

	FOR STATE REGISTRAR			MARYLAND /	/ DEPAI	RTMENT	OF I	HEALTH DEA	AND I	MENTA	L HYGIEN	IE		20422
	1. DECEDENT'S NAME (Firs	HARR	RY FREDER	ICK MCCI	JLLAF	ł				MONT	P 6 19	91	YEAR	3. TIME OF DEATH A
	4. SOCIAL SECURITY NUM 577-52-906	MBER	5. SEX	6. AGE (In yrs. la:			1 YEAR DAYS	IF UNDER	R 24 HRS, MIN.	7. DATE (Mont	OF BIRTH (h, Day, Year)		Count	IPLACE (State or Foreign
Œ	9e. FACILITY NAME (If not is		street end number)			9b. CITY,	TOWN (OR LOCATI	ION OF DE		LLVL	_	JNTY OF D	
ECTOR		NATIONAL NAVAL MEDICAL CENTER RESIDENCE OF DECEDENT 109. STATE 109. COUNTY 109. COUNTY					BETHESDA					MONTGOMERY		
DIRE	MARYLAND	- 12.0	rv IONTGOMERY	v	10c. CIT		FY, TOWN OR LOCATION BETHESDA							10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	10e. STREET AND NUMBER					101. ZIP CODE					10g. CIT	TIZEN OF V	1 TYES 2 NO
FUNERAL	8200 W	ISCONS	IN AVE.,	#703	DMED	1 12 1	.m.s. DE(2081	_				D STATES
BY	1 Never Merried 2 3 Wildowed 4 Dive		FORCES? 1	1 YES 2 1	NO	11	1 yes, sp	CENDENT Copecify Cube	m, Mexica	in, Puerto	SIN7 (Specify Yes or No — 14. RACE Black Specification of the state of			E — American Indien, k, White, etc.
TED	(Specify on	CEDENT'S EDU	ICATION a completed)	(G	Give kind of a	S USUAL OCI	CUPATIC	ON ost of worki	ng	168	. KIND OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (to 1-12		College (1-4 or 5 d	+)	II. S	use retired.)	JY _				DEF	ENSE		
	17. FATHER'S NAME (First, M		Ma Cullat			-					Middle, Meiden	Sumeme)		
BE (19a. INFORMANT'S NAME (McCullah		9b. MAILIN	G ADDRESS	(Street t				M. Har		- Codel	
5	ROBERT McCU	LLAH	1								MD 2			
	20s. METHOD OF DISPOSIT ↑ X Burtal A Cregation 4 □ Donation 5 □ Other	non 3 🗆 Ram	noval from grand	20b, PLACE	AND DATE	of Disposit other place) Natio	TION /Ne	eme of		DAT	E 20c, LO	CATION -	City or To	
	21. SIGNATURE OF PUMERA	SERVICE NO	med)		gton	22. N HI1	nes/	/Rina	ss of fac	Fune	91 Arl: eral H	ome		
-	23. PART I. Enter the di	liceosea, or	complications the	at coused the d	eath. Do	118	800	N.H.	AVE	2.,	Silver	Spr	ing,	Md. 20904
	ahock, of h IMMEDIATE CAUSE (Fir disease or condition reaulting in death)	wort failura.	PNEUM	MONIA	e.							Thereby	1664,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated eventa b. METASTATIC ADENOCARCINOMA DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
SERI	resulting in death) LAS	T	d											
MEDICAL (PART II. Other significa	int condition	a contributing to	death but not r	esulting	in the und	lerlying) cause ç	jiven in i	Part I.	24e. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
										- 1				1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:					LACE OF DI	EATH (Che	eck only or	10)			
HYSI	1 YES 2 NO		1 Dynpatient 2 D		_	OTHER:	Ing Home		sidence					
BY PH	1 Natural 5	Pending Investigation	28a. DATE OF (Month, Da		28b. TiMi	JURY M		URY AT ORK? YES 2] NO	28d. DES	CRIBE HOW II	NJURY OC	CURED	
0	3 Suicide B	Could not be determined	28a. PLACE OF building.	OF INJURY — At hore etc. (Specify)	me, farm, s	street, factor	ry, office			281, LOC City	ATION (Street e or Town, State)	ind Number	r of Rural R	loute Number,
COMPLETE	29e. CERTIFIER (Check only one) 2 MEDI	IFYING PHYSI	ICIAN: To the best of ER: On the beele of ex	my knowledge, de xamination end/or	ath occurre	ad at the tim on, in my op	ne, date	end place,	end due	to the cau	use(e) end men	ner es stat	led. ne ceuse(e)	end menner ee stated.
TO BE	296. SIGNATURE AND THE		N	2	ms	9		29c. LICE	NSE NUM	BER		29d, DAT	E SIGNED	(Month, Day, Year)
F	K. E. ZAWAC				W 27) (Type,	Print)	I.	JATIC BETHE	NAL SDA.	NAVA MD	AL MED 20889	ICAL -5000	CENT	
	31. DATE FILED (Month, Out.	^{Year)} 91		Davidson-A	andell	-		-						

HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

2

6

Kevin Mulvey,

31. DATE FILED (Month, Day, Year)
SFP 16 91

M.D.

D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within exwus after death. Page 6 may be retained by the hospital or attending physician.	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTE	TO THE FUNERAL DIRECTO be filed within 72 hours aft	IMPORTANT: If item 28	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH AM Edward W. Miller September 13,1991 6:00 7. DATE OF BIRTH (Month, Day, Year 6. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER & SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN 578-48-7457 1 X M 2 F 77 Jan. 3,1914 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 11420 Strand Drive, #104 Rockville Montgomery RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Rockville 1 YES 2 NO 10a STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11420 Strand Drive #104 20852 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, stc. FORCES? 1 TYES 2
IF YES, GIVE WAR OR DATES
1931-1953 If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 X Married 1 TYES 2 TO NO Specify: White BY Specific 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple-16h. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 12 United States Air Force Master Sergeant 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Nicholas Bobak BE Teresa Bassarak 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Elsie Olen Miller 11420 Strand Drive #104 Rockville, Maryland 20852 20e. METHOD OF DISPOSITION
1 X Buriel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Arlington National Cemetery Arlington, 4 ☐ Donation 5 ☐ Other (Specify) Virginia 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Wisconsin Avenue, Bethesda, Maryland 20814 21, SIGNATURE OF FUNERAL SERVICE LICENSEE Will Dove .M00672 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Interval Between shock, or heart failure. List only one cause on each line. Onset and Deeth IMMEDIATE CAUSE (Final disease or condition Chronic Lymphocytic Leukemia 10 Years resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAS ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Aortic Stenosis 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA 1 YES 2 X NO ng Home 6 🕅 Realdence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? 1 X Natural 5 Pending 84 1 YES 2 NO BY Investigation 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER

(Chack only

(ExtriFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated (Check only To MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. NATURE AND TITLE OF BESTTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 21 3 September 13, 1991

National Naval Medical Center, Bethesda, Maryland 20889-5000

THO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--

8

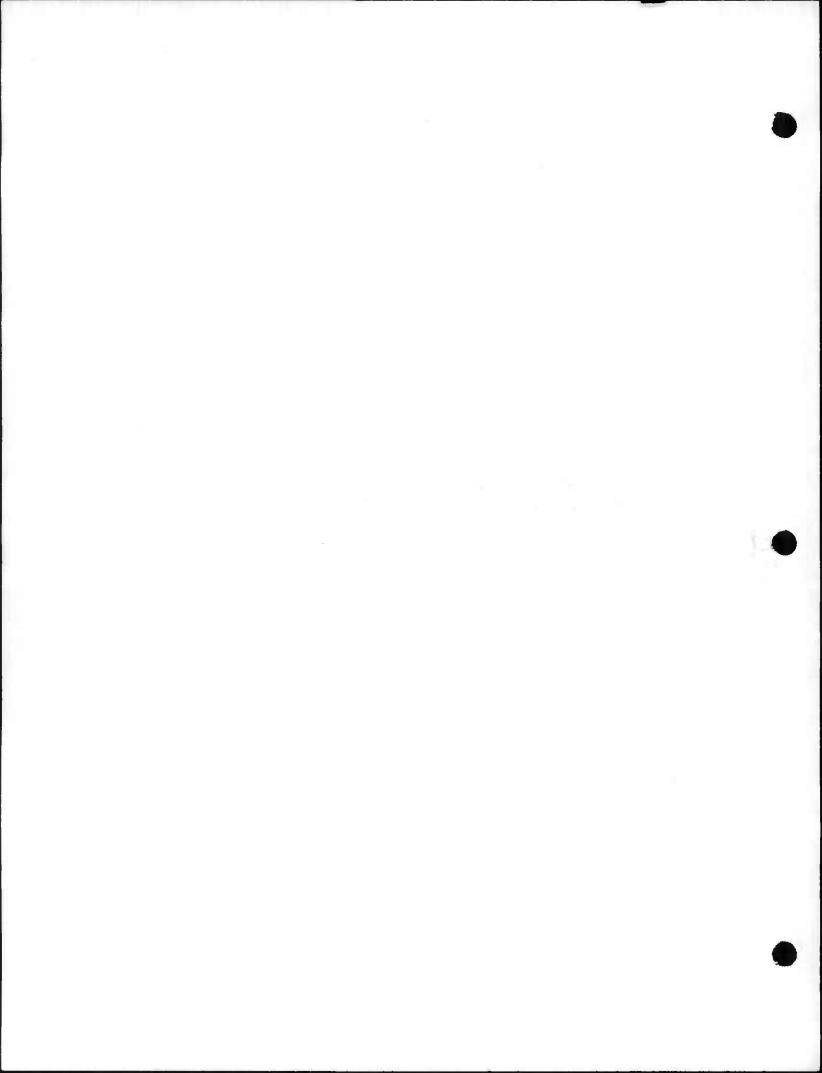
31. DATE FILED (Month, Day, Year)
SEP 1 6 1991

32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	RTMENT	OF HI	EALTH AND			IE	1 2	26424
			CE	RIII	ICATE	OF	DEATH		REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last,		mch	nar	vus			2. DATE OF MONTH	DEATH DA	- 91	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 450-14-0222	5. SEX	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIH.	7. DATE OF (Month, D	BIRTN ey, Ybar)		8. BIRTH Count	**
	9e. FACILITY NAME (If not Institution, give	street and number)			9b. CITY, T	OWN OF	R LOCATION OF		.,,1)		NTY OF O	
TOR	SUBURBAN HOSPI	TAL			I	BETH	IESDA			MOI	NTGO	MERY
- DIRECTOR		r MONTGOMERY			y, town or LLVER							10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3512 FITZHUGH LA	NE				10f, :	20906	· · ·		10g. CITI	USA	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. W FORCES? 1 YES 2 NO III					0011					*	
	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)	(Givi	e kind of v	USUAL OCCI	UPATION	of working	16b. KH	ND OF BUS	SINESS/IND		LTE
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5+	ECON		se retired.)			FED	ERAL	GOVE	ERNMI	ENT
Ö	17. FATHER'S NAME (First, Middle, Last)					T	16. MOTNER'S N					3112
BE	O. THAXTER SMIT	H					DOLLI	E COLL	INS			
2	19e. INFORMANT'S NAME (Type/Print)			MAILING	ADDRESS (S	Street and	d Number or Rural			n, State, Zip	Code)	
-	EDWARD M. McMAN		ND) 35	12 I	FITZHU	JGH	LANE S	ILVER	SPRI	NG, MA	RYLA	AND 20906
	26e. METNOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ren	novel from State	20b. PLACEAN cemetery, crem	etony or of	her place!		e of	DATE		CATION —		
	4 Donation 8 Other (Specify)		GATE O	FH	EAVEN	CEM	ETERY	09/16	SIL	VER S	SPRIN	NG, MARYLAND
	(58ml)	6 Cm			500	NCI UN	S J. CO IVERSIT	LLINS Y BLVD	FUNE	RAL H	OME,	
	23. PART T. Enter the disease, or ahock, or heart fallure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	clat only one caus	caused the deel se on each line.		· ·						eet,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b	OR AS A CONSEQU	ENCE OF	7:			-				
ERTIFI	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEDU	ENCE OF):							
. 1	PART II. Other significent condition	ne contributing to	deeth but not res	ultina i	n the unde	riving	cettee given in	Part I 24-	. WAS AN	ALITODOV	1	
MEDICAL									PERFOR	MED?	240.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ÿ								_				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 \(\subseteq \text{NO} \)	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:		5 Residence		aciful			
	27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF I	NJURY :	286. TIME	OF 28	c. INJUR	RY AT	28d. OESCRIE		JURY OCC	URED	0
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28a. PLACE OF building, a	INJURY — At home		9		2 2 240	281. LOCATION	N (Street el	nd Number		oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSI	ICIAN: To the best of n	ny knowledge, death	occurre	d at the time,	, date an	nd place, and due	to the cause(s)) and meni	ner es atate	ed.	end manner ex stated.
	296. SIGNATURE AND TITLE OF CERHFIE					_	9c. LICENSE NUI					
TO BE	30. NAME AND ADDRESS OF PERSON WH	ulus l	OF DEAT	-	0		DO8	246		DATE	I - ((Month, Day, Year)
	20 hou 1	an par				2	scov	SM	P.	40	73	all alter

	nours
	24
ó	within
314	executed
K	9
C. BC	certificate
ŗ	death
3	the
Ī	hat
ECC.	eduires
E	AW.
A	The
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours
SION	TENDING
<u>=</u>	80
	1
	HOSPIT
	6.4

	1. DECEOENT'S NAME (First,		MOYSEY	MATUI	A					DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB	-	MATUL	A					_		- 19	301	0.100
	72. 111-22-23-23-23-23-23-23-23-23-23-23-23-23-		5. SEX	s. AGE (In yrs. Ins		IF UNDER	1 YEAR DAYS	HOURS I		DATE OF BIRTH (Month, Day, Year)		Countr	
	1512472	3/	_	92	YRS.					lug. 28,	7	Ukr	
œ	9a, FACILITY NAME (If not ins	1	et and number)		- 1	96. CITY	, TOWN O	R LOCATION	OF DEATH			JNTY OF D	
Ō.	ROCKUILE RESIDENCE OF DEC	EDENT	sing H	5 Me		Ko	CK	ville			M	catgo	chery
DIRECTOR	10e. STATE	10b. COUNTY	,		10c. CITY	, TOWN C	R LOCATI	ON		-			10d. INSIDE CITY
ā	Maryland	M	ontgomer	У		Roc	kvil	le					XTX YES 2 NO
AL	10e. STREET AND NUMBER	D 11					101.	ZIP CODE			10g. CI1	FIZEN OF W	HAT COUNTRY?
FUNERAL			nnon Dri						354			USA	
BY FUI	11. MARITAL STATUS 1 Never Married 2 3 WWidowed 4 Divor	Merried	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	40		If yes, spe		Mexican, P	ORIGIN? (Specify Ye uerto Rican, etc.)	e or No—		- American Indian, t, White, etc. White
ED		EDENT'S EDUCA			CEDENT'S					16b. KIND OF BU	SINESS/IN	DUSTRY	
	Elementary/Secondary (0	1	College (1-4 or 5+)	Me	. Do NOT us	e retired.)						_	
COMPL	1-12			Mai	ntena	ince	on]	Build:				Insu	stry
	17. FATHER'S NAME (First, Mi									First, Middle, Meiden ia Lysen			
BE	190. INFORMANT'S NAME (7)			1 44	. MAN INLA	ADDOCC	2 /Day4			a Lysell		In Dark-1	
2	Petro Mat							nd Number or					20854
	20a, METHOO OF DISPOSITI			-				elery, cremate				- City or To	
	1 Burial 2 Crematio	n 3 🗆 Remov	ral from S	other pl	ace)								Brook, N
	21. SIGNATURE OF TUNERAL		NSEE /	7 /	Andre	22.	NAME AN	D ADDRESS	OF FACILI	TY			Brook, N
	X hil	NIN	Much	1.				s/ Ri		_	ral		
	23. PART i, Enter the of	11	great	annual that de	ath Da a								Md. 2090
	shock, or hi IMMEDIATE CAUSE (Fin disease or condition reaulting in death)	nai	CL DUE TO (DR AS A CONSE	Chi 1	t.;				·			Onset and D
_	Read and after the									year.			
CATION	Sequentially list conditions, If any, leading to immediate Retyres as partition DUE TO (OR AS A CONSEQUENCE OF):												
CAT	CAUSE Character of laboration of the control of the												
CERTIFI	CAUSE (Disease or Injury that Initiated events oue to (or as a consequence of): resulting in death) LAST												
ER	resulting in daziti) CAS	d.											
	PART II. Other significa	nt conditions	contributing to	laath but not	resulting i	in the ur	nderlying	cause giv	en In Pa			/ 24b	WERE AUTOPSY FIND
	Donatio	, must	iple strai	(2)						PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
ICAL	By Colores dell .												1 YES 2 NO
MEDICA	B Copació (g)									.			I I IES Z I NO
MED	p constant									-			T TES 2 NO
MED	25. WAS CASE REFERRED TO	-	HOSBITAL					ACE OF OEA	TH (Check	only one)			1 123 2 100
SICIAN: MED			HOSPITAL:	ER/Outpatient :	3 🗆 DOA	OTHE 15 Nu	R:			only one) Other (Specify)			1 125 2 100
SICIAN: MED	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANUER OF OEATH			NJURY	28b. TIM	4 SCHUI	R: sing Hom 28c, INJ WO	e 5 Residury AT	dence 6 [INJURY O	CCUREO	1 1 1 2 1 10
PHYSICIAN: MED	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANUER OF OEATH 1 Noture 5		1 Inpatient 2 I	NJURY y, Year)	28b. TIM INJ	E OF URY M	R: rsing Hom 28c, INJ WO 1 🔲 \	e 5 - Residury AT RK? (ES 2 -	dence 6 [Other (Specify)			
SICIAN: MED	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANYER OF OEATH 1 Netural 5 2 Accident 3 Suicide 6	Pending	28e. DATE OF I (Month, Da	NJURY	28b. TIM INJ	E OF URY M	R: rsing Hom 28c, INJ WO 1 🔲 \	e 5 - Residury AT RK? (ES 2 -	dence 6 [Other (Specify)	end Numb		
ETED BY PHYSICIAN: MED	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide	Pending Investigation Could not be determined	28e. DATE OF (Month, De 28e. PLACE Of building, 4	NJURY y, Year) INJURY — At hete. (Specify)	28b. TIM INJ orne, farm, s	E OF IURY M	R: sling Hom 28c. INJ WO 1 \(\) tory, office	e 5 Resk URY AT RK? /ES 2 D	dence 6 [21	Other (Specify) Id. OESCRIBE HOW III. LOCATION (Street City or Yown, State	end Numb	er or Rural i	
ETED BY PHYSICIAN: MED	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 296. CERTIFIER (Check only	Pending Investigation Could not be determined	28e. DATE OF (Month, De 28e. PLACE OF building, 4	NJURY y, Year) INJURY — At hite. (Specify) my knowledge, di	28b. TIM INJ ome, farm, s	E OF URY M street, fac	R: sing Hom 28c. INJ WO 1 1	URY AT RK? (ES 2) and place, a	NO 2	Other (Specify) Id. OESCRIBE HOW II. LOCATION (Street City or Town, State the cause(e) and ma	end Numb	er or Rural i	Route Number,
MPLETED BY PHYSICIAN: MED	25. WAS CASE REFERRED TO EXAMINER? 1	Pending Investigation Could not be determined FIFYING PHYSIC INCAL EXAMINER	28e. DATE OF (Month, De 28e. PLACE OF building, 4	NJURY y, Year) INJURY — At hite. (Specify) my knowledge, di	28b. TIM INJ ome, farm, s	E OF URY M street, fac	R: sing Hom 28c. INJ WO 1 1	URY AT RK? YES 2 and place, a	NO 20	Other (Specify) Id. OESCRIBE HOW III. LOCATION (Street City or Yown, State the cause(e) end mute, date end place, a	end Numb	er or Rural i	Route Number,
ETED BY PHYSICIAN: MED	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 296. CERTIFIER (Check only	Pending Investigation Could not be determined FIFYING PHYSIC INCAL EXAMINER	28e. DATE OF (Month, De 28e. PLACE OF building, 4	NJURY y, Year) INJURY — At hite. (Specify) my knowledge, di	28b. TIM INJ ome, farm, s	E OF URY M street, fac	R: sing Hom 28c. INJ WO 1 1	URY AT RK? (ES 2) and place, a	NO 21 at the tim	Other (Specify) Id. OESCRIBE HOW III. LOCATION (Street City or Town, State the cause(e) end muse, date end place, a	end Numb	er or Rural i	Route Number,
E COMPLETED BY PHYSICIAN: MED	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANUER OF OEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 296. CERTIFIER (Check only one) 2 MEO 29b. SIGNATURE AND TITLE	Pending Investigation Could not be determined TIFYING PHYSIC ICAL EXAMINER	28e. PLACE OF building, of the basis of ax	NJURY y, Year) INJURY — At he. (Specify) my knowledge, d	28b. TIM INJ ome, farm, s	E OF URY M street, fac	R: sing Hom 28c. INJ WO 1 1	URY AT RK? YES 2 and place, a	NO 20	Other (Specify) Id. OESCRIBE HOW III. LOCATION (Street City or Town, State the cause(e) end muse, date end place, a	end Numb	er or Rural i	Route Number,
BE COMPLETED BY PHYSICIAN: MED	25. WAS CASE REFERRED TO EXAMINER? 1	Pending Investigation Could not be determined TIFYING PHYSIC ICAL EXAMINER	28e. PLACE OF building, of the basis of ax	NJURY y, Year) INJURY — At he. (Specify) my knowledge, d	28b. TiM INJ ome, farm, e eath occurre investigatio	E OF FURY M street, fac ad at the on, in my	R: sing Hom 28c, INJ WO 1 \[\] \ ttory, office time, date opinion, d	o 5 Resk	NO 21 nd due to lat the tim	Other (Specify) Id. OESCRIBE HOW III. LOCATION (Street City or Town, State the cause(e) end man, e, date end place, a	end Numb inner ee st and due to	tated. The couse(Route Number, e) end manner ee state (Month, Day, Year) 7 - \$1
BE COMPLETED BY PHYSICIAN: MED	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANUER OF OEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 296. CERTIFIER (Check only one) 2 MEO 29b. SIGNATURE AND TITLE	Pending Investigation Could not be determined TIFYING PHYSIC ICAL EXAMINER OF CERTIFIER F PERSON WHO	28e. PLACE OF building, of the bests of ax COMPLETEO CAUS	NJURY y, Year) INJURY — At he. (Specify) my knowledge, d	28b. TIM INJ Dome, farm, 4 seth occurre investigatio	E OF FURY M street, fac ad at the on, in my	R: sing Hom 28c, INJ WO 1 \[\] \ ttory, office time, date opinion, d	o 5 Resk	NO 21 nd due to lat the tim	Other (Specify) Id. OESCRIBE HOW III. LOCATION (Street City or Town, State the cause(e) end muse, date end place, a	end Numb inner ee st and due to	tated. The couse(Route Number, e) end manner ee stat (Month, Dey, Year) 7 - \$ 1



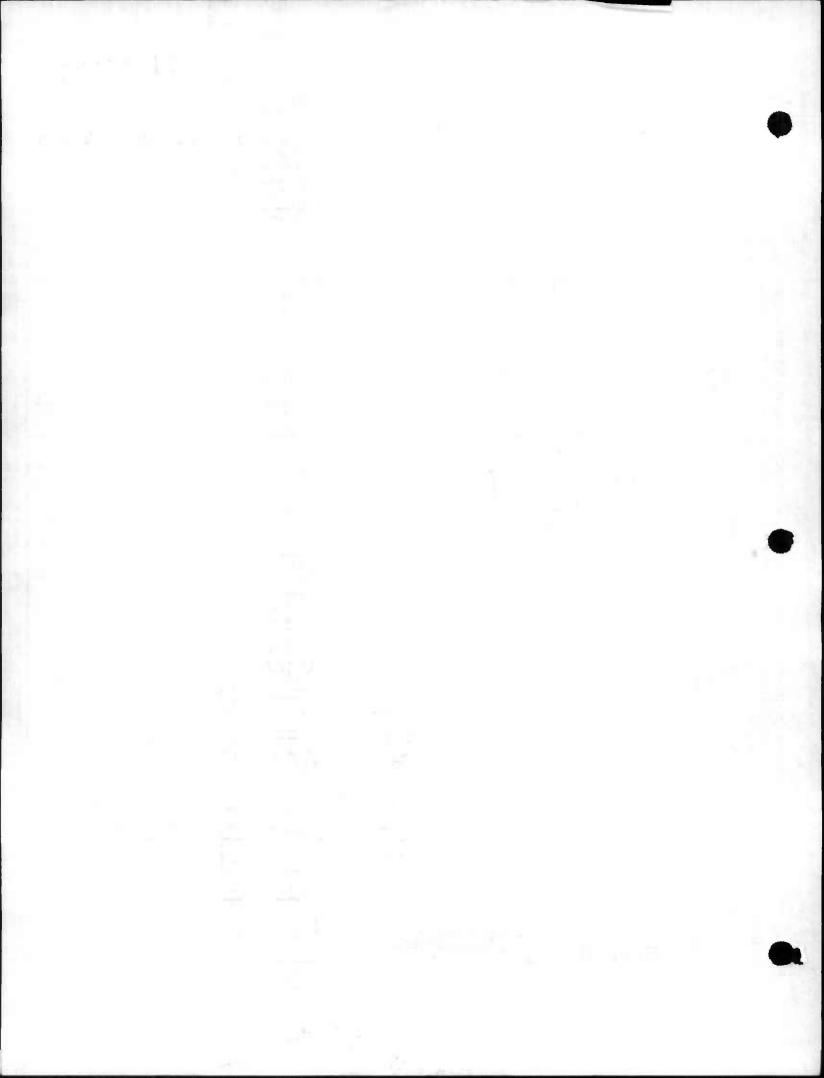
BALTIMORE, MARYLAND 21215-0020	LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia
B/	4 hours after (
,09	d within 2
X 687	e executer
O. BO	ertificate b
S, P.	e death o
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	v requires that the
/ITAL	IN: The law
I OF	PHYSICIA
Z	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

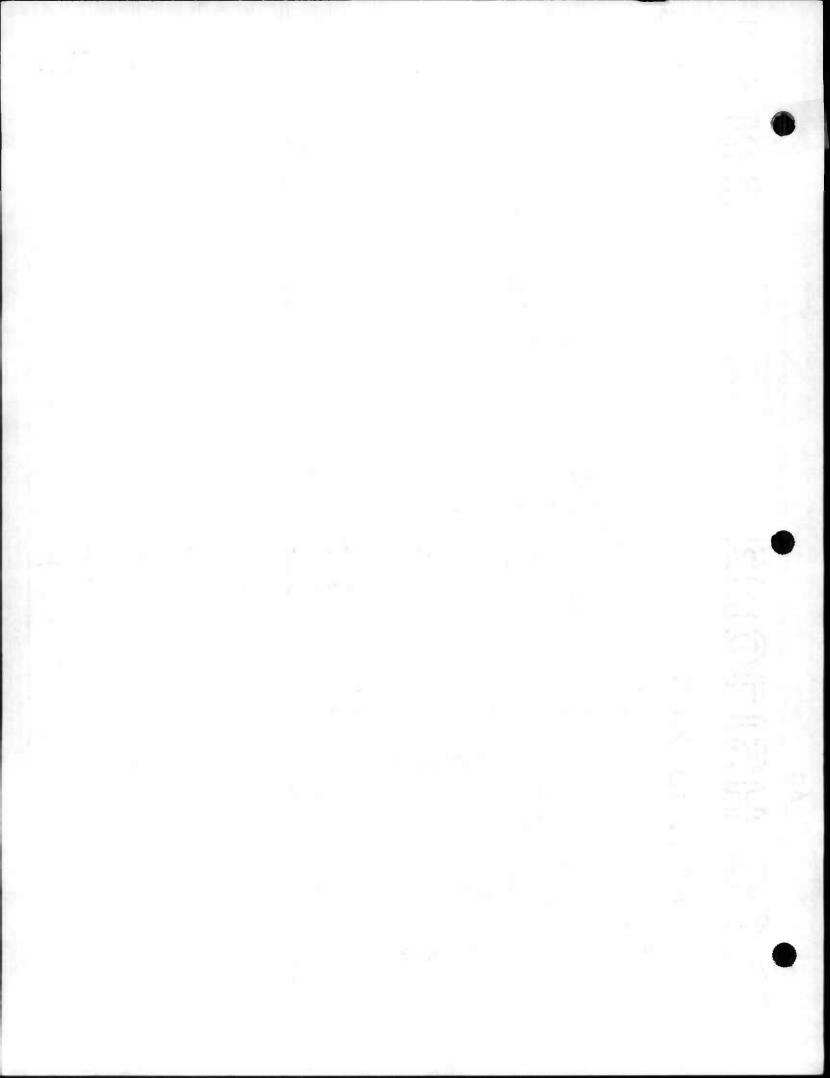
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Kon		AKA RONAL Lester		IGHELI 1, 9		11		2. DATE MONT	OF DEATH	5-0	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY N		5. SEX	6. AGE (In yrs. le		IF UNDER	1 YEAR	IF UNDER 24 HRS.		OF BIRTH		BIRTH	PLACE (State or Foreign
216-44-30	25	1 M 2 F	89	YRS.	MONTHS	DAYS	HOURS MIN.		13,19	02	IOW	
90. FACILITY NAME (# /	not Institution, give	street end number)			9b. CITY,	TOWN C	R LOCATION OF DI		· 10,10	9c. COUN		
HOLY C	ROSS HO	SPITAL			S	ILV	ER SPRIN	G		M	ONTG	OMERY
10e. STATE	10b. COUNT	Υ	-	10c, CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY
MARYLAND	МО	NTGOMERY			SI	LVE	R SPRING					1 YES 2 NO
10e. STREET AND NUM	BER		WINT IS		50,5	101	ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
1210 NOYE	S DRIVE						20910				USA	
11. MARITAL STATUS 1 Never Married 2	-V	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A				ENDENT OF HISPAI			s or No—	14. RACE Black	- American indien, White, etc.
3 Widowed 4		IF YES, GIVE W	AR OR DATES				2 XNO Specif				Specif	
15.	DECEDENT'S EDI	ICATION	16a F	ECEDENT'S	USUAL OC	CUPATIO	IN .	164	. KIND OF BU	SINESS/INDI	ISTRY	WHITE
(Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specification (Specific	y only highest grad	College (1-4 or 5		(Give kind of ite. Do NOT u	work done o	luring mo	st of working					
Elementary/Seconds	ny (0-12)	5+	'	ECONO	OMIST							
17. FATHER'S NAME (Fir	st, Middle, Last)						18. MOTHER'S NA	ME (First,	Middle, Meider	Surname)		
WINFRED	MIGHE	LL					SADIE	G:	LEASON			
19e. INFORMANT'S NAI	ME (Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Number or Rural	Route Num	ber, City or Tox	vn, State, Zip	Code)	
ANNA S. M	IGHELL	(WIF	E)	1210	NOYE	S DI	RIVE SIL	VER S	SPRING	, MAR	YLAN	D 20910
20e. METHOD OF DISPO	OSITION	novel from State		E AND DAT			(Name	DAT	E 20c. L	OCATION — C	ity or To	wn, State
4 Donation 5 C		TOTAL TION STATE		KLAWN			7		ROC	KVILL	E,MA	RYLAND
21. SIGNATURE OF FUN	ERAL SERVICE L	CENSEE					D ADDRESS OF FA		C FINE	DAT II	OME	TNC
1 06	en/17	Xund					IS J. CO					.MD.20901
		b	con as a cons	of.	thuc	lier	65.					unknow
Sequantially list co if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death)	RLYING injury	C	(OR AS A CONS	EOUENCE O	F):		100					
if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events	RLYING injury LAST	d				derlyin	g cause given in	Part i.		N AUTOPSY	24b.	WERE AUTOPSY FINDING
if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death)	RLYING injury LAST	d				deriyin	g cause given in	Part i.		RMED?	24b.	AVAILABLE PRIOR TO
if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death)	RLYING injury LAST	d				deriyin	g cause given in	Part i.	PERFO	RMED?	24b.	AWAILABLE PRIOR TO COMPLETION OF CAUSE
If any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign	LAST LAST LONGING	d							PERFO	RMED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERR EXAMINER?	ED TO MEDICAL	dna contributing to	death but not	t resulting		26. P	g cause given in		PERFO	RMED?	24b.	AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERR EXAMINER? 1 YES 2 WAS	LAST CONDITION ED TO MEDICAL	na contributing to	death but not	t resulting	OTHER	26. Pi	.ACE OF DEATH (C	heck only o	PERFO 1 YES Price)	PAMED?		AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERR EXAMINER? 1 YES 2 NO.	LAST Ifficant condition	dna contributing to	death but not	t resulting	OTHER	26. Pi 3; aing Hon 28c. IN.	ACE OF DEATH (C	heck only o	PERFO	PAMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERR EXAMINER? 1 YES 2 NO NO NO NO NO NO NO	LAST CONDITION ED TO MEDICAL	HOSPITAL: 1 Diffipetion: 2 28e. DATE Of (Month, L.)	death but not	t resulting 3 □ DOA 28b. Till	OTHER	26. Pr R: ning Hon 28c. IN. W(ACE OF DEATH (C) to 5 Residence SURY AT THIS 2 NO	8 Oth	PERFO 1 YES THE YES OF (Specify) SCRIBE HOW	PAMED? 2 PMO INJURY OCC	URED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERR EXAMINER? 1 YES 2 NO. 27. MANNER OF DEATH 1 Netural 2 Accident	LAST Ificant condition ED TO MEDICAL D D Pending	HOSPITAL: 1 Dinpatient 2 28e. DATE OF (Month, L.	death but not	t resulting 3 □ DOA 28b. Till	OTHER	26. Pr R: ning Hon 28c. IN. W(ACE OF DEATH (C) to 5 Residence SURY AT THIS 2 NO	8 Oth	PERFO 1 YES Price)	INJURY OCC	URED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERR EXAMINER? 1 VES 2 VA 27. MANNER OF DEATH 1 Netural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only)	ED TO MEDICAL Description of the determined CERTIFYINO PHYSICAL Injury 1 and	HOSPITAL: 1 Propertient 2 28e. DATE Of (Month, L) 28e. PLACE C building.	death but not ER/Outpatient FINJURY Jay, 19a7 OF INJURY — At letc. (Specify)	3 DOA 29b. Till IN home, farm, death occur	OTHER 4 Nur ME OF JURY M street, fact	26. P. 3: ning Hon 28c. IN. W. 1 Ory, office Ime, date	ACE OF DEATH (C. to 5 Residence URY AT PK? 2 NO	8 Oth 28d. DE 28f. LO	PERFO 1 YES or (Specify) es (Specify) es CATION (Street or or Town, State	INJURY OCC	URED or Rural F	AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERR EXAMINER? 1 VES 2 VA 27. MANNER OF DEATH 1 Netural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only)	ED TO MEDICAL Depending investigation determined CERTIFYING PHY: MEDICAL EXAMIN	MOSEPTAL: 1 Dinpatient 2 (28e. DATE Of (Month, L 28e. PLACE C building.	death but not ER/Outpatient FINJURY Jay, 19a7 OF INJURY — At letc. (Specify)	3 DOA 29b. Till IN home, farm, death occur	OTHER 4 Nur ME OF JURY M street, fact	26. P. 3: ning Hon 28c. IN. W. 1 Ory, office Ime, date	ACE OF DEATH (C. to 5 Residence URY AT PK? 2 NO	8 Oth 28d, DE 28f, LOC//th	PERFO 1 YES or (Specify) es (Specify) es CATION (Street or or Town, State	INJURY OCC	URED or Rural F	AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERR EXAMINER? 1	ED TO MEDICAL Depending investigation determined CERTIFYING PHY: MEDICAL EXAMIN	MOSEPTAL: 1 Dinpatient 2 (28e. DATE Of (Month, L 28e. PLACE C building.	death but not ER/Outpatient FINJURY Jay, 19a7 OF INJURY — At letc. (Specify)	3 DOA 29b. Till IN home, farm, death occur	OTHER 4 Nur ME OF JURY M street, fact	26. P. 3: ning Hon 28c. IN. W. 1 Ory, office Ime, date	ACE OF DEATH (C. 16 5 Residence URY AT 19K? YES 2 NO 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 Oth 28d. DE 28f. LOC (Cit) e to the case time, det	PERFO 1 YES or (Specify) es (Specify) es CATION (Street or or Town, State	INJURY OCC	URED or Rural F	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
If any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERR EXAMINER? 1 YES 2 NC 27. MANNER OF DEATH 1 Netural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one)	ED TO MEDICAL Floring investigation CERTIFYING PHY: MEDICAL EXAMIN ITLE OF CERTIFIE SS OF PERSON W	HOSPITAL: 1 Different 2 (28e. DATE (building.) SICIAN: To the best of a	death but not ER/Outpatient FINJURY Joy, Year) OF INJURY — At letc. (Specify) If my knowledge, examination end/of	3 DOA 28b. T/ii IN death occur or investigati	OTHER 4 Nur ME OF JURY M street, fact	28. Pi R: Pining Hon 28c. IN. WC 1 Urory, offic ime, date	ACE OF DEATH (C) the 5 Residence URY AT PKY YES 2 NO e and place, and du leath occured at the 29c. LICENSE NU	8 Oth 28d, DE 28f, LOC//th	PERFO 1 YES or (Specify) es (Specify) es CATION (Street or or Town, State	INJURY OCC	URED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO Route Number,
if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERR EXAMINER? 1 YES 2 NO. 27. MANNER OF DEATH 1 Netural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one)	ED TO MEDICAL FOR THE PROPERTY OF THE PROPERT	HOSPITAL: 1 Differentent 2 Completent 2 Comp	death but not ER/Outpatient FINJURY Joy, Year) OF INJURY — At letc. (Specify) If my knowledge, examination end/of	3 DOA 28b. Till IN home, ferm, death occur or investigati	OTHER 4 Num ME OF JURY M street, fact	28. Pi R: Pining Hon 28c. IN. WC 1 Urory, offic ime, date	ACE OF DEATH (C) the 5 Residence URY AT PKY YES 2 NO e and place, and du leath occured at the 29c. LICENSE NU	8 Oth 28d. DE 28f. LOC (Cit) e to the case time, det	PERFO 1 YES or (Specify) es (Specify) es CATION (Street or or Town, State	INJURY OCC	URED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO Route Number,



6	5	
ta	2	
osb	che	ed
e h	etac	2
\$	e d	0
5	Q p	8
ine	noc	2
reta	S	=======================================
2	90	
ay	Pa	t b
6 T	10,	SIL
90	je je	-
2	ल	E .
ath.	Jac.	E
- de	2 E	8
afte	# A	ca
5	0	9
5	000	Ē
24	Hou Hou	the
thi	etely	¥.
X	np mp	Ne.
rted	0 12	2
Xec	and	13
9	an con	5
te	Sici	=
fica	8	ě
Sert	ing	8
#	PH I	ō
dea	att	5
the	₹ ≥	F
at	3 6	À
th s	E E	9
nice	S	3
9	of of	Sh
A.	S b	23
18	e ha	E
N.	Stat	2
CA	the street	6
3	Si	, a
포	53	2
ING	Afte	E
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up and having 20 hours after death with the State Fert of Health and Mental Hyriene prior to build, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
E	5	28
A H	IRE	E
0	07	=
PITA	ERA .	-
8	UNI	A.
H	E E	E
F	工品	20
2	22	3

1. DECEDENT'S NAME (Fit	ral, Middle, Last)						2. DAT	E OF DEATH	DAY	YEAR	3. TIME OF DEATH		
John Andre	ew Mosi	er					Sej			991	7:00 a		
4. SOCIAL SECURITY NU	MBER	5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER 1 YEAR			E OF BIRTH		8. BIRT	THPLACE (State or Foreign		
217-88-2712		1 🖾 M 2 🗆 F	27	YRS.			Dec	. 22,		Was	shington D.		
9a. FACILITY NAME (# not		street and number)				OR LOCATION OF I	HTAB				Y OF DEATH		
17404 Red1a					Derwoo	d			Mon	tgon	nery		
10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION	_				10d. INSIDE CITY		
Maryland	Montg	omery		Der	wood						1 YES 2 NO		
10e. STREET AND NUMBE	R					10f. ZIP CODE					WHAT COUNTRY?		
17404 Red1	and Rd.					20855				5.A.			
11. MARITAL STATUS 1 Never Married 2	Merried	12. WAS DECEDEN	YES 2	2 X NO	If yes,	ECENDENT OF HISP/ specify Cuban, Maxic	an, Puert	IN? (Specify 'o Rican, etc.)	Yea or No-	14. RAI Bla	CE — American Indian, ick, White, etc.		
3 Widowed 4 Di		IF YES, GIVE V	MAR OR DATE	S	101	ES 2 NO Spec	tty:				ody: nite		
15. D	ECEDENT'S EDU	CATION	16	Se. DECEDENT'S	USUAL OCCUP	TION	10	Sb. KIND OF E	BUSINESS/IN				
Elementary/Secondary	1	College (1-4 or 5	+)	life. Do NOT u	work done during se retired.)	most or working							
		2	W	Vaiter			1	Restau	rant				
17. FATHER'S NAME (First,						18. MOTHER'S N			en Surname)				
Norman E.				E con a constant		Gloria							
Norman E.						d Rd., De							
20a. METHOD OF DISPOS			20h P		E OF DISPOSITI				LOCATION -		Town, State		
1 Donation 6 Oth	ition 3 🗌 Rem	noval from State				ematory	4				Virginia		
21. SIGNATURE OF FUNE		CENSE				AND ADDRESS OF I		DeVol					
1	2	10											
IMMEDIATE CAUSE (heart fallure. Finel	List only one ce	use on eech	h line.	Gait not enter the	ast Deer hersburg mode of dylng, au	Parl	20877 ordisc or re	spiratory s		Approximata Interval Betwee Onset and De		
shock, or IMMEDIATE SAUSE (I disease or condition resulting in death) Sequentially list conditions, leading to immicause. Enter UNDER! CAUSE (Disease or in that initiated events.)	ditions, nedlate LYING njury	a. ACGU DUE TO DUE TO C.	O (OR AS A CO	h line.	Gait not enter the	ast Deer hersburg mode of dying, au	Parl	20877 ordisc or re	spiratory s		Interval Between		
shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list conditions, leading to limit cause. Enter UNDER! CAUSE (Disease or it that initiated eventa resulting in death) List	ditions, nediate LYING nijury	a. ACGU DUE TO DUE TO d. DUE TO	O (OR AS A CO	h line. I h w ONSEQUENCE (ONSEQUENCE (ONSEQUENCE (Gait not enter the nume of pri: ne old j pri:	ast Deer hersburg node of dying, au Unicen	Parl, MD, MD och as co	20877 ordisc or rei	spiratory s	u	Interval Between Onset and De		
shock, or IMMEDIATE SAUSE (I disease or condition resulting in death) Sequentially list conditions, leading to immicause. Enter UNDER! CAUSE (Disease or in that initiated events.)	ditions, nediate LYING nijury	a. ACT L DUE TO DUE TO DUE TO d	O (OR AS A CO	h line. I h w ONSEQUENCE (ONSEQUENCE (ONSEQUENCE (Gait not enter the nume of property property property In the underly	ast Deer hersburg node of dying, au Unicen	Parl, MD, MD och as co	20877 ordisc or red	spiratory s	u	Interval Betw Onset and Do		
shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list conditions, leading to limit cause. Enter UNDER! CAUSE (Disease or it that initiated eventa resulting in death) List	ditions, nediate LYING nijury	a. ACT L DUE TO DUE TO DUE TO d	O (OR AS A CO	ONSEQUENCE CONSEQUENCE it not enter the nume of property property property In the underly	ast Deer hersburg node of dying, au Unicen	Parl, MD, MD och as co	20877 ordisc or red	AN AUTOPS:	u	4b. WERE AUTOPSY FINDII AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH?			
shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list conditions, leading to limit cause. Enter UNDER! CAUSE (Disease or it that initiated eventa resulting in death) List	ditions, nediate Lying njury AST Icent conditio	a. ACT L DUE TO DUE TO DUE TO d	O (OR AS A CO	ONSEQUENCE CONSEQUENCE it not enter the PRINTED PR	ast Deer hersburg node of dying, au Unicen	Pari	20877 rdisc or rei 24a. WAS PERF	AN AUTOPS:	u	4b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
Shock, or IMMEDIATE EAUSE (I disease or condition resulting in death) Sequentially list consist only leading to immorause. Enter UNDER CAUSE (Disease or lithat initiated eventa resulting in death) Lipart II. Other algniff	ditions, nediate Lying njury AST Icent conditio	B. DUE TO DUE	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	ONSEQUENCE CONSEQUENCE it not enter the COP: COP: COP: COP: COP: COP: COP: COP	ast Deer hersburg mode of dying, as the current of curr	Pari, MD chas of	20877 profise or rei	AN AUTOPS'S ORMED?	7 2	4b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
Shock, or IMMEDIATE EAUSE (I disease or condition resulting in death) Sequentially list confi env, leading to immediate. Enter UNDER CAUSE (Disease or lithat initiated eventa resulting in death) Lipart II. Other aignifications of the confidence of the confidence of the confidence of the condition of the condit	ditions, mediate LYING injury AST	B. DUE TO DUE	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	not resulting	Gait not enter the CF: CF): In the underly OTHER: 4 Nursing ME OF 28c. UURY	ast Deer hersburg mode of dying, au Grande of dyin	Pari, MD chas of	20877 profise or rei	AN AUTOPS'S ORMED?	7 2	4b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
Shock, or IMMEDIATE SAUSE (Ideese or condition resulting in death) Sequentielly list condition if eny, leading to immicause. Enter UNDERI CAUSE (Disease or in that initiated eventa resulting in death) Lipanting in death) Lipanting in death) Lipanting in death) Lipanting in death) Lipanting in death) Lipanting in death) Lipanting in death) Lipanting in death) Lipanting in death) Lipanting in death) Lipanting in death Lipanting in death) Lipanting in death Lipanting in death) Lipanting in death Lipanting in death) Lipanting in death Lipanting in death) Lipanting in death Lipant	ditions, nediate LYING njury AST D TO MEDICAL Pending Investigation	B. DUE TO B. DUE TO C. DUE TO C. DUE TO DU	O (OR AS A CO O	ONSEQUENCE CONSEQUENCE it not enter the CF: CF): In the underly OTHER: 4 Nursing I ME OF 28c. UURY M 1	ast Deer hersburg mode of dying, au	Pari, MD ch as co	20877 profise or red Sym 24a. WAS PERF 1 YES one) her (Specify) PESCRIBE HO	AN AUTOPS: 2 NO	Z 2	4b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO			
Shock, or IMMEDIATE SAUSE (Ideese or condition resulting in death) Sequentielly list condition if eny, leading to immicause. Enter UNDERI CAUSE (Disease or in that initiated eventa resulting in death) Lipanting in death) Lipanting in death) Lipanting in death) Lipanting in death) Lipanting in death) Lipanting in death) Lipanting in death) Lipanting in death) Lipanting in death) Lipanting in death) Lipanting in death Lipanting in death) Lipanting in death Lipanting in death) Lipanting in death Lipanting in death) Lipanting in death Lipanting in death) Lipanting in death Lipant	ditions, mediate LYING Injury AST	B. DUE TO DUE	O (OR AS A CO O	ONSEQUENCE CONSEQUENCE it not enter the CF: CF): In the underly OTHER: 4 Nursing ME OF 28c. UURY	ast Deer hersburg mode of dying, au	Paril. Part I. Check only 8 G O	20877 profise or red Sym 24a. WAS PERF 1 YES one) her (Specify) PESCRIBE HO	AN AUTOPS' ORMED? 2 % NO	Z 2	4b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?			
Shock, or IMMEDIATE EAUSE (I disease or condition resulting in death) Sequentially list consist on the sequential of th	ditions, mediate LYING njury AST Coant condition To MEDICAL Pending Investigation Could not be detarmined	BICIAN: To the best of	OF INJURY OF INJ	ONSEQUENCE CONSEQUENCE it not enter the CF: CF): In the underly OTHER: 4 Nursing I ME OF 28c. JUPY M 1 street, factory, come at the time, or	ast Deer hersburg mode of dying, au force of dying, au force of dying, au force of Death (1) and the distribution of the distr	Pari, MD ch as co	24a. WAS PERI 1 YES one) her (Specify) pescribe Ho DCATION (Strictly or Yown, Strictly or Young, Strictly	AN AUTOPSIC SOMED? 2 S NO W INJURY O	CCURED Per or Rura	Ab. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO			
Shock, or IMMEDIATE EAUSE (I disease or condition resulting in death) Sequentially list consist on the sequential of th	ditions, mediate LYING njury AST Can t condition To MEDICAL Pending investigation Could not be detarmined ERTIFYING PHYS EDICAL EXAMIN	B. DUE TO DUE	OF INJURY OF INJ	ONSEQUENCE CONSEQUENCE it not enter the CF: CF): In the underly OTHER: 4 Nursing I ME OF 28c. JUPY M 1 street, factory, come at the time, or	ast Deer hersburg mode of dying, au force of dying, au force of dying, au force of Death (1) and the distribution of the distr	Paril. Check only 28d. I	24a. WAS PERI 1 YES one) her (Specify) pescribe Ho DCATION (Strictly or Yown, Strictly or Young, Strictly	AN AUTOPS: ORMED? 2 30 NO W INJURY O	CCURED tere or Rura	4b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO			
Shock, or IMMEDIATE SAUSE (Ideese or condition resulting in death) Sequentielly list condition of eny, leading to immicause. Enter UNDERI CAUSE (Disease or lithat initiated eventa resulting in desth) Lipanting in desth) Lipanting in desth L	ditions, mediate LYING njury AST Can t condition To MEDICAL Pending investigation Could not be detarmined ERTIFYING PHYS EDICAL EXAMIN	B. DUE TO DUE	OF INJURY OF INJ	ONSEQUENCE CONSEQUENCE it not enter the CF: CF): In the underly OTHER: 4 Nursing I ME OF 28c. JUPY M 1 street, factory, come at the time, or	ast Deer hersburg mode of dying, au under of dying, au under of dying, au under of dying au under other order of district of the deep of t	Paril. Check only 28d. t 28f. L Check the time, d	24a. WAS PERI 1 YES one) her (Specify) pescribe Ho DCATION (Strictly or Yown, Strictly or Young, Strictly	AN AUTOPS: ORMED? 2 1 NO W INJURY O wet and Numbers and due to 29d. DJ	CCURED tested.	4b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO			



13146,	to the state of th
BOX	the same has
P.O.	
ON OF VITAL RECORDS, P.O. BOX 13146,	
F VITAL	-
DIVISION O	The state of the s

	1. DECEDENT'S NAME (First, FRANK		CLEAN	rank	Elme	r M	cLean	1		2. DATE O MONTH	D	AY	YEAR		AE OF DEATH
	4. SOCIAL SECURITY NUMB		5. SEX	a ACE //s	yrs. last birthday)	IF UNDER	4 VEAR	IF UNDER		2 0475 0	MBER	23.	199		2:50 p.
	708_18_4538		1 00 M 2 F	75	YRS.	MONTHS		HOURS	MIN.	/ (Month, June	23.	1916		MY) BU	irlingto
	9a. FACILITY NAME (If not ins	stitution, give at	reet and number)			9b. CITY,	TOWN OR	LOCATIO				9c. COU			
OR O	THE JOHNS I	HOPKIN	S HOSPITA	AL		BALT	TIMOR	E C	ITY			BALT	'IMOI	RE C	CITY
5	RESIDENCE OF DEC	10b. COUNTY	,		10c, Cl	TY, TOWN O	R LOCATIO	N .							INSIDE CITY
DIRECTOR	Maryland	Harf	ord Coun	ty	В	el Ai	r								YES 2 NO
AL	10e. STREET AND NUMBER						10f. Z	ZIP CODE							COUNTRY?
FUNERAL	108 Colon	y Plac						2101				_	.S.		
BY FU	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Marine - 1	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 NO	1	WAS DECEN If yes, speci 1 YES 2	Ify Cube	n, Maxican,			a or No—		CE — An ick, Whit ocity: hit (norican Indian, a, atc.
ED		CEDENT'S EDUC			16a. DECEDENT'	S USUAL OC	CCUPATION during most	of workin	10	16b.	CIND OF BU	JSINESS/IN	DUSTRY		
COMPLET	Elamentary/Secondary (0		College (1-4 or 5	+)	life. Do NOT	use retired.)				A 20	sh it a	ot 11 200	מו ד	mate	neering
MP	12 17. FATHER'S NAME (First, M	ficiella I ant))		Civil	ang Tur	_	18. MOTI	HER'S NAM	_	ddle, Maider		11 12	TIR TI	rear Turk
ECC		Lester	McLea	n				Ma		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	S	mith	1
0	19a. INFORMANT'S NAME (7	Type/Print) Wi	fe838_00	17	19b, MAILIN										
2	Mrs. Kathle	en McL	ean		108 C					Air,					
	20a. METHOD OF DISPOSITE 1 DE Burtal 2 Cremetto	on 3 🗆 Rem	oval from State	20b.	other place) el Air N	OSITION (Na	me of cemer	tery, cren	natory or			Air.			21014
	4 Donation 5 Other		CENSEE TO SON							IUTY T				-	
					LOSCOL		50 We	est	Broa	dwav	& Wi	lliam			
- 1		-0 -0	0	21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOSEPH W. Foster 22. NAME AND ADDRESS OF FACILITY Foster Funeral Home 50 West Broadway & Williams Street Bel Air Maryland 21014											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,										1	Approximate			
	shock, Dr h	naart fallure.	complications the List only one ca	at caused									rrast,		interval Batw
5	shock, Dr h IMMEDIATE CAUSE (Fir disease Dr condition	naart fallure. nsi	List Dnly Dna cad	at caused use Dn at	ach line.	not anter	tha mode	a of dy	ing, auch				rrast,		Onsat and D
	shock, or h IMMEDIATE CAUSE (Fir	neart fallure. nsi	a. NOS	at caused use on at	CONSEQUENCE	PN7	tha mode	of dy	ing, auch	ss cardi	ac or resp	piratory a			interval Batw Onsat and D
NC	shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	naart fallure.	a. NON S	OCOL	CONSEQUENCE	PN7	tha mode	of dy	ing, auch	ss cardi	ac or resp	piratory a		nc	interval Baty Onsat and D
ATION	shock, or h IMMEDIATE CAUSE (Fir disease or condition reaulting in death) Sequentially list condit If any, leading to imme	neart fallure.	a. NON S	OCOL	CONSEQUENCE	PN7	tha mode	of dy	ing, auch	ss cardi	ac or resp	piratory a		nc	interval Baty Onsat and D
FICATION	shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju	tiona, ediata	a. NOS Control of the control of the	OCOLO (OR AS A	CONSEQUENCE	PN7 OF):	tha mode	of dy	ing, auch	ss cardi	ac or resp	piratory a		nc	interval Batw Onsat and D
ERTIFICATION	shock, or h IMMEDIATE CAUSE (Fir disease or condition reaulting in death) Sequentially list condit if sny, leading to imme cause. Enter UNDERLY	naart fallure. nsi tiona, pdiata riiNG ury	a. NOS Control of the control of the	OCOLO (OR AS A	ACH IINE. LIAL CONSEQUENCE CONSEQUENCE	PN7 OF):	tha mode	of dy	ing, auch	ss cardi	ac or resp	piratory a		nc	interval Batw Onsat and D
	shock, or h IMMEDIATE CAUSE (Fir disease or condition reaulting in death) Sequentially list condit if sny, leading to imme cause. Entar UNDERLY CAUSE (Disease or Injuttat initiated events	tions, odlata ling	a. NOS Control of the control of the	et caused use pn ac OCOL O (OR AS A O (OR AS A	CONSEQUENCE	PNT OF): OF):	EUM	ON CA	IA)OM	ac or res	STA		4b. WER	Interval Batw Onsat and D 3WK
ICAL CERTIFICATION	shock, or h IMMEDIATE CAUSE (Fir disease or condition reaulting in death) Sequentially list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injutted events reaulting in death) LAS	tiona, adiata // ingress tiona, adiata // ingress tiona, adiata // ingress tiona, and condition tiona, and condition tiona, and condition tiona, and condition tiona, and condition tiona, and condition tiona, and condition	a. NOS Control of the control of the	at caused use Dr at Caused Dr CO Lo Or As A	CONSEQUENCE CONSEQUENCE CONSEQUENCE	PNT OF): OF):	EUM	ON CA	IA)OM	ac or resi	IN AUTOPSY DRMED?		Ab. WER	E AUTOPSY FIND LABLE PRIOR TO PLETION OF CAL
ICAL	shock, or h IMMEDIATE CAUSE (Fir disease or condition reaulting in death) Sequentially list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju that initiated events reaulting in death) LAS	tiona, adiata // ingress tiona, adiata // ingress tiona, adiata // ingress tiona, and condition tiona, and condition tiona, and condition tiona, and condition tiona, and condition tiona, and condition tiona, and condition	a. NOS Control of the control of the	at caused use Dr at Caused Dr CO Lo Or As A	CONSEQUENCE CONSEQUENCE CONSEQUENCE	PNT OF): OF):	EUM	ON CA	IA)OM	ac or res	IN AUTOPSY DRMED?		24b. WER	Interval Batwonsat and D 3 W K USE M E AUTOPSY FIND LABLE PRIOR TO
ICAL	shock, or h IMMEDIATE CAUSE (Fir disease or condition reaulting in death) Sequentially list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju that initiated events reaulting in death) LAS	tiona, adiata // ingress tiona, adiata // ingress tiona, adiata // ingress tiona, and condition tiona, and condition tiona, and condition tiona, and condition tiona, and condition tiona, and condition tiona, and condition	a. NOS Control of the control of the	at caused use Dr at Caused Dr CO Lo Or As A	CONSEQUENCE CONSEQUENCE CONSEQUENCE	PNT OF): OF):	EUM	ON CA	IA)OM	ac or resi	IN AUTOPSY DRMED?		24b. WER	E AUTOPSY FINDIABLE PRIOR TO PULETION OF CAU
CAL	shock, or h IMMEDIATE CAUSE (Fir disease or condition reaulting in death) Sequentially list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju that initiated events reaulting in death) LAS	tiona, adiata (iNG ury ant condittor	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	at caused use Dr at Caused Dr CO Lo Or As A	CONSEQUENCE CONSEQUENCE CONSEQUENCE	OF): OF):	EVM VN6	CSUSE	IA	Part i.	24a. WAS A PERFC	IN AUTOPSY DRMED?		24b. WER	E AUTOPSY FINDIABLE PRIOR TO PULETION OF CAU
ICAL	shock, or h IMMEDIATE CAUSE (Fir disease or condition reaulting in death) Sequentially list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuthat initiated events reaulting in death) LAS PART II. Other algnification DEST WCT 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO	tiona, adiata (iNG ury ant condittor	DUE TO DUE TO	et caused use Dn at OCOL O (OR AS A O (OR AS A O (OR AS A	CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE	OF): OF): OTHE	The model EUM UN6 Inderlying 26. PLA R: raing Home	CSUSE CSUSE	glven in I	Part i.	24a. WAS A PERFC	IN AUTOPSYDRMED?		Ada. WER ANAII COM OF D	E AUTOPSY FINDIABLE PRIOR TO PULETION OF CAU
PHYSICIAN: MEDICAL	shock, or h IMMEDIATE CAUSE (Fir disease or condition reaulting in death) Sequentially list condit if sny, leading to imme cause. Entar UNDERLY CAUSE (Disease or Injuthat initiated events reaulting in death) LAS PART H. Other algnification DEST WCT 25. WAS CASE REFERRED TEXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	tions, bolists ant condition TO MEDICAL	DUE TO DUE TO	et caused use Dn at OCOL O (OR AS A O (OR AS A O (OR AS A	CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE	OF): OF): OTHE	28. PLA R: raing Home 28. WOR	CSUSE CSUSE	given in I	Part i.	24a. WAS A PERFC	IN AUTOPSY DRMED?		Ada. WER ANAII COM OF D	E AUTOPSY FIND LABLE PRIOR TO PLETION OF CAU
BY PHYSICIAN: MEDICAL	shock, or h IMMEDIATE CAUSE (Fir disease or condition reaulting in death) Sequentially list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events reaulting in death) LAS PART II. Other algnification 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Accident	tions, solitate filing ury ant condition TO MEDICAL Pending investigation	A. DUE TO B. DUE TO B. DUE TO C. DUE TO	et caused use Dn at use Dn	ACONSEQUENCE CONSEQUENCE CONSE	OF): OF):	26. PLA R: raing Home 28c. INJU WOR 1 — HI	CSUSE CSUSE CSUSE ACE OF E ACE OF E ACE OF E ACE OF E	given in I	Part i.	24a. WAS A PERF(1 YES	IN AUTOPS OF NO	CCURED	AMAII COM OF E	E AUTOPSY FIND LABLE PRIOR TO PLETION OF CAU
ED BY PHYSICIAN: MEDICAL	shock, or h IMMEDIATE CAUSE (Fir disease or condition reaulting in death) Sequentially list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events reaulting in death) LAS PART II. Other algnification 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Accident	tiona, odlata ling ury ST Comedicate To Medical	DUE TO B. NON S DUE TO B. NON S DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE	et caused use Dn at use Dn	CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE Total and the consequence consequence consequence consequence consequence consequence	OF): OF):	26. PLA R: raing Home 28c. INJU WOR 1 — HI	CSUSE CSUSE CSUSE ACE OF E ACE OF E ACE OF E ACE OF E	given in I	Part i.	24a, WAS A PERFC 1 YES	IN AUTOPS OF NO	CCURED	AMAII COM OF E	E AUTOPSY FIND LABLE PRIOR TO PLETION OF CAU
ED BY PHYSICIAN: MEDICAL	shock, pr h IMMEDIATE CAUSE (Fir disease pr condition reaulting in death) Sequentially list condit if sny, leading to imme cause. Entar UNDERLY CAUSE (Disease or Injuthat initiated events reaulting in daath) LAS PART II. Other algnific PART II. Other algnific 25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Accident 3 Suicide 8 Homicide	tions, building investigation Pending investigation Could not be determined	DUE TO B. NON S DUE TO B. NON S DUE TO C. DUE TO d	at caused use on at caused use on at caused use on at caused use on at caused use on a caused of the caused use of the c	CONSEQUENCE CONSEQ	OF): OF): OF): OTHE 4 Nur IME OF NJURY M IN, street, fac	26. PLA R: raing Home 28c. INJU WOR 1 — Wotory, office	CSUSE CS	given in I	Part i. B Other 286. LOC:	24a. WAS A PERFC 1 YES	IN AUTOPSY 2 NO	CCURED Der or Run	AMAII COM OF E	E AUTOPSY FIND LABLE PRIOR TO PLETON OF CAU
ED BY PHYSICIAN: MEDICAL	shock, pr h IMMEDIATE CAUSE (Fir disease pr condition reaulting in death) Sequentially list condit if sny, leading to imme cause. Entar UNDERLY CAUSE (Disease or Injuthat initiated events reaulting in death) LAS PART II. Other algnification 25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accidant 3 Suickde 8 29a. CERTIFIER (Check only) CER	tions, and conditions. To MEDICAL Pending investigation Could not be determined	DUE TO B. NON S DUE TO B. NON S DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE	at caused use Dn at use Dn	CONSEQUENCE CONSEQ	OF): OF): OF): OF): OTHEL 4 Nur IME OF NAURY M n, street, fac	28. PLA R: raing Home 20. INJU WOR 1 — WO	CSUSE CSUSE CSUSE ACE OF E ACE OF E ACE OF E ACE OF E ACE OF E ACE OF E ACE OF E ACE OF E ACE OF E ACE OF E ACE OF E ACE OF E ACE OF E	given in I	Part I. Part I. Other 28d. DES	24a, WAS A PERFC 1 YES	IN AUTOPSY PRIMED? 2 NO v INJURY O	CCURED per or Rur	AMAIN OF C	E AUTOPSY FINDICABLE PRIOR TO PLETION OF CAUTO-BATH? YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	shock, pr h IMMEDIATE CAUSE (Fir disease pr condition reaulting in death) Sequentially list condit if sny, leading to imme cause. Entar UNDERLY CAUSE (Disease or Injuthat initiated events reaulting in death) LAS PART II. Other algnification 25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accidant 3 Suickde 8 29a. CERTIFIER (Check only) CER	tiona, dilata ling and condition and conditi	DUE TO B. NOW S DUE TO C. DUE TO d. DUE	at caused use Dn at use Dn	CONSEQUENCE CONSEQ	OF): OF): OF): OF): OTHEL 4 Nur IME OF NAURY M n, street, fac	28. PLA R: raing Home 20. INJU WOR 1 — WO	CSUSE CSUSE CSUSE ACE OF E ACE OF E ACE OF E ACE OF E ACE OF E ACE OF E ACE OF E ACE OF E ACE OF E ACE OF E ACE OF E	given in I	Part I. 28d. DES 28f. LOCK	24a, WAS A PERFC 1 YES	IN AUTOPSY PRINCE? 2 NO V INJURY O	CCURED per or Run	AMARIAN OF E	E AUTOPSY FINDICABLE PRIOR TO PLETION OF CAUTO-BATH? YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	shock, pr h IMMEDIATE CAUSE (Fir disease pr condition reaulting in death) Sequentially list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuthat initiated events reaulting in death) LAS PART II. Other algnifica 25. WAS CASE REFERRED TEXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Accident 3 Suicide 8 Homicide 29a. CERTIFIER (Check only one) 2 MEE	tiona, dilata ling and condition and conditi	DUE TO B. NOW S DUE TO C. DUE TO d. DUE	at caused use Dn at use Dn	CONSEQUENCE CONSEQ	OF): OF): OF): OF): OTHEL 4 Nur IME OF NAURY M n, street, fac	28. PLA R: raing Home 20. INJU WOR 1 — WO	CSUSE CSUSE CSUSE ACE OF E ACE OF E ACE OF E ACE OF E ACE OF E ACE OF E ACE OF E ACE OF E ACE OF E ACE OF E ACE OF E	given in I	Part I. 28d. DES 28f. LOCK	24a, WAS A PERFC 1 YES	IN AUTOPSY PRINCE? 2 NO V INJURY O	CCURED per or Run	AMARIAN OF E	E AUTOPSY FINDLABLE PRIOR TO PLETTON OF CAU PARTY. YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	shock, pr h IMMEDIATE CAUSE (Fir disease pr condition reaulting in death) Sequentially list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuthat initiated events reaulting in death) LAS PART II. Other algnifica 25. WAS CASE REFERRED TEXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Accident 3 Suicide 8 Homicide 29a. CERTIFIER (Check only one) 2 MEE	tiona, additional tional DUE TO B. NOW S DUE TO C. DUE TO d. DUE	of injury of injury g, etc. (Special of my known examination of the property of the post of the property of th	CONSEQUENCE CONSEQ	OF): OF):	28. PLA R: raing Home 20. INJU WOR 1 — WO	CSUSE CSUSE CSUSE ACE OF E S S R JRY AT RK7 E0 2 [Act occupant occ	given in I	Part i. Control Control	24a. WAS A PERFC (Specify) CRIBE HOW ATTON (Streen From, State and place,	IN AUTOPSYDRMED? 2) NO of and Numble nenner as stand due to 29d, DJ	CCURED ser or Rur	AAAAA WEE AAAAAA AAAAA AAAAA AAAAAAAAAA	E AUTOPSY FIND LABLE PRIOR TO PLETION OF CAL EATH? YES 2 NO Number, I menner as star oth, Day, Year)	

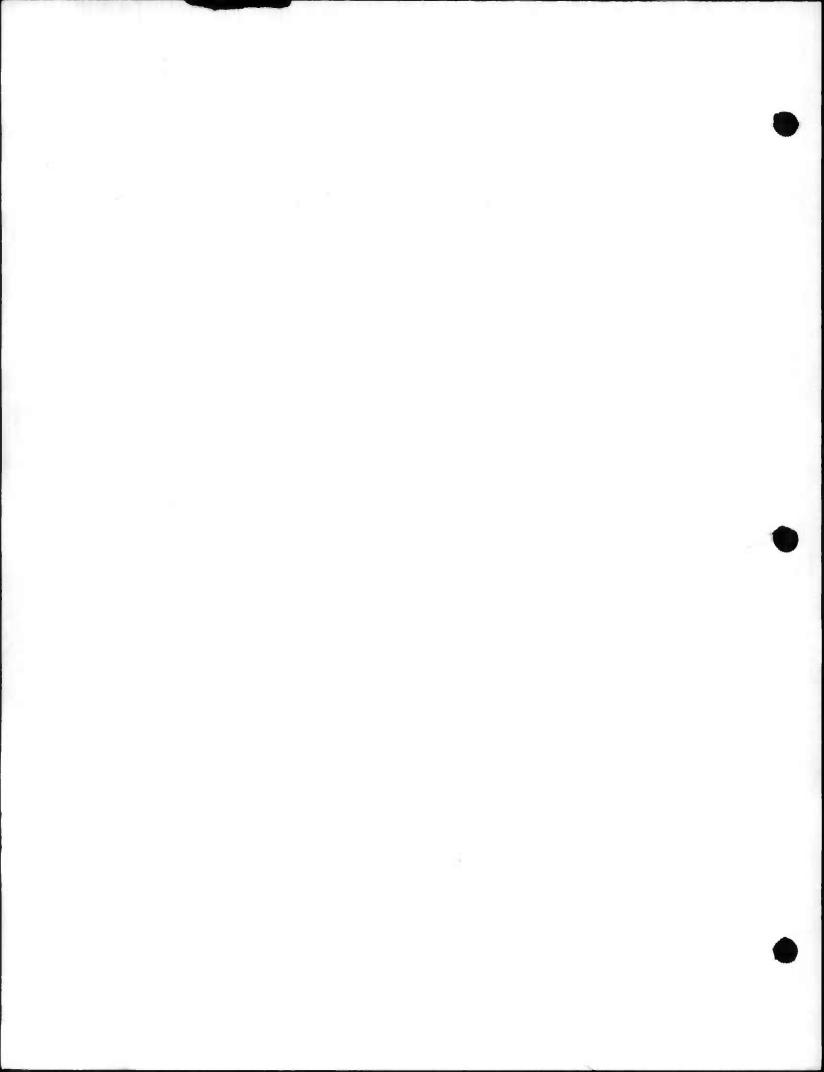
To here

	1 - STATE REGISTRAR CERTIFICAT	E OF DEATH	D MICHIA	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)		MONT		N Y	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) if under	ER 1 YEAR IF UNDER 24 HF	00	OF BIRTH	1/9	BIRTHPLACE (State or Foreign	М
	213-22-5370 1 M 2 0 F 6.5 YRS. MONTHS	DAYS HOURS MI	/A 6	, Day, Year)		Country)	b
	070000	Y, TOWN OR LOCATION O	F DEATH	10	9c. COUNTY	OF DEATH	1/2
OR	Manokin Manor Pr	inces	5 Ar	np	SOI	nerset	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN	OR LOCATION				10d. INSIDE CITY	=
JIR.		OMOKE				LIMITS?	
	10e. STREET AND NUMBER	10t. ZIP CODE	_		10g. CITIZEN	OF WHAT COUNTRY?	_
FUNERAL	504 5-1 st.	218	51		1	SA	
FUN	1 News Manufed 2 Manufed FORCES? 1 YES 2 NO	. WAS DECENDENT OF HIS If yes, specify Cuban, Ma			or No- 14.	. RACE — American Indien, Black, White, etc.	
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES		pecify:			Specific Black	
	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL (OCCUPATION	16b	KINO OF BU	SINESS/INOUS		_
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) iile. Do NOT use retired.			·	,	1100	
MPI	T2 Barba			0/11	ng-	Hair	_
00	17. FATHER'S NAME (First, Middle, Last)	16. MOTHER'S	S NAME (First, I	Aiddle, Maiden	Surname)		
BE	190. INFORMANT'S NAME (Type/Print) 190. MAILING AODRES	SS (Street and Number or R	I G TO C	a Clay or Fau	n State 7in Co	orfe)	
10	Avonie Bailey 1536	SainTi	Paul	Dd.	Stock	Ston. Md. 2/86	4
	20s, METHOD OF DISPOSITION //	Name of cemetery, crematory	y or	20c. LO	CATION — City	y or Town, Stata	I
	1X Burisi 2 Cremation 3 Removal from State other place) 4 Donation 5 Other (Specify)	Benef	Picial	5	TOCK	ton, Md.	-
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22	. NAME AND ADDRESS O	F FACILITY				
	Keith E. Wharton W	Wharton	14-	ACE	OW	ac. Un. 2330	>(
	23. PART I. Enter the disesses, or complicatione that caused the death. Do not ante shock, or heart fellure. List only one cause on each line.	er the mode of dying,	euch as can	liac or resp	ratory arrest	t, Approximata	_
	IMMEDIATE CAUSE (Final					Onset and Daet	
	disease or condition resulting in death) a. Mtha Shahi	U UVETLE	m Co	en or	·w		
	OUE TO (OR AS A CONSEQUENCE OF):						
CERTIFICATION	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):						-
CAT	If any, laeding to immedieta cause. Enter UNDERLYING						
Ë	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):						
EE	resulting in deeth) LAST						
	PART II. Other eignificant conditions contributing to death but not resulting in the u	underlying ceuse give	n in Part I.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS	5
DICAL				PERFOI	-	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
						1 U YES 2 -AO	
ä							
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHE	26. PLACE OF DEATH	H (Check only o	10)			
IXS	1 ☐ YES 2 ☐ NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☑ NO 27. MANNER OF OEATH 28e. DATE OF INJURY 28b. TIME OF	ursing Home 5 - Realde	_		INJURY OCCUR	PED.	_
	1 Natural 5 Pending (Month, Day, Year) thuURY	WORK?	100000	JOHIBE HOW	INJUNI OCCUP	AED .	
) BY	2 Accident trivestigation 3 Suicide 8 Could not be 28a. PLACE OF INJURY — At home, term, street, fe building, stc. (Specify)		28f. LOC	ATION (Street	and Number or	Rural Route Number,	_
TEC	4 Homicide Homicid		City	or Town, State			
PLE	29a. CERTIFIER (Check only	time, date and place, and	d due to the ce	use(s) and ma	nner as stated.		
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my	opinion, death occured a	it the time, date	and place, ar	nd due to the d	cause(s) and manner as stated.	
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LtCENSE				SIGNED (Month, Day, Year)	_
TO B	E Cluen no		DI5	180	▶ 8-	11-11	
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typos, Print)		0	-			
	E Glovey, MD. Mmohn M.	no,	runces	- ann	c m	D	

31. DATE FILED (Month, Day,

*91

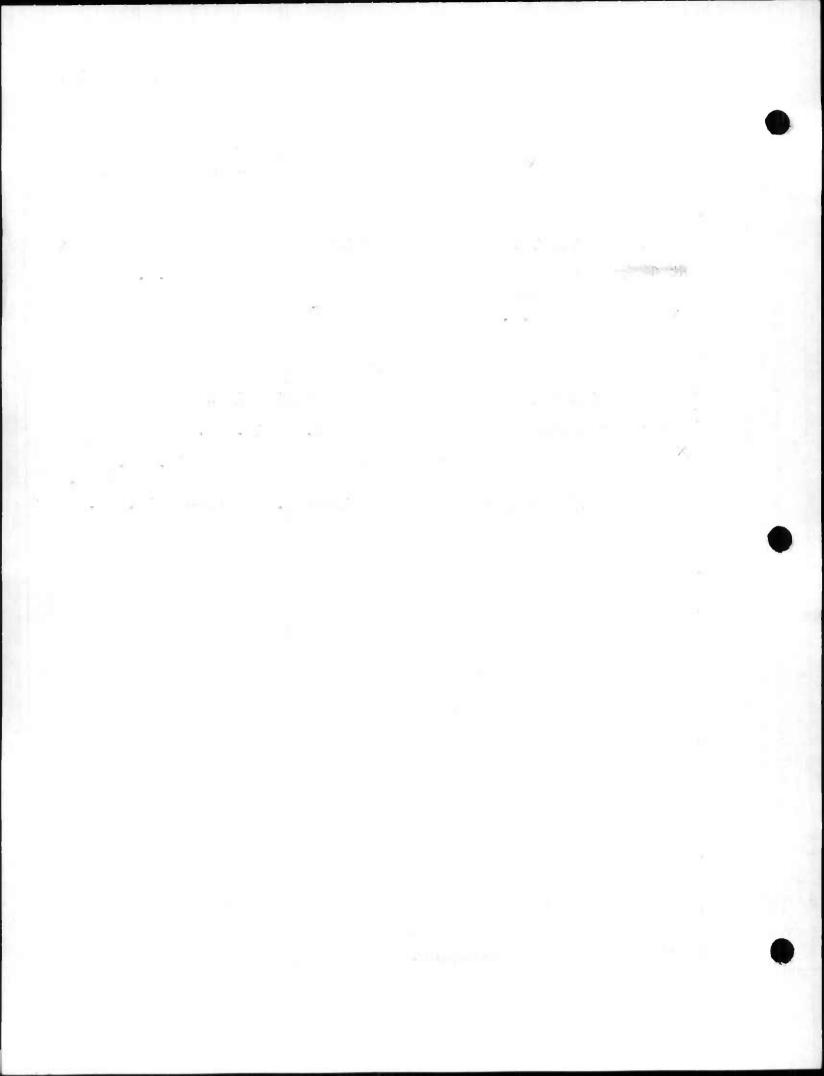
DHMH-16 Rev 1/89



١ -	STATE REGISTRAR	
_		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEI	RTIF	CATE OF	DEAT	H	REG.	NO.		
	1. OECEDENT'S NAME (First, Middle, Last) EARL		MI	TCH	HELL			DATE OF DEATH	DAY	YEAR / 99/	3. TIME OF DEATH
	1101.00	1 M 2 □ F	NGE (In yrs. last b	YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS	24 HRS. 7.	DATE OF BIRTH (Month, Day, Yber	,	Countr	PLACE (State or Foreign aryland
FUNERAL DIRECTOR	90. FACILITY NAME (If not institution, give str PENINSULA GEN RESIDENCE OF DECEDENT		TAL		96. CITY, TOWN O	I SBUR			9c. COU	NTY OF O	
EC	10e. STATE 10b. COUNTY			10c. CITY	, TOWN OR LOCAT	TION					10d. INSIDE CITY
DE	Maryland Wicon	nico		Qu	antico)					LIMITS?
3AL	100. STREET AND NUMBER					. ZIP CODE			10g. CIT	IZEN OF W	THAT COUNTRY?
NE	Rt 1 Box 331				- 2	21856	5		U.S	A.	
ВҰ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES 2 NO		If yee, sp	ecify Cuben	HISPANIC (, Mexican, Pi Specify:	ORIGIN? (Specify uerto Ricen, etc.)	Yee or No	14. RACE Black Specif	- American Indian, White, atc.
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give	kind of w		ON st of working	1	16b. KIND OF		DUSTRY	
MP	17. FATHER'S NAME (First, Middle, Lest)		Lat	ore	er	_			ne		
BE CC	Charles Mitche	11				Het	tie 1	First, Middle, Maid Rider			
2	Hettie Mitchel	7	1 .	MAILING	ADDRESS (Street a						
	20e METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo			001	FDISPOSITION (Na		Satt	DATE 20c.	LOCATION -		un Ptete
	4 Donation 5 Other (Specify)	val from State	cemetery, crema	story or oth			i		lis.		vii, State
	21. SIGNATURE OF FUNERAL SERVICE LICE				22. NAME AN	ID AODRESS	OF FACILIT				t Rd.
	23. PART I. Enter the diseases, pr cr	Stewar	£		Clin	ton]	F. S	tewart	-Sali	s.	Md. 21801
NO	IMMEDIATE CAUSE (Final	DUE TO (OR)	n each line.					,			Approximate Interval Between Onaat and Death
CERTIFICATION	If sny, leeding to Immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUE	ENCE DF)):						
: MEDICAL	PART II. Other significent conditions Amnic Over a market and a marke	contributing to deet	mer	nm	the underlying	ceuse gi		PERF	AN AUTOPSY ORMED? 2 \(\subseteq NO		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEA	ATN (Check o	othy one)			
PHYSICIAN:	EXAMINER?	HOSPITAL:	Outpetlant 3 🗆		OTHER: 4 - Nursing Home						
F	27. MANNER OF DEATH	28e. DATE OF INJUI (Month, Day, Yes		86. TIME	OF 28c. INJU	JRY AT		I. DESCRIBE NOV	Y INJURY OCC	URED	
ВУ	1 Natural 5 Pending 2 Accident Investigation				M 1 7	ES 2	NO				
	3 Suicide 8 Could not be determined	28e. PLACE OF INJU building, etc. (\$	URY — At home, Specify)	, ferm, at	reet, factory, office		281	LOCATION (Street City or Town, Sta	et end Number te)	or Rurel Ro	oute Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI EXAMINER:	IAN: To the bast of my kr	nowledge, death	occurred	i at the time, date , in my opinion, de	end place, e	and due to the	ne ceuse(e) end m	nanner ae state and dua to th	ed.	and manner ae stated,
TO BE C	296. SIGNATURE AND TITLE DF CERTIFIER	Wennich	J. M.	D.		29c. LICEN	SE NUMBER				Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO RODNEY A.	WENRIC	H		POWE	R ST	F .	SALIS	BURY	/ n	id.
2	SFP 1 2 91	32. REGISTRAR'S SI	IGNATURE								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 7 he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

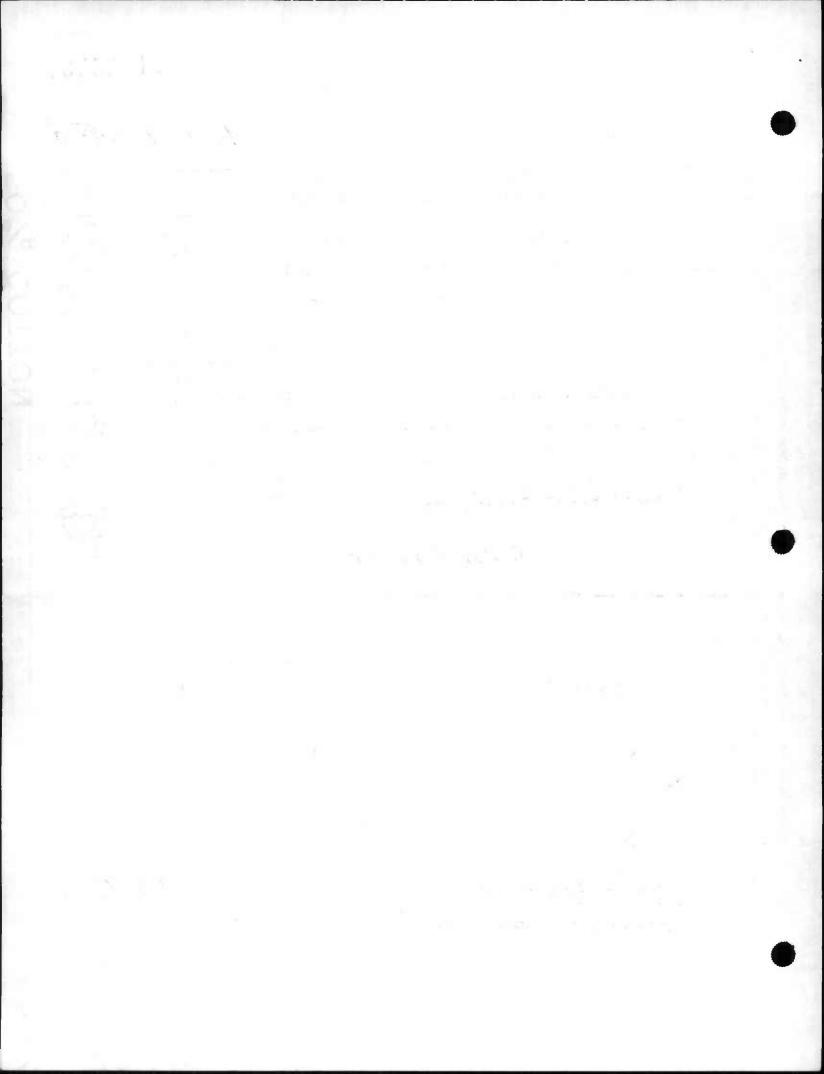
IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

the second secon	st, Middle, Last) entine				ICATE				2. DATE MONTE	OF DEATH	1	YEAR	R 3. T	IME OF DEATH
			Marge								8/	41	10	493 1
4. SOCIAL SECURITY NUM 180-03-288		5. SEX	6. AGE (in yrs. is 78	YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	(Mont)	OF BIRTH	1010	Co	ountry)	E (State or Foreign
9a. FACILITY NAME (If not		2343	/0	rra.	05 000		OR LOCATE			21,			ples	s, Italy
11 Cherry	Lane	Carpenter	r's Poir	nt	96. CITY		ryvi.		ATH			Cec		
RESIDENCE OF DE	10b. COUNT	v		T 40 . 00	TY. TOWN C							_	1.04	INSIDE CITY
Maryland		ecil		10c. CI	IT, IOWN C		ryvi.	11e						LIMITS?
10 Cherry		Carnontor	ala Dod-				. ZIP COD	E			10g. Cr			COUNTRY?
	Lane							903					.S.A	
11. MARITAL STATUS 1 Never Married 2 C 3 Widowed 4 Direction		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V		RMED LMO		If yes, sp	ecify Cubs	in, Maxica	n, Puarto I	I? (Specify Yo Rican, atc.)	es or No—		ACE — A Black, Wh Decly: hite	merican Indian, ita, atc.
	CEDENT'S EDU		16a, D	ECEDENT'S	work done	CCUPATIO	ON ast of worki	na	16b	KIND OF B	USINESS/IN	DUSTR	ry	
Elementary/Secondary		College (1-4 or 5	+)											
7th.				Cas	hier		,			Food				
17. FATHER'S NAME (First,		D1					16. MOT			Middle, Maide	,			
		Barbone								Stefa		_		
Mr. Roy S.		(Con)								ber, City or To			*	
20a. METHOD OF DISPOS		(6011)			E OF DISP			, Pe			Mar ocation -			21903
4 Donation 6 Other		CENSEE	Lawn	CLOI	22.	NAME A	ND ADDRE		CILITY	1-91	Linw	ooa	, Pe	шізутуа
21. SIGNATURE OF FUNER	diseesea, pr	(SERI	et caused the d	leeth. Do	22. G C	EBHA	ART F	UNEF & NE	CAL H	OMES STLE	DEL	AWAE		Approximata interval Between
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition	disesses, or heert failure.	complications the List only one cel a	et caused the d	EQUENCE (DF):	EBHA	ART F	UNEF & NE	CAL H	OMES STLE	DEL	AWAE		Approximata interval Between
23. PART i. Enter the shock, pr iMMEDIATE CAUSE (f disease or condition resulting in death) Sequentielly list cond if any, laeding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	disesse, or heert failure. Final distinations, nedlete, Yilning and the state of t	complications the List only one cer a	et caused the duas on each lin	EQUENCE (22. G C not enter	EBHA LAYN the mo	ND ADDRES	UNEF & NF Ring, auc	CILITY RAL H EW CA	OMES STLE_diec pr res	DEL.	AWAI	24b. WEI AMA COO	9
21. SIGNATURE OF FUNER 23. PART I. Enter the shock, or iMMEDIATE CAUSE (Fedisease or condition resulting in death) Sequentielly list condition from the course. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other aignifications of the course of the cou	disesse, or heert failure.	complications the List only one cer a	et caused the duas on each lin	EQUENCE (22. G C not enter	NAME ALL ERHALL THE METERS IN	ND ADDRES	UNEF & NF ing, auc	CILITY CAL H EW CA h as com	OMES STLE diec or rea 24a. WAS A PERF 1 □ YES	DEL, plratory a property and autops:	AWAI	24b. WEI AMA COO	Approximate Interval Betwee Onset and De 2 / / S
21. SIGNATURE OF FUNER 23. PART I. Enter the shock, Dr IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentielly list cond if any, laeding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other aignifit	disesse, or heert failure.	complications the List only one certain of the List only one certain of the List only one certain of the List only one certain of the List only one certain of the List only one certain of the List o	et caused the duas on each lin	EQUENCE (22. G C not enter OF): OF):	NAME AIR EBHAR LAYN the mo	ND ADDRE	GUNEF & NE	Part I.	OMES STLE diec or rea 24a. WAS A PERF 1 □ YES	DEL, plratory a property and autops:	AWAI	24b. WEI AMA COO	Approximata Interval Betwee Onset and De 2 / / S
23. PART I. Enter the ahock, pr iMMEDIATE CAUSE (F disease pr condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) PART II. Other aignifications in death) LA 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	disesses, or heert failure.	complications the List only one cells only one cells. DUE TO c. DUE TO d. DUE TO d. HOSPITAL: HOSPITAL: I Inpetient 2 26e. DATE O	et caused the duas on each lin of or AS A CONSI of OR AS A CONSI of OR AS A CONSI of OR AS A CONSI of OR AS A CONSI of OR AS A CONSI of OR AS A CONSI of OR AS A CONSI of OR AS A CONSI of OR AS A CONSI of OR AS A CONSI of OR AS A CONSI of OR AS A CONSI of OR AS A CONSI of OR AS A CONSI	EQUENCE (22. G C not enter OF): OF):	nderlyin 26. PR: raing Hor	ND ADDRE	GUNEF & NF ing, auco	Part I.	OMES STLE diec or res 24a. WAS / PERF 1 YES	DEL., piratory a	AWAK	24b. WEI	Approximata Interval Betwee Onset and De 2 / / S
23. PART I. Enter the shock, pr immediate CAUSE (f) disease pr condition resulting in death) Sequentielly list cond if any, leeding to imm cause. Enter UNDERL CAUSE (Disease or in that initieted events resulting in death) LA PART II. Other aignifications of the cause of the c	disesse, or heert fallure. disesse, or heert fallure. distions, sedicte. ying allury. ast conditions.	complications the List only one cer a	et caused the duae on each lin of or As A consi of or As A consi of or As A consi of or As A consi of or As A consi of or As A consi of or As A consi of or As A consi	EOUENCE (FEOUENCE (F	OF): OF):	The moderlying the property of the moderlying the property of	IND ADDRESS AND AD	GUNEF & NF ing, auco	Part I.	OMES STLE diec or res 24a. WAS / PERF 1 YES	DEIL, piratory a support of the supp	Y Y	24b. WEI	Approximate Interval Betwo Onset and De 2

DHMH-16 Rev 1/89

YMar) '9

Licha Davidson



1 - STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Lest)	n. vv	linuette		2. DATE OF DEATH	YEAR 3. TIME OF DEATH D
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (III	yrs. last birthday) IF UNI	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
215 34 3209	1 DM 2 DF 9	3 YRS. MONTH		8-5-98	Charles
9a. FACILITY NAME (II not institution, give Mendian Nur	street and number)	Ja MA (TY, TOWN OR LOCATION OF I	DEATH 9c.	COUNTY OF DEATH
RESIDENCE OF DECEDENT	Cr unio	CHA LIDI C	AF JAHA	11117	
Mendian Nun- RESIDENCE OF DECEDENT 100. STATE 10b. COUNT MD CA	arlea	10c. CITY, TOW	OR LOCATION	mp	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	N CCC 2	My	10f. ZIP CODE		. CITIZEN OF WHAT COUNTRY?
10e. STREET AND NUMBER Magndla 11. MARITAL STATUS	ha		206	46	
11. MARITAL STATUS 1 Never Merried 2 Merried 3/1/2/Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED X NO TES	3. WAS DECENDENT OF HISP. If yes, specify Cuben, Mexic 1 YESY2Y NO Specific No. Sp		14. RACE — American Indian, Black White, etc. Specify: Black
18. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (5-12) 8 t. h 12. PATHER'S NAME (First, Advalue, Last)		16e. DECEDENT'S USUAL (Unive kind of work do the Do NOT use retired	OCCUPATION e-during most of working 1)	166, KIND OF BUSINESS	
8th	100,000,000	Homemal	er	Domest	LC
			10/1/12/05/2017	IAME (First, Africhie, Marchen Surma	nel
George Tols	on	TRIL MAILING ADDRE		Farmer	s. Zio Code/
Eleanor Wha	len	The state of the s		harlotte Ha	
26s. METHOD OF DISPOSITION V. Xiburial 2 □ Cramation 3 □ Res 4 □ Donation 5 □ Other (Specify)	20%		Name of cemetery, cremetory or		N — City or Yown, State
\$13 Donation 5 ☐ Other (Specify) 21. SIGNATURE OF PUNEBAL SERVICE L		Mary's	ath Ch Cen	Bryan	town, MD.
1 - 40	Ims. F	-	Adams Fune	ral Home I	
23. PART I. Elster the diseases, or	complications that caused	the death. Do not en	Aquasco Rd er the mode of dying, au	Aquasco	MD 20608 y arrest, Approximate
shock, or heart failure immediate Cause (Final disease or condition resulting in death)	a. List gally one cause on \$6	eth line.	RMAC"	BEATHP.	Interval Between Onset and Deat
Sequentially list conditions,	WERT!	CONSEQUENCE OF:	= CARMI	TAPOPAT	tey
If any, leading to immediate cause. Enter UNDERLYING	C D TO TO A	PAL (1)	1FACTIO	MS DEN	ENTIA
CAUSE (Disease or injury that initiated events resulting in death) LAST	DOE TO THE ASA	CONSEQUENCE OF	DX [E	PT DOS	
leading in death) EAST	a. 0(1)/0/9	RIMUZ	OF LE	+1 TOO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 INO 27. MANNER OB-DEATH	to contributing to death be	at not esulting in the	underlying cause given I	n Part I, 24a. WAS AN AUTO PERFORMED 1 YES 2 A	AVAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (The section of the se	
EXAMINER?	HOSPITAL:	etient 3 DOA 4 DA			
27. MANNER OF BEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJUR	Y OCCURED
2 Accident Investigation		- M	1 YES 2 NO		-
2 Quioldo	building, etc. (Speci	At home, farm, atreet,	actory, office	281. LOCATION (Street and Ni City or Town, State)	umber or Rural Route Number,
print	SICIAN: To the best of my knowledge.				is stated.
200 SIGNATURE AND TITLE OF CERTIFI	ER		29c LICENSE N	UMBER 29d	. DATE SIGNED (Month) Your)
30. NAME AND ADDRESS OF RERSON W	0,1,		102	304	9/15/91
J.K. MISH	PA . MY	(for B	rH.L.P.	MRKE)	('
31. DATE FILED (Month Day, Year)	32. REGISTRAR'S SIGN	TURE			

	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Debt. of Health and Mental Hyplene prior to burial, oremation, or removal.	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSI	THE FUNERAL DIRECTOR: After this on filed within 72 hours after death with	MPORTANT: If Item 28 Is marked

		500										_	* E.	.0403	
		FOR 1 - STATE REGISTRAR	STATE OF MARYL				r of H E of			WENTA	REG. NO.	E			
		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	v	YEAR	3. TIME OF DEATH	
1		660	RGF P.	N	101	· L				MON	1	3 9	7	206 P	M
	·	4. SOCIAL SECURITY NUMBER		(In yrs. last		IF UNDER	DAYS	IF UNDER	MIN.		OF BIRTH		Country	PLACE (State or Foreign	
-		269-01-7094	1 XM 2 □ F	89	YRS.					10	123/0		Oh		
	DIRECTOR	Sa. FACILITY NAME (If not institution, give Otlater Laurel Be	HSV:11e HOS	יננ מו	oc		, TOWN O		ON OF DE	ATH			10C	e beorge's	-
ı	EG	10e. STATE 10b. COUNT	тү		10c, CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY	
	BI	ma Pri	nce become	15	L	au	re	.1						LIMITS?	
	AL	100. STREET AND NUMBER GARAN	er laures Nur	Jin	Hu	n.	10f.	ZIP COD	E	_		10g. CIT	IZEN OF W	HAT COUNTRY?	
1	FUNERAL	14200 Laura	el Park					20	707	7		USA	<u> </u>		
- 1	5	11. MARITAL STATUS	12. WAS DECEDENT EVER I								N? (Specify Yee Rican, etc.)	or No—	14. RACE Black	- American Indian, White, etc.	
	84	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES					Specify				Specia	white	
	ED 8	16. DECEDENT'S ED	UCATION	16a, DE0	CEDENT'S	USUAL C	CCUPATIO	ON .	77	16	. KIND OF BUS	SINESS/IN	1		_
	ETE	(Specify only highest grad Elementary/Secondary (0-12)	(completed) College (1-4 or 5+)	(Gh	ve kind of	work done se retired.)	during mo	st of workli	ng	3.5					
.,	P	1-8th		I	nspe	ector	:			Po	owell V	/alve	Fac	tory	
ouce	COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Malden	Surname)			
at	BE (Henry Nol	1							Car	cie Hay	yhow			
III	10	19e. INFORMANT'S NAME (Type/Print)									ber, City or Tow				
90	-	Ethel M. Ru								irto	isville				
or other traumatic event, the medical examiner must be notified at once.		20e. METHOO OF DISPOSITION 1 Mouriel 2 Cremetion 3 Rei 4 Donetion 5 Other (Specify)	moval trom State	other ple	ice)	s Ce	mete	ry					City or Too		
Iner		21. SIGNATURE OF FUNERAL SERVICE J	CENSEE						SS OF FA		eral Ho	am o			
ехап		Laus	Frank										ing.	Md. 20904	
dical		23. PART I Enter the diseases, or												Approximete	_
me		IMMEDIATE CAUSE (Final	. List only one ceuse on a	each line										Interval Betwee	
Ě		disease or condition resulting in deeth)	DUE TO (OR AS	2 p	5 5									days	
even			DUE TO (OR AS	A CONSEC	OUENCE C	F):									
atic	Z	Sequentielly list conditions.	b						<u>.</u>						
une.	ERTIFICATION	if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS	A CONSEC	OUENCE C	NF):									
her to	S	CAUSE (Disease or injury thet initiated events	CDUE TO (OR AS	A CONSEC	UENCE C	NF):									_
100	E	resulting in deeth) LAST				•								ļ	
	CE		d												-
or Item 23 shows any Injury,	AL	PART II. Other eignificant condition			_			g ceuse	given in	Part I.	24a. WAS AN PERFOR	RMEO?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	S
s an	EDICAL	Den Trochan	eric fracti	ine u		- 44	<u>a</u>				1 🗆 ŸES 2	NO		OF DEATH?	
thow W	Σ													t YES 2 NO	
23	AN	25. WAS CASE REFERRED TO MEDICAL					26 DI	ACE OF (DEATH (Ch	ock only o	100)				_
Item	딩 딩	EXAMINER? 1 YES 2 NO	HOSPITAL:	tretient 2	□ DOA	OTHE	R:				er (Specify)				_
	PHYSICIAN:	27. MANNER OF GEATH	26e. DATE OF INJURY	pariett 0	26b. TII	WE OF	28c. INJ	URY AT	- Stoerice		SCRIBE HOW	NJURY OC	CURED		
arked		1 Netural 5 Pending Investigation	(Month, Day, Year)	91	IN	JURY	1 🗆 1	PRK? YES 2 [NO	,	511 ·	47 4	ome		
28 is marked,	D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	Y - At ho	me, farm,	street, fac	tory, offic	A		261. LO	CATION (Street or Town, State	and Numbe			
28	ETE	4 Homicide determined	HON							157	w Mgh	rew 1	હ્યુ ક	untersuite	
Hen	PLE	(Orabok Oray	SICIAN: To the best of my know	wledge, de	ath occur	red at the	time, date	end place	e, end due	to the c	use(s) end ma	nner as ste	ited.		
NE H	OMPL	10	NER: On the basie of axemination	on and/or I	Investigati	on, In my	opinion, d	leath occu	red at the	time, de	e and place, er	nd due to t	the couse(s) and manner ea stated.	
IMPORTANT: If Item	BE C	29b, SIGNATURE AND TITLE OF CERTIFI	er o bene	ry 6	yed	1 cal			ENSE NUI					(Month, Day, Year)	
IMP	0 8	Danlux lever	eln E.	kan	210	تريان		78	18	52	-	▶9	-14	-91	
1	p- 1	30 NAME AND ADDRESS OF PERSON W	WAN COMPLETED CALIGE OF A	CATH ATEL	M 271 /Em	a Delati									

4203 Quecysbury Rd Hyattaville MA 20081

32. RIGISTRANS-SIGNATURE Pandalle

.... 15.

	- 70
î	24 hours
50, 1	within
(687	executed
6	2
.O. B	certificate
o, S	death
ö	the e
S S	that
REC	radiliras
ب	38
Ě	É
SION OF VITAL RECORDS, P.O. BOX 68760	NOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours af
S	NOING

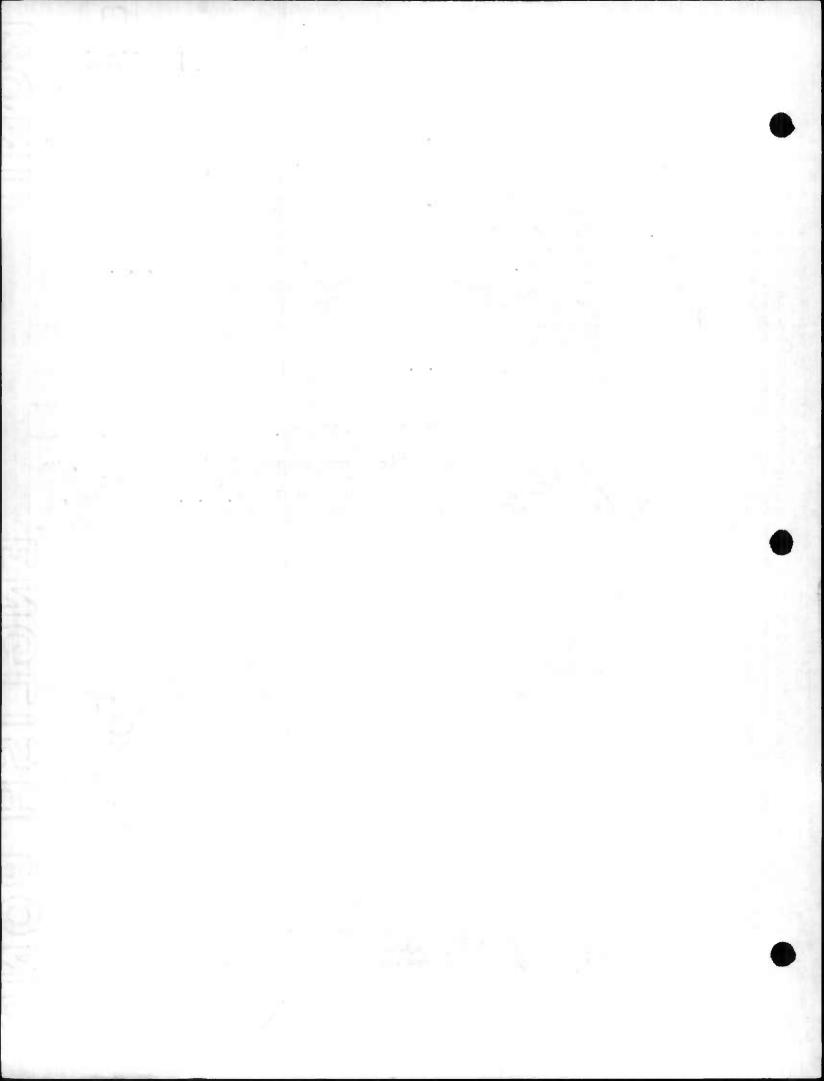
REGISTRAR			LITTIFIC	AIL OI	DEATH		REG. NO	'·			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	AY	91	3. TIME OF E	
HARRY T. MC 1	1222					9	J	.6	91	9:00	A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		F UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH , Day, Year)		8. BIRT	HPLACE (State of	or Foreign
213-14-1298	1 XM 2 - F	90	YRS.	SATIS SATS	MIN.	9-2	2-19	00	D	EL.	
9e. FACILITY NAME (If not institution, give s	treet and number)		.9	6. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUN	TY OF	DEATH	
SALISBURY NURSING	HOME			SALISBU	RY, MD.			WICC	MIC	O.	
RESIDENCE OF DECEDENT										T	
10a. STATE 10b. COUNTY				TOWN OR LOCA						10d. INSIDE	CITY
	OMICO		SAL	ISBUR'	Y					YES 2	□ NO
10e. STREET AND NUMBER				10	H. ZIP CODE			10g. CITI	ZEN OF	WHAT COUNTR	Y?
824 BROWN STE	REET				21801			I II.	S.	Α.	
11. MARITAL STATUS	12. WAS DECEDEN				CENDENT OF HISP					CE — American ck, White, etc.	Indien,
1 Never Merried 2 Merried	IF YES, GIVE Y	MAR OR DATES	INO		pecify Cuben, Mexic S 2 XNO Spec		ilcan, etc.)				
3 Widowed 4 Divorced									W	HITE	
15. DECEDENT'S EDU (Specify only highest grade		16a. D	ECEDENT'S US	SUAL OCCUPATI k done during m	ION ost of working	16b.	KIND OF BL	ISINESS/IND	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	- 6	e. Do NOT use i	retired.)							
8			DRIVE	R			CO	AL CO).		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	IAME (First, A	Aiddle, Malder	Surname)			
GEORGE MC NEI	IA				ANNT	E JO	HNSO	V			
19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING A	DDRESS (Street	and Number or Rura			•	Code)		
PEARL MC NELI	Δ		02	4 PROI	TAT CITE C	37.70	DIIDI	247	21	001	
20a. METHOD OF DISPOSITION	.Α_	20h BLAC	E AND DATE O	F DISPOSITION	N ST S	DATI		OCATION		801	
Buriel 2 Cremation 3 Rem	oval from State		MICO 1		•	1					
		- MICOI	MICO I		PARK	9-1	8 S	ALISE	BUR'	Y MD.	
21. SIGNATURE OF FUNERAL SERVICE LIC		0	MICO I	22. NAME /	ND ADDRESS OF	ACILITY					
SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	unes	MICO	BOUN	NDS FUN	ERAL	НОМІ	₹ 705	5 E	AST M	AIN
Deceld C	CENSEE	unels		BOUN SAI	NDS FUN	ERAL MAR	HOM1	E 705	5 E;	AST M	
26. PART I. Enter the disesses, or shock, or heert fellure.	CENSEE COMPILICATION OF THE CO	unes	leeth. Do no	BOUN SAI	NDS FUN	ERAL MAR	HOM1	E 705	5 E;	AST MI	ximate al Betwe
26. PART I. Enter the disesses, or shock, or heert fellure.	CENSEE COMPILICATION OF THE CO	unes	leeth. Do no	BOUN SAI	NDS FUN	ERAL MAR	HOM1	E 705	5 E;	AST MI	ximate
26. PART I. Enter the disesses, or shock, or heert fellure.	complications the	st ceused the duse on each lir	deeth. Do no	BOUN SAI	NDS FUN	ERAL MAR	HOM1	E 705	5 E;	AST MI	ximate
26. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disesse or condition	complications the	unes	deeth. Do no	BOUN SAI	NDS FUN	ERAL MAR	HOM1	E 705	5 E;	AST MI	ximate
26. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	complications the List only one centre of the control of the contr	et ceused the cuse on each lin	deeth. Do no ne.	BOUN SAI	NDS FUN	ERAL MAR	HOM1	E 705	5 E;	AST MI	ximate
28. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate	complications the List only one centre of the control of the contr	st ceused the duse on each lir	deeth. Do no ne.	BOUN SAI	NDS FUN	ERAL MAR	HOM1	E 705	5 E;	AST MI	ximate
26. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	complications the List only one certain DUE TO DUE TO C.	et ceused the cuse on each lir	deeth. Do no ne.	BOUN SAI	NDS FUN	ERAL MAR	HOM1	E 705	5 E;	AST MI	ximate
26. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	complications the List only one certain DUE TO DUE TO C.	ot ceused the duse on eech lir	deeth. Do no ne.	BOUN SAI	NDS FUN	ERAL MAR	HOM1	E 705	5 E;	AST MI	ximate
26. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury	complications the List only one certain DUE TO DUE TO C.	et ceused the cuse on each lir	deeth. Do no ne.	BOUN SAI	NDS FUN	ERAL MAR	HOM1	E 705	5 E;	AST MI	ximate
26. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	complications the List only one cer s	of or as a consi	EDUENCE OF):	BOUN SAI tenter the m	IND ADDRESS OF UNDS FUN LISBURY ode of dying, su	ERAL MAR	HOMI YLANI liec or reef	E 705	5 E, 80 est,	AST MI Appro Interv Onset	ximate al Betwe end Dec
26. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	complications the List only one cer s	of or as a consi	EDUENCE OF):	BOUN SAI tenter the m	IND ADDRESS OF UNDS FUN LISBURY ode of dying, su	ERAL MAR	HOMI YLANI diec or reet	E 705	5 E, 80 est,	AST MA Appro Interv Onset	ximate al Betweend De
26. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	complications the List only one cer s	of or as a consi	EDUENCE OF):	BOUN SAI tenter the m	IND ADDRESS OF UNDS FUN LISBURY ode of dying, su	ERAL MAR	HOMI YLANI diec or reet	E 705 21 piratory srr	5 E, 80 est,	AST MI Appro Interv Onset	ximate al Betwa end De
26. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	complications the List only one cer s	of or as a consi	EDUENCE OF):	BOUN SAI tenter the m	IND ADDRESS OF UNDS FUN LISBURY ode of dying, su	ERAL MAR	HOMI YLANI Illec or reet	E 705 21 piratory srr	5 E, 80 est,	AST MI Appro Interv Onset	ximate al Betweend De end De sy Finding nor TO of Causi
26. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	complications the List only one cer s	of or as a consi	EDUENCE OF):	BOUN SAI tenter the m	IND ADDRESS OF UNDS FUN LISBURY ode of dying, su	ERAL MAR	HOMI YLANI Illec or reet	E 705 21 piratory srr	5 E, 80 est,	AST MI Appro Interv Onset	ximate al Betweend De- end De- sy Finding ROR TO OF CAUSI
26. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events reculting in death) LAST PART II. Other significent conditions.	complications the List only one cer s	of or as a consi	EDUENCE OF):	BOUN SAI tenter the m	IND ADDRESS OF UNDS FUN LISBURY ode of dying, su	n Part I.	HOMI YLANI diec or reef	E 705 21 piratory srr	5 E, 80 est,	AST MI Appro Interv Onset	ximate al Betweend December 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
26. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Complications the Life only one certain DUE TO the Contributing to	of or as a consider or as a consider of or as a consider of or as a consider of or as a consider of or as a consider or a consideration of or as a consideration of or as a consideration of or as a consideration of or as a consideration of or as a consideration of or a consideration or a consideration or a consideration or a consideration or a consideration	EDUENCE OF):	BOUN SAI tenter the m	IND ADDRESS OF UNDS FUN LISBURY ode of dying, su	n Part I.	HOMI YLANI diec or reef	E 705 21 piratory srr	5 E, 80 est,	AST MI Appro Interv Onset	ximate al Betweend December 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
26. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events reculting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	Complications the Life only one certain DUE TO the Contributing to	of the course on each life of the course on each life of the course of t	EDUENCE OF):	22. NAME / BOUN SAI tenter the m	IND ADDRESS OF ON DESTRUCTION OF THE STATE OF DEATH (1) THE STATE OF	n Part I.	HOMI YLANI Illec or ree 24a. WAS A PERFO 1 YES	NAUTOPSY PRMED?	5 E, 80 80 est,	AST MI Appro Interv Onset	ximate al Betweend December 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
26. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events reculting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	Complications the List only one certain the DUE TO d. HOSPITAL: 1 Inpution 2 28s. DATE O	of the course on each life of the course on each life of the course of t	EDUENCE OF):	the underlying the underlying the state of t	IND ADDRESS OF UNDS FUN LISBURY ode of dying, st	n Part I.	HOMI YLANI Illec or rest	NAUTOPSY PRMED?	5 E, 80 80 est,	AST MI Appro Interv Onset	ximate al Betweend December 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
26. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	Complications the List only one certain the DUE TO d. HOSPITAL: 1 Inpution 2 28s. DATE O	of the course on each life of the course on each life of the course of t	EDUENCE OF): E resulting in	the underlying the state of the	IND ADDRESS OF INDS FUN LISBURY ode of dying, st. Ing ceuse given in the state of DEATH (I	n Part I.	HOMI YLANI Illec or ree 24a. WAS A PERFO 1 YES	NAUTOPSY PRMED?	5 E, 80 80 est,	AST MI Appro Interv Onset	ximate al Betweend December 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
26. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO B. DUE TO B. DUE TO C. DUE TO d	of consecution of the consecutio	EDUENCE OF): EDUENCE OF): Treculting in 3 □ DOA □ 28b. TIME	the underlying the un	IND ADDRESS OF IND S FUN LISBURY ode of dying, su ode of dying, s	n Part I. Check only or 281. LOC	HOMI YLANI Illec or resp 24a. WAS A PERFC 1 YES	NAUTOPSY RMED? 2 NO INJURY OCC and Number	E 80 Pest,	AST MI Appro Interv Onset	ximate al Betweend December 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
26. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO B. DUE TO B. DUE TO C. DUE TO d	of or as a consideration of the constant of th	EDUENCE OF): EDUENCE OF): Treculting in 3 □ DOA □ 28b. TIME	the underlying the un	IND ADDRESS OF IND S FUN LISBURY ode of dying, su ode of dying, s	n Part I. Check only or 281. LOC	HOMI YLANI Slec or reet 24a. WAS A PERFC 1 YES	NAUTOPSY RMED? 2 NO INJURY OCC and Number	E 80 Pest,	AST MA Appro Interv Onset ABL WERE AUTOP AMAILABLE P COMPLETION OF DEATH? 1 YES 2	ximate al Betweend De- end De- sy Finding ROR TO OF CAUSI
26. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events reculting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO B. DUE TO B. DUE TO C. DUE TO d. HOSPITAL: 1 Inputient 2 28e. PLACE building	of consecution of the consecutio	EDUENCE OF): Treculting in The country in the cou	the underlyle 28. In Nursing Ho Off 28c. In N	IND ADDRESS OF UNDS FUN LISBURY ode of dying, st. PLACE OF DEATH (1) THE S BREIDER OFFICE S PROBLEM OFFICE	n Part I.	HOM] YI, ANI Silec or reep 24a. WAS A PERFC 1 YES TO Specify) SCRIBE HOW ATION (Streed Or Rown, State	NAUTOPSY RMED? 2 NO NAUTOPSY RMED? 2 NO INJURY OCC.	E 80 Pest,	AST MA Appro Interv Onset ABL WERE AUTOP AMAILABLE P COMPLETION OF DEATH? 1 YES 2	ximate al Betweend De- end De- sy Finding ROR TO OF CAUSI
26. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS	DUE TO DUE TO	of Injury — At I., etc. (Specify)	EDUENCE OF): EDUENCE OF): EOUENCE OF): Feoulting in 28b. Time INJUI deeth occurred	the underlying the un	IND ADDRESS OF UNDS FUN LISBURY ode of dying, st. PLACE OF DEATH (I) IND S FUN PLACE OF DEATH (I) IND S PROBLEM TO INC. IND S PROBLEM TO INC. IND S PROBLEM TO INC. IND S PROBLEM TO INC. IND S PROBLEM TO INC. IND S PROBLEM TO INC. IND S PROBLEM TO INC. IND S PROBLEM TO INC. IND S PROBLEM TO INC. IND S PROBLEM TO INC. IND S PROBLEM TO INC. IND S PROBLEM TO INC. IND S PUN IND	n Part I. Check only one 28d. Des	HOMI YLANI Illec or reet 24a. WAS A PERFC 1 YES or (Specify) SCRIBE HOW CATION (Streege or Rown, Stanton use(e) and muse(e) NAUTOPSY RMED? 2 NO INJURY OCC and Number senner se state	E 80 Pest,	AST MI Approinterv Onset No. WERE AUTOP AMAILABLE P COMPLETION OF DEATH? 1 YES 2	ximate al Betweend De end De sy Finding of Caus	
26. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events reculting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO DUE TO	of Injury — At I., etc. (Specify)	EDUENCE OF): EDUENCE OF): EOUENCE OF): Feoulting in 28b. Time INJUI deeth occurred	the underlying the un	IND ADDRESS OF UNDS FUN LISBURY ode of dying, st. PLACE OF DEATH (I) IND S FUN PLACE OF DEATH (I) IND S PROBLEM TO INC. IND S PROBLEM TO INC. IND S PROBLEM TO INC. IND S PROBLEM TO INC. IND S PROBLEM TO INC. IND S PROBLEM TO INC. IND S PROBLEM TO INC. IND S PROBLEM TO INC. IND S PROBLEM TO INC. IND S PROBLEM TO INC. IND S PROBLEM TO INC. IND S PROBLEM TO INC. IND S PUN IND	n Part I. Check only one 28d. Des	HOMI YLANI Illec or reet 24a. WAS A PERFC 1 YES or (Specify) SCRIBE HOW CATION (Streege or Rown, Stanton use(e) and muse(e) NAUTOPSY RMED? 2 NO INJURY OCC and Number senner se state	E 80 Pest,	AST MI Approinterv Onset No. WERE AUTOP AMAILABLE P COMPLETION OF DEATH? 1 YES 2	ximate al Betweend De end De	

1104 HEALTHWAY DRIVE, SALISBURY,

and the state of t

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		the hosp	e detached		t once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 8 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be n	בעעו	retained by	should b		otified a	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 to THE KINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner m	ישעי	may be	tor, page !		ust be n	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death or THE FUNESAL DIRECTOR. After this certificate has been signed by the attending physician and completely flied in by the fune be flied within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exam		n. Page 6	eral direct		niner m	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the media	מאר	fter death	the fune	loval.	за ехап	-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. TO THE KINERAL DIRECTOR. After this certificate has been signed by the attending physician and completely file filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematio IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the		4 hours a	illed in by	n, or rem	e medic	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and con be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic expenses.	SO.	within 2	npletely fi	cremation	rent, th	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior i IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other trav	100	executed	and con	to burial,	matic e	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending be filed within 72 hours after death with the State Dept. of Health and Memtal Hygie IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or oil		ficate be	physiciar	ne prior	her trau	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the drop the Fundshall DIRECTOR: After this certificate has been signed by the be filed within 72 hours after death with the State Dept. of Health and Me IMPORTANT: If Item 28 is marked, or Item 23 shows any injury.	2	eath cert	attending	ntal Hygie	y, or ot	-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires In THE FUNERAL DIRECTOR: After this certificate has been signed to fine within 72 hours after death with the State Dept. of Health IMPORTANT: If Item 28 is marked, or Item 23 shows a	מחו	that the d	d by the	and Me	my injur	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23	7	requires	een signe	of Health	shows a	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this certificate filed within 72 hours after death with the St IMPORTANT: If Item 28 is marked, or It	Z	The law	ate has b	ate Dept.	em 23	
TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After th be filed within 72 hours after death w IMPORTANT: If Item 28 is mark	7 1	YSICIAN:	s certifica	ith the St	ed, or li	
TO THE HOSPITAL OR ATTER TO THE FUNERAL DIRECTOR De filed within 72 hours after IMPORTANT: If tem 28	200	HOING PH	: After thi	death w	Is mark	
TO THE HOSPITAL TO THE FUNERAL ID SE fled within 72 h	211	OR ATTEN	NRECTOR	ours after	1em 28	
TO THE P. TO THE P. De filed wi	,	SPITAL (INERAL D	thin 72 h	NT: If II	
2		TO THE H	TO THE FL	be filed wi	IMPORTA	
		-	2	-		

FOR STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEI REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)	Eugene	J. O'HA	RA	2. DATE OF DEATH MONTH		ar 555A.
	10 M 2 □ F 74	YRS. MONT		7. DATE OF BIRTH (Month, Day, Year) MAY 3	1917	BIRTHPLACE (State or Foreign Country) NEW JERSEY
9a. FACILITY NAME (If not institution, give stru- WASHINGTON AD RESIDENCE OF DECEDENT			TAKOMA PARK		MONT	GOMERY
10a, STATE 10b, COUNTY	GOMERY	TAKOM	WN OR LOCATION IA PARK			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 7051 CARROLL	AVE.		101. ZIP CODE 20912			N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 15 7ES IF YES, GIVE WAR OR DATE		13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	ea or No— 14	Black, White, etc. Specify: WHITE
15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	completed)	6a. DECEDENT'S USUI (Give kind of work of life. Do NOT use retir	fone during most of working	16b. KIND OF B	USINESS/INDUS	
12th	College (1-4 or 5+)	U.S. AR	MY RETIRED			
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Maide	n Sumame)	
19a. INFORMANT'S NAME (Type/Print)			RESS (Street and Number or Flura			
CAROL SHANAHAN 20a. METHOD OF DISPOSITION		7051 C	arroll Ave.	#615 Ta	koma 1	Park. Md
1 Burial 2 Cremation 3 Ramo	wel from State		her place) an cremator			
21. SIGNATURE OF FUNERAL STANICE LICE 23. PART I. Enter the diseases, or co	7 Birls		22. NAME AND ADDRESS OF F	1 St. N.	W. Was	shington,d
immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	& vanco	iscorder. plan Acci	Anty!	hour	Onset and Deat
PART II. Other aignificent conditions	econtributing to death but	t not resulting in th	ie underlying ceuse given i		N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
						C
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH (C			
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Realdence 26c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOV	V INJURY OCCU	RED
2 Accident Investigation 3 Suicide 8 Could not be datermined	28e. PLACE OF INJURY - building, atc. (Specify	- At home, farm, street		281. LOCATION (Stree City or Town, Sta		20110
						· Rural Route Number,
enel enel			the time, data and place, and do my opinion, death occured at th			
(Check only 1 MEDICAL EXAMINES 29b. SIGNATURE AND TITLE OF CERTIFIER	P: On the beals of examination of	and/or investigation, in	my opinion, death occured at the	ne time, data and place, UMBER 366	29d. DATE S	cause(a) and manner as stated.
(Check only one) 2 MEDICAL EXAMINER	P: On the beals of examination of	and/or investigation, in	my opinion, death occured at the	ne time, data and place, UMBER 366	29d. DATE S	i. cause(a) and manner as stated. SIGNED (<i>Month</i> , <i>Dey</i> , Year)



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A. SOCIAL SECURITY NUMBER 1. TO CERTIFICATE OF DEATH Diane 4. SOCIAL SECURITY NUMBER 1. TO CERTIFICATE OF DEATH B. Oberholtzer 4. SOCIAL SECURITY NUMBER 1. TO CERTIFICATE OF DEATH B. Oberholtzer 4. SOCIAL SECURITY NUMBER 1. TO CERTIFICATE OF DEATH S. SEX 1. TO CERTIFICATE OF DEATH B. Oberholtzer 1. UNDER 1 YEAR IF UNDER 124 HRS. WONTHS DAY'S HOURS MIN. 98. FACILITY NAME (If not institution, give street and number) 98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION Baltimore 100. STATE 100. COUNTY MD WICOMICO SALISBURY 101. ZIP CODE	REG. NO. 2. DATE OF DEATN MONTH 0 9 12 7. DATE OF BIRTN (Month, Day, Year) 0 1 - 10 - 37 ATN	Count	HPLACE (State or Foreign stry) INSYLVANIA DEATN
4. SOCIAL SECURITY NUMBER 176-26-8198 1	0 9 1 2 7. DATE OF BIRTN (Month, Day, Year) 0 1 - 10 - 37	1991 a. BIRTI Count PEN 9c. COUNTY OF 1	4.14 P HPLACE (State or Foreign INSYLVANIA DEATN
4. SOCIAL SECURITY NUMBER 176-26-8198 1	7. DATE OF BIRTN (Morith, Day, Year) 01-10-37	8. BIRT Count PEN 9c. COUNTY OF 1	HPLACE (State or Foreign stry) INSYLVANIA DEATN
176-26-8198 1	(Month, Dey, Year) 01-10-37	PEN Oc. COUNTY OF I	INSYLVANIA DEATN
98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEA RESIDENCE OF DECEDENT 10b. COUNTY MD WICOMICO SALISBURY 10c. STREET AND NUMBER 10f. ZIP CODE		9c. COUNTY OF	DEATN
Shock Trailma Center Baltimore RESIDENCE OF DECEDENT 106. STATE 106. COUNTY 10c. CITY, TOWN OR LOCATION MD WICOMICO SALISBURY 106. STREET AND NUMBER 101. ZIP CODE	ATN		
MD WICOMICO SALISBURY 106. STREET AND NUMBER 107. CITY, TOWN OR LOCATION SALISBURY 107. ZIP CODE		BALTI	MODE
MD WICOMICO SALISBURY 106. STREET AND NUMBER 107. CITY, TOWN OR LOCATION SALISBURY 107. ZIP CODE			MORE
MD WICOMICO SALISBURY 100. STREET AND NUMBER 101. ZIP CODE			10d. INSIDE CITY
106. STREET AND NUMBER 101. ZIP CODE			LIMITS?
101. ZIP CODE			1 YES 2X NO
1 DIVE PRIADO DOID	1	0g. CITIZEN OF	WHAT COUNTRY?
1 FIVE FRIARS ROAD 21801		U.S.A	•
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF NISPANI 11. Never Merried 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANI 14. If yes, specify Cuben, Maxican, M	C ORIGIN? (Specify Yee or	No- 14. RAC	E - American Indian, ck, White, etc.
IF YES, GIVE WAR OR DATES 1 ☐ YES 2 NO Specify:		Spec	
		W	HITE
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementeru/Secondary (f)-12) College (f) 4.25 Elementeru/Secondary (f)-12) College (f) 4.25	16b. KIND OF BUSINI	ESS/INDUSTRY	
College (14 or 5+)			
12 Years 6 Years TEACHER	MUS	IC	
	NE (First, Middle, Meiden Sun	meme)	
SAMUEL (UNK) BERKOWITZ REGINA	CRASS BERE	KOWTT7	
9e. INFORMANT'S NAME (Type/Print) 19b. MAILING AGORESS (Street and Number or Rural Ru			
JOHN OBERHOLTZER 1 FIVE FRIARS RD SAL			
IOA METHOD OF DISPOSITION			
Murial 2X Cremeton 3 Removed from State metery, cremetory or other place)		TION — City or To	
SALISBURY CREMATURY	19-16 SAL	ISBURY,	MARYLAND
22. NAME AND ADDRESS OF FACE HOLLOWAY FUNER			
The Morece 501 SNOW HILL		UDV ND	21801
esulting in death) s. Multiple Injuries with	Complica	ations	
DUE TO (OR AS A CONSEQUENCE OF): fi sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST			
North Course I. M.			
PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pa	Part I. 24a. WAS AN AUT PERFORMED	D?	O. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
5. WAS CASE REFERREO TO MEDICAL 26. PLACE OF GEATH (Chec.	ck only one)		
1 M yes a NO			
7 MANNER OF DEATH			
1 Metucal 5 Panting (Month, Day, Year) Natural WORK?	28d. DEŞCRIBE NOW INJU		
Accident Investigation 09 07 1991 4:35pM 1 YES 2X NO D	river in	auto/	tree impa
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)	28t. LOCATION (Street end in City or Town, Stete)	Number or Rural F	Route Number,
On street U	nion Chur	ch Ro	ad (S.B.
	o the cause(e) end manner	ee stated.	
Pe. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the time of the time. See the time of the time	me, date end place, end du	an to the cannels	
(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end piece, end due to 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time.			
(Check only 1 CERTIFFING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to come) 2 XMEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time. 29c. LICENSE NUMB	DER 29	d. DATE SIGNED	(Month, Day, Year)
(Check only 1 CERTIFFING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to 2 XMEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time. 29c. LICENSE NUMB CLUCKE W. C. M.	DER 29	d. DATE SIGNED	
(Check only 1 CERTIFFING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to come) 2 XMEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time. 29c. LICENSE NUMB	DER 29	d. DATE SIGNED	(Month, Day, Year)

LAND 21215-0020	the hospital or attending physician. e detached for use as the burial-transit permit. Pages 1, 2, 3 should tonea.	
OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal. MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one.	
DIVISION OF VITAL RECO	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires tha TO THE FUNERAL DIRECTOR: After this certificate has been signed be filed within 72 hours after death with the State Dept. of Heath a IMPORTANT: If Item 28 is marked, or Item 23 shows any	
	10	١

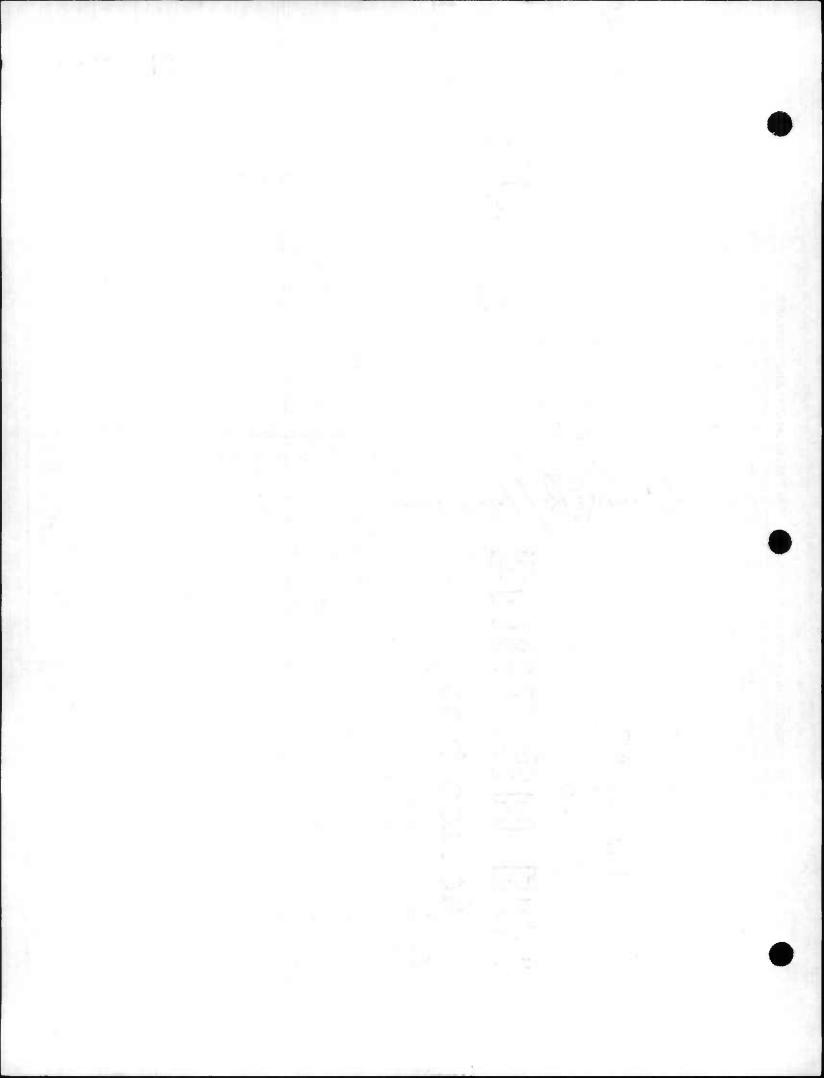
1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTMEN CERTIFICAT	T OF HEALTH AND	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, MICE	eon Poling	er		2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216 -40- 55 9a. FACILITY NAME (If not institute	70 1 M 2 - F	8) YRS. MONTHS		7. DATE OF BIRTH (Mooth, Day, Year)	a. BIRTHPLACE (State or Foreign Country) New York
Holy Cross	S Haspital	96. cm	iver Sprine		Montgonery
	Montgomery	toc. CITY, TOWN	na Park		10d. INSIDE CITY LIMITSY 1 X YES 2 \(\text{NO} \) NO
10. STREET AND NUMBER LOS BOSTO 11. MARITAL STATUS	n Avenue		10f. ZIP CODE	2	CITIZEN OF WHAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 _XNO	I. WAS DECENDENT OF HISPA If yes, specify Cubsn, Mexic 1 YES 2 XNO Speci		14. RACE — American Indien, Black, White, atc. Specify: White
15. DECEDEN (Specify only high Elementary/Secondary (0-12)	T'S EDUCATION est grade completed) College (1-4 or 5+)	16e. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired. Auditor	during most of working	16b. KIND OF BUSINESS	
17. FATHER'S NAME (First, Middle,	Last)	Additor	10 MOTHEDIE N	U.S. GOVE	
STHOU LOTIU	ger		Kate R		nej
190. INFORMANT'S NAME (Type/P) Helen Polin		19b. MAILING ADDRES	n Avenue, Ta	Route Number, City or Town, Steel koma Park, Ma	aryland 20912
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 4 Donation 5 Other (Spec	☐ Removal from State	p. PLACEAND DATE OF DISPO netery, crematory or other place Lebanon C	SITION (Name of	OATE 20c. LOCATIO	N - City or Town, State
21, SIGNATURE OF FUNERAL SEF	IVICE LICENSEE	D.		DBERG MEMORIA	AL CHAPELS, INC.
iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):	sepsis le myeloma		interval Between Onset and Dais 2 drugs
PART II. Other algorificant co	enditione contributing to death b	out not resulting in the u	nderlying ceuse given in	Part i. 24a. WAS AN AUTON PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDERAMINER?			20. PLACE OF DEATH (Ch	ack only one)	1 NES 2 NO
1 TYES 2 NO	HOSPITAL: 1 Pinpetlent 2 ER/Ouij	ortlent 3 DOA 4 Nu	R: rsing Home 5 🗆 Residence	6 Other (Specify)	
27. MANNER OF DEATH 1 Netural 5 Pendi	gation	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY	OCCUREO
3 Suicide 6 Could 4 Homicide determ		— At home, farm, street, fac	ctory, office	281. LOCATION (Street end Nui City or Town, Stelle)	mber or Rural Route Number,
29e. CERTIFIER (Check only one) 2 MEDICAL E	PHYSICIAN: To the best of my know XAMINER: On the basis of examination	iedge, death occurred at the	time, date end place, end due opinion, death occured at the	to the cause(e) end manner ee time, data and piece, and due	stated. to the ceuse(e) and manner as stated.
296, SIGNATURE AND TITLE OF E	Rozen MD		29c. LICENSE NUM		DATE SIGNEO (Month, Day, Year)
30. NAME AND ADDRESS OF PERS	Rosen S	Iver G	pring Mi		
CED 11	32. REGISTRAR'S SIGN	ATURE Andelle	,		

FOR STATE REGISTRAR

_
0
Ö
7
00
(0
×
0
\simeq
D-81
- 0
0
٠.
<u>a</u>
S
0
닖
ш
0
~
9
ш
α
-
-
\vdash
-
>
8 s
-
0
-
~
0
=
S
=
DIVISION OF VITAL RECORDS, P.O. BOX 68760,
-

_	NEGISTIAN				LITTI	IOAIL		DLA			REG. NO.			
1	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE O	F DEATH	w	YEAR 3	TIME OF DEATH
	3	Tames	P	١.	Pum	Pumphrey					10		1-	2:35AM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. les					IF UNDER	1 YEAR	IF UNDER		7. DATE OF BIRTH			S. BIRTHPL	ACE (State or Fore
	215-12-5868-A 1X M 2 D F 79				YRS.	MONTHS DAYS HOURS MIN. (Month, Day, Year)					077	Country)	bact	
	9e. FACILITY NAME (If not institution, give street and number)					Nov 25, 1911 Mary 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
	Montgomer			nital			ney				7		omery	
2	RESIDENCE OF DE	-	Total Hook	11001		01	теу					Dirug	CHELY	
	10a. STATE	10b. COUNT	Υ		10c. CI	TY, TOWN	OR LOCA	TION					1	Dd. INSIDE CITY
DIMECTOR	Maryland	Mont	gomery			S	and	ly S	orin	na			1	LIMITS?
1	10e. STREET AND NUMBER							of, ZIP COD				10g, CITI		AT COUNTRY?
	18801 B	rooke	5g					208	60					
LONE	11. MARITAL STATUS	TOOKE	12. WAS DECEDEN	T EVER IN U.S.	DMED	12	WAS OF			AIC OBIGINS	(Specify Yes		J.S.A	- American Indian
-	1 Never Married 2	Merried	FORCES?	YES 2			If you, s	pecity Cubi	ın, Mexica	n, Puerto Ri		101110	Black, 1	White, etc.
	3 Widowed 4 Div	orced	IF YES, GIVE	MAR OR DATES			1 [] YE	S 2 📉 NO	Specify	y:			Specify: Bla	ck
2	15. OE	CEDENT'S EOU	ICATION	16a. I	DECEDENT'S	USUAL O	CCUPAT	ION		16b.	KIND OF BU	SINESS/IND	-	
	(Specify on	ly highest grade	o completed)		(Give kind of ife. Do NOT u	work done			ng	1,52				
١۶	7th Grad		College (1-4 or 5	+)	Tan	itor	i a l				Non	6		
COMPL	17. FATHER'S NAME (First, A				oan.	TCOT	Lui		MEDIO NA	ME (Elm) 14				
· II								16. MUI			iddle, Maiden			
		PUMPE							SAF	KAH	BOST	ON		
2	19e. INFORMANT'S NAME ((Sister	c)							or, City or Tow			
	Mrs Sarah		111						e Mi	111 F	-			ing, l
	20a. METHOD OF OISPOSI 1 M Buriel 2 Cremati	rion on 3 🗆 Ren	noval from State		ry, cremator					OATE			City or Town	
	4 Donation 5 Othe	r (Specify)		_ Ash	Mem					7 9/1			Spri	
- 5	21. SIGNATURE OF FUNER	AL SERVICE LI	CEASEE /		,	22.	NAME A	AND ADDRE	SS OF FA	JERT.	HOME	. P. 7	2. 20	1850
	1	100/	1. 1 h	. 6	1.	-								ille,
- 0	23. PART I. Enter the o	Handson Or	complications the	at coursed the	deeth Do									Approxima
Z	reculting in death)			O (OR AS A CONS			AS"	TAT	10	No	n Su	IAL		das
CERTIFICATION	cause. Enter UNDERLYING							CELL LUN			NOW SMALL			- 7600
Ĕ	CAUSE (Disease or inj that initiated events	ury		OR AS A CONS		-								
F	resulting in death) LA	ST	. RECURI	RENT,	META	STAT	IC	NON	CEI	LL L	ING C	CANCE	ER	
	DART II ON I I I I													
الج	PART II. Other signific	ent conditio	ns contributing to	death but no	t resulting	in the u	nderiyii	ng ceuse	given in	Part I.	24a. WAS AN PERFO		1	VERE AUTOPSY FI WAJLABLE PRIOR
EDICAL							1 □ YES 2 (NO			OF DEATH?				
ME										1			1	TYES 20
				100										
PHYSICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:					PLACE OF I	DEATH (C)	heck only one)			
Š	1 TES 2 NO		Position 2	☐ ER/Outpatient	3 🗆 DOA	OTHE 4 Nu		me 5 🗆 R	tesidence	8 🗆 Other	(Specify)			
E	27. MANNER OF DEATH		28e. DATE O	F INJURY Day, Year)	28b. TI	ME OF		JURY AT		28d. DE\$	CRIBE HOW	INJURY OC	CUREO	
		Pending Investigation	(inc. and	- // //	"	М		YES 2	□ NO					
0	2 Accident 3 Suicide 8	Could not be	28e. PLACE	OF INJURY - A1	home, farm,	atreet, fac	tory, off	ice			TION (Street		r or Rural Ro	ute Number,
П	4 Homicide	datermined	bunding	, etc. (Specify)						Uny o	or Town, State	,		
4	29a. CERTIFIER	TIEVING BUY	NOIAN: To the beat	d any bacculos	double and		dles d				and the second	over u		
L	(Check only		SICIAN: To the best of											2.0.000
COMPL	2 ME	COL EXAMIN	ER: On the beele of	wammatton end/	or investigat	พก, in my	opinion,	Geath occu	area at the	ııme, date	and place, a	na aue 10 1	ne cause(a)	e se tennem pro
u	296. SIGNATURE AND TITL	E OF CERTIFY		7-11	11			29c. LIC	ENSE NU	MBER		29d. DAT	E SIGNED	Month, Day, Year)
2	water	TO	10/6	110	(1)				138	94>	(2-1	0 1
-	30. NAME AND ADDRESS (OF PERSON W	HO COMPLETED CAI	USE OF DEATH (I	TEM 27) (7)	e, Print)	2.	0-	٥.				1	1/0
	N. GOYAL	WW.	, 18111	MRINC	EV	HIL	(P	1R	,50	TTE	1-1	3,0	ME	y, mus
	31. DATE FILEO (Month, Day	(, Year)	32. WEGISTN	AR'S SIGNATURE	0 .									208
	SFP 12	'91	Suhan	Davidson	dandel	2								
	SEP 12	'91	gulian	Davidson	Pandel	2								-00
											-			DHMH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

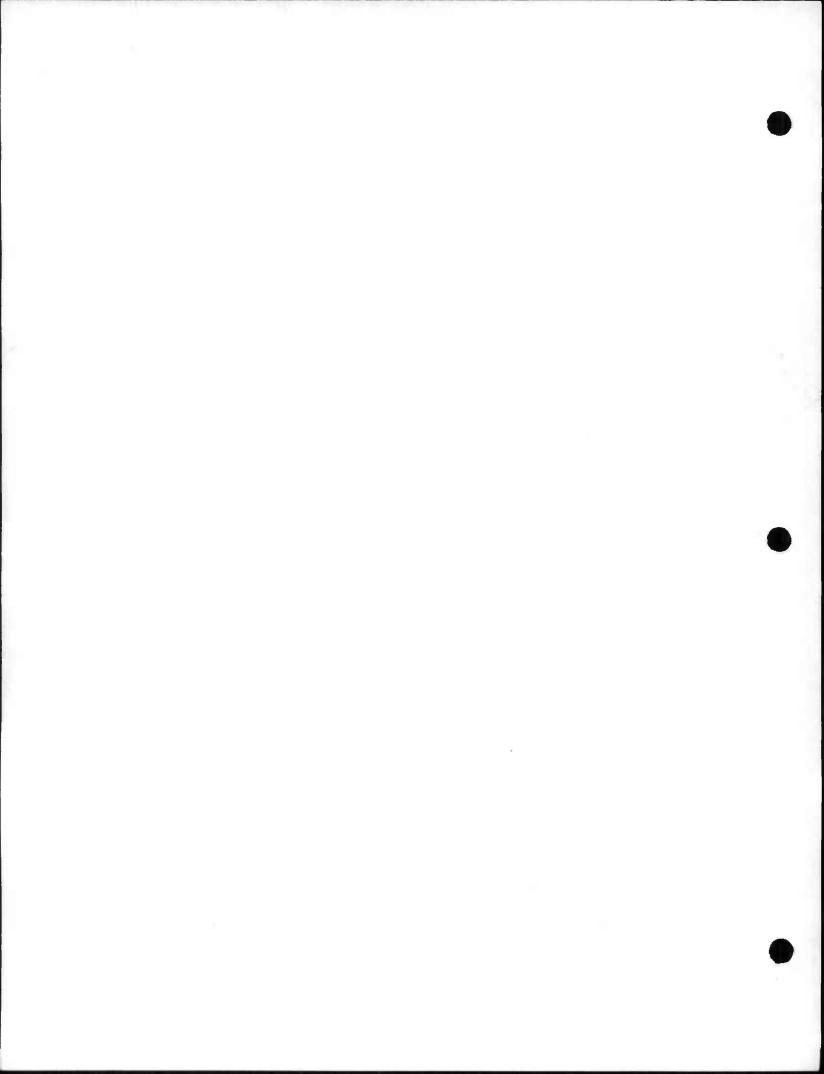


DIVISION OF VITAL RECORDS, P.O. BOX 13140, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2—cars after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL ONECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 7.2 bours after death with the Hatth and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF MONTH	DEATH	Y	YEAR	3. TIME OF OEATH
	Robert S.									Septe				9:00 p M
ŀ	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF (Month, D	BIRTH	-J-1	8. BIRTHE	PLACE (State or Foreign
	216-44-9775		1 💢 M 2 🗆 F	79	YRS.	WOWTHS	DATE	NOUNS		AUG.	16,	1912	IDA	
-	9e. FACILITY NAME (If not in							OR LOCAT		ATH			ITY OF DE	
DIRECTOR	Williamspor		sing Hom	е		Williamsport WASHIN							SHING	TON
E	10e. STATE	10b. COUNT	Y		10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY	
#	MARYLAND	MONT	GOMERY		5	SILV	ER	SPRI	NG					LIMITS? 1 YES 2 NO
A.	10e. STREET AND NUMBER				10	H. ZIP COD	E			10g. CITI	ZEN OF W	HAT COUNTRY?		
ER/	2021 LA	NIER D	RIVE					20	910			U	SA	
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 🔀		FORCES?	NT EVER IN U.S. AF	RMED	1	f yes, sp	CENDENT pecify Cub S 2 X NO	en, Mexica	NIC ORIGIN? () in, Puerto Rici	Specify Yee an, etc.)	or No-	14. RACE Black, Specify	— American Indian, White, atc.
BY	3 Widowed 4 Divo	rced						0.4					Whit	.e
COMPLETED	15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)	(G	CEDENT'S U	ork done o			ing	16b. KI	ND OF BUS	SINESS/IND	USTRY	
9	Elementery/Secondary (0	1-12)	College (1-4 or 5	+)	Do NOT use	retired.)				DE	D A TOTAL	י מונגייו	OT AT	2007
M	17. FATHER'S NAME (First, M	(c)clin I not)	2	AUL	DITOR	_	_	I so Mon	THE D'C NA	ME (First, Mid	PARTM		OF AI	KM1
ö	CASPER		POND,	M D						ETTE	ire, nreiueri		COTT	
BE	190, INFORMANT'S NAME (TUND,		b. MAILING	ADDRESS	(Street			Route Number,	City or Tow			
2	ELIZABETH L		(WIFE)							LVER				0910
	20e. METHOD OF DISPOSIT	ION		20b. PLACE	OF DISPOS						_	CATION -		
	1 Buriel 2 Crematic		oval from State	FORT	LINCO	DLN	CEN	METER	RY		BRE	NTWO	OD, N	1ARYLAND
- 1	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE)		FRA	NAME A	ND ADDRI	COLL	INS F	INERA	I. HO	ME. I	INC.
	Sen	nDC	Skul											, MD 20901
NOI.	shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in deeth) Sequentially list condit If any, leading to imme	nal	b		EQUINOT):								Interval Between Onset and Death
MEDICAL CERTIFICATION	couse. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in deeth) LAS	ing iry	cDUE TO	O (OR AS A CONSE	QUENCE OF	7:								
2	PART II. Other significa	ent condition	ns contributing to	o deeth but not	resulting i	n the ur	derivi	no ceuse	given in	Part I. 2	4a. WAS AN	AUTOPSY	24h.	WERE AUTOPSY FINDINGS
8											PERFO	RMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE
										— '	☐ YES 2	NO NO		OF DEATH?
										-				1 YES 2 NO
AN	25. WAS CASE REFERRED T	O MEDICAL					26. F	PLACE OF	DEATH (C)	neck only one)				
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE!		me 5 🗆 1	Reeldence	6 Other (Specifyl			
PHYSICIAN:	27. MANNER OF DEATH	Pending	28e. DATE O		28b. TIMI		28c. IN	JURY AT YORK? YES 2		28d. DESCI		NJURY OC	CUREO	
ED BY	2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — At h g, etc. (Specify)	ome, farm, a	rtreet, fac					ION (Street Town, State		r or Rural R	loute Number,
COMPLETED	4 Homicide determined Schroling, etc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.) end menner ee stated.				
BE CC	29b. SIGNATURE AND TITLE	E OF CERTIFIE	1800	10 M	5				CENSE NU			29d. DAT	TE SIGNED	(Month, Day, Year)
٩	30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CA	USE OF DEATH AT	EM 27) (Turns	Print)		ח	3370	U				
	Dr. Ted E.						v.	MD 2	0832					
	81. DATS FILED (Month, Day)		ha Dayason			02110	. , ,		J J J Z					
	DEP 12 199	J's	Ma Day ason	n-Mandall	•									



	24
	E
	G
	2
•	hin
é	3
4	Ped
S	PC17
_	800
×	2
8	cate
-	Hif
0	5
۵.	te de
-	de d
8	\$
E	hat
Ō	0
S	- Sen
#	90
-	36
7	9
F	F
5	AN
L	Sic
ō	3
7	C
õ	S
<u>~</u>	CN
3	E
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	CONTRI OD ATTENDING DHYSKIAN. The law requires that the death certificate be executed within 2 fours afti-
	-
	Ditt
	4

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-flours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. P	tate Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physicis	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other tra

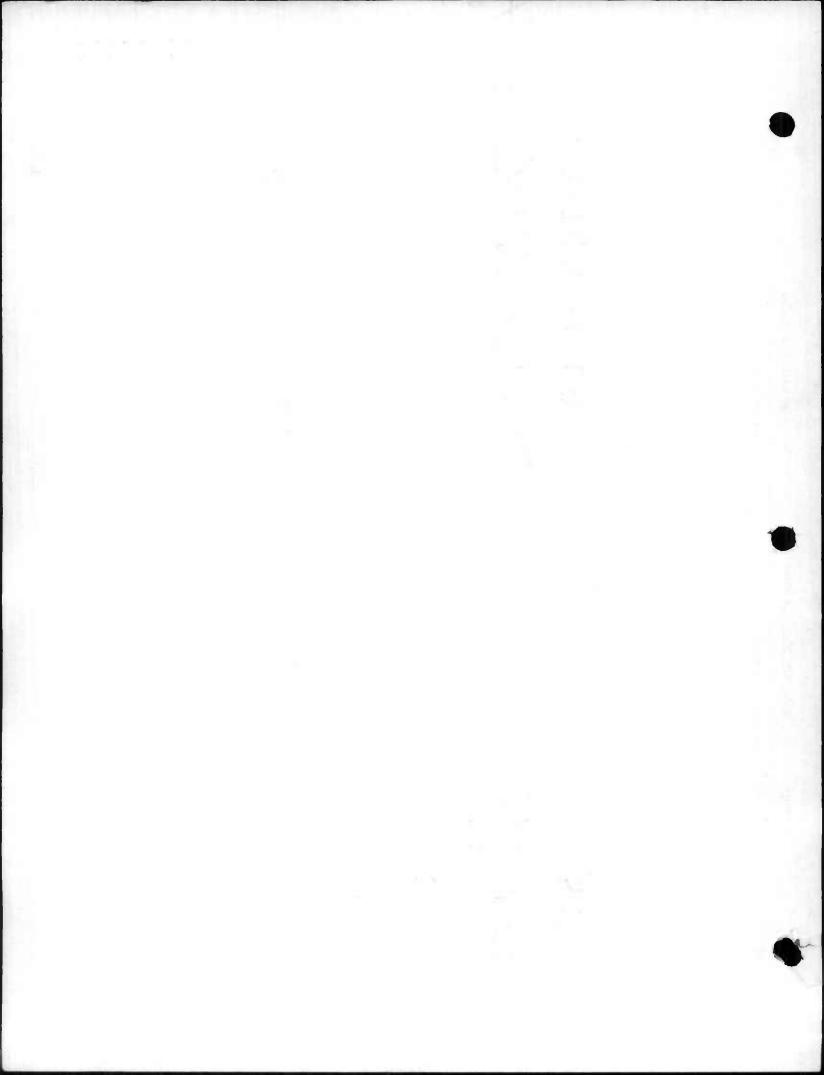
1. DECEDENT'S NAI	AE (First, Middle, Last	0			ICATE				REG. N DATE OF OEATH MONTH	DAY	vean	3. TIME OF DEATH	
HENRY	LIPP	INCOTT	PAF	RRISH				S	ept. 10		91	5:30	
4. SOCIAL SECURIT		5. SEX	6. AGE (In yrs. le	ast birthday)	IF UNDER 1 Y	EAR IF L	UNDER 24 HRS	. 7. [DATE OF BIFTH		8. BIRT	HPLACE (State or Foreignitry)	
579-60-0		1 M 2 🗆 F	83	YRS.				A	pril, 14,	1908		v Jersey	
90. FACILITY NAME Collingto	n Episcopa	street and number) 1 Life Care	Community	y, Inc	Mitc			DEATH			INTY OF	George's	
RESIDENCE O	10b. COUN				TY, TOWN OR I							10d. INSIDE CITY	
Maryland		nce George	e's	Mi	tchell	vill	е					1 YES 2XXNO	
10s. STREET AND N						10f. ZIP						WHAT COUNTRY?	
		Road #200:					716				-	States	
11. MARITAL STATUS 1 Never Married 3 Widowed 4	2 Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V		RMEO NO	If ye		Cuban, Max		ORIGIN? (Specify ' uarto Rican, etc.)	fes or No—		CE — American Indian, ck, White, etc. colly: White	
	15. DECEDENT'S EC		16a. D	ECEDENT	USUAL OCCU	PATION			16b. KINO OF E				
Elementary/Seco		College (1-4 or 5	+)		work done duri		working		Foreig				
	111-1	5+	Se	enior	Edito	r			Inform	atior	Ser	rvice	
17. FATHER'S NAME	_								First, Middle, Mald				
Henry	Clay Pa	rrish				В	ertha		Lipp	incot	t		
Mary W.	NAME (Type/Print) Parrish	(Wife)			as #10		umber or Ru	ral Route	Number, City or 1	bwn, State, 2	Zip Code)		
	remation 3 🗆 Ra	moval from Stata	20b. PLACI	nfece)	sition (Name					LOCATION -			
		LICENSEE		- 50				-		TACT	Shir	ing, mb	
	1		4 Donation 5 Other (Specify) Suburban Crematory Silver Spring 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
Rapp Funeral Services, P.A.													
22 BACT Ente	Service Committee Committee		1.10	00827	Rap 933	p Fur Gis	neral t Ave	Se:	rvices, ilver S	orina	. MD		
23. PART I. Enter shock IMMEDIATE CAU disease or cond resulting in deat	r the diseases, o k, or heart failure SE (Finel Ition	e. List only one cer	t coused the d	leath. Do	Rap 933 not enter th Glic	P Fur	neral t Ave of dying, s	Se:	rvices, ilver S	orina	. MD	20910 Approximate interval Betv Onset and D	
shoc iMMEDIATE CAU disease or cond resulting in deal Sequentielly list if any, leading to cause. Enter UN CAUSE (Disease that initiated eve	r the diseases, of k, or heart failure. SE (Finel Ition h) conditions, of immediata DERLYING or injury units	a	at coused the duse on each lir	equence	Rap 933 not enter th Glic 9 nq.	P Fur	neral t Ave of dying, s	Se:	rvices, ilver S	orina	. MD	Approximate interval Betv	
shoc IMMEDIATE CAU disease or cond resulting in deat Sequentielly list if any, leading to cause. Enter UN CAUSE (Disease	r the diseases, of k, or heart failure. SE (Finel Ition h) conditions, of immediata DERLYING or injury units	a	of coused that duse on each life of the coused that duse on each life of the coused of	equence	Rap 933 not enter th Glic 9 nq.	P Fur	neral t Ave of dying, s	Se:	rvices, ilver S	orina	. MD	Approximate interval Betv	
shoc IMMEDIATE CAU disease or cond resulting in deat Sequentially list if any, leading to cause. Enter UN CAUSE (Disease that initiated ew resulting in deat PART II. Other a	r the diseases, of k, or heart failure. SE (Finel Ition h) conditions, of immediata DERLYING or injury units h) LAST	a. DUE TO c. OUE TO d. OODS contributing to	of the coused that couse on each life of the coused that coused the coused that coused the coused to the coused the coused to the coused the coused to the coused the coused to the coused the coused to the coused the coused to the coused the coused to the coused the coused to the coused the coused to the coused the cou	leath. Do ns. PS 1 EQUENCE (EQUENCE (Fosuiting	Rap 933 not enter th Glic 9 nq.	p Fur Gist e mode cobblas	neral t Ave of dying, a	Se:	TVices, ilver S a cardlac or red	orina	MD	Approximate interval Betv	
shoc IMMEDIATE CAU disease or cond resulting in deat Sequentially list if any, leading to cause. Enter UN CAUSE (Disease that initiated everesulting in deet PART II. Other a	r the diseases, of k, or heart failure. SE (Finel lition h) conditions, of immediate Descriptions or injury ents h) LAST	a. DUE TO b. DUE TO c. OUE TO d. OUE TO	of the coused that couse on each life of the coused that coused the coused that coused the coused to the coused the coused to the coused the coused to the coused the coused to the coused the coused to the coused the coused to the coused the coused to the coused the coused to the coused the coused to the coused the cou	leath. Do ns. PS 1 EQUENCE (EQUENCE (Fosuiting	Rap 933 not enter th Glic 9 mq. OF): OF):	p Fur Gist e mode co oblas	neral t Ave of dying, a	Se S S S S S S S S S S S S S S S S S S	TVices, ilver S a cardlec or rec	Oring spiratory a	MD	Approximate interval Betwoen and Donest and	
immediate Caudisease or cond resulting in deat Sequentially list if any, leading to cause. Enter UN CAUSE (Disease that initiated ew resulting in deat	r the diseases, of k, or heart failure. SE (Finel litton h) conditions, of immediata DemRLYING or Injury onts h) LAST ignificant condity C M a K	a. DUE TO c. OUE TO d. OODS contributing to	of the coused that coused the cuse on each life of the coused that coused the cuse of the coused to the coused to the coused to the coused to the coused to the cuse of the cu	equence (Rap 933 not enter th Glic 9 mg. OF): In the unde	p Fur Gister mode of the mode	neral t Ave of dying, a toma	Se S S S S S S S S S S S S S S S S S S	TVices, ilver S a cardlec or rec	Oring spiratory a	MD	Approximate interval Betwoen and Donest and	
Sequentielly list if sny, leading to cause. Enter UN CAUSE (Disease that initiated evereuiting in deel PART II. Other a 25. WAS CASE REFEXAMINER? 1 YES 2 27. MANNER OF OE 1 Netural	r the diseases, of k, or heart failure. SE (Finel lition h) conditions, of immediata Departments in light from the light fro	a. DUE TO b. DUE TO c. OUE TO d. OOS contributing to lons contributing to lons contributing to lons contributing to lons contributing to lons contributing to lons contributing to lons contributing to	of the coused the cuse on each life of the coused the cuse of the	equence (Rap 933 not enter th Glic 9 n q. OF): OF): OTHER: 4 Nursin ME OF UNITY 21 UNITY	p Fur Gister of Market Place o	neral t Ave of dying, a toma	in Par	TVICES, ilver S a cardiac or red 1. 24a. WAS PERF 1 YES	AN AUTOPS CORMED?	y 2	Approximate interval Betwoen and Donest and	
Sequentially list if sny, leading to cause. Enter UN CAUSE (Disease that initiated ever resulting in deal PART II. Other a 25. WAS CASE REFEXAMINER? 1 YES 2	r the diseases, of k, or heart failure. SE (Finel litton h)	B. DUE TO a. DUE TO b. DUE TO c. OUE TO d. OUE TO DUE TO DUE TO DUE TO OUE TO	of the coused that coused the cuse on each life of the coused that of the coused that of the coused the coused to the coused the coused to the	Jesuiting	Rap 933 not enter th Glic 9 -n q. OF): OF): OF): OTHER: 4 Nursin ME OF UURY M	p Fur Giston of Market Place o	neral t Ave of dying, a toma use given OF DEATH	Se S S S S S S S S S S S S S S S S S S	TVICES, ilver S a cardiac or red 1 I. 24a. WAS PERF 1 YES only one)	AN AUTOPS FORMED? 2 (X NO	Y 2-4	Approximate interval Betwoen and Donest and	

Stuart Turkewitz, M.D.

31. DATE FILED (Month, Day, 16ar)

SEP 13 91 7500 Greenway Center Drive #430, Greenbelt, MD

OF DEATH (ITEM 27) (Type, Print)

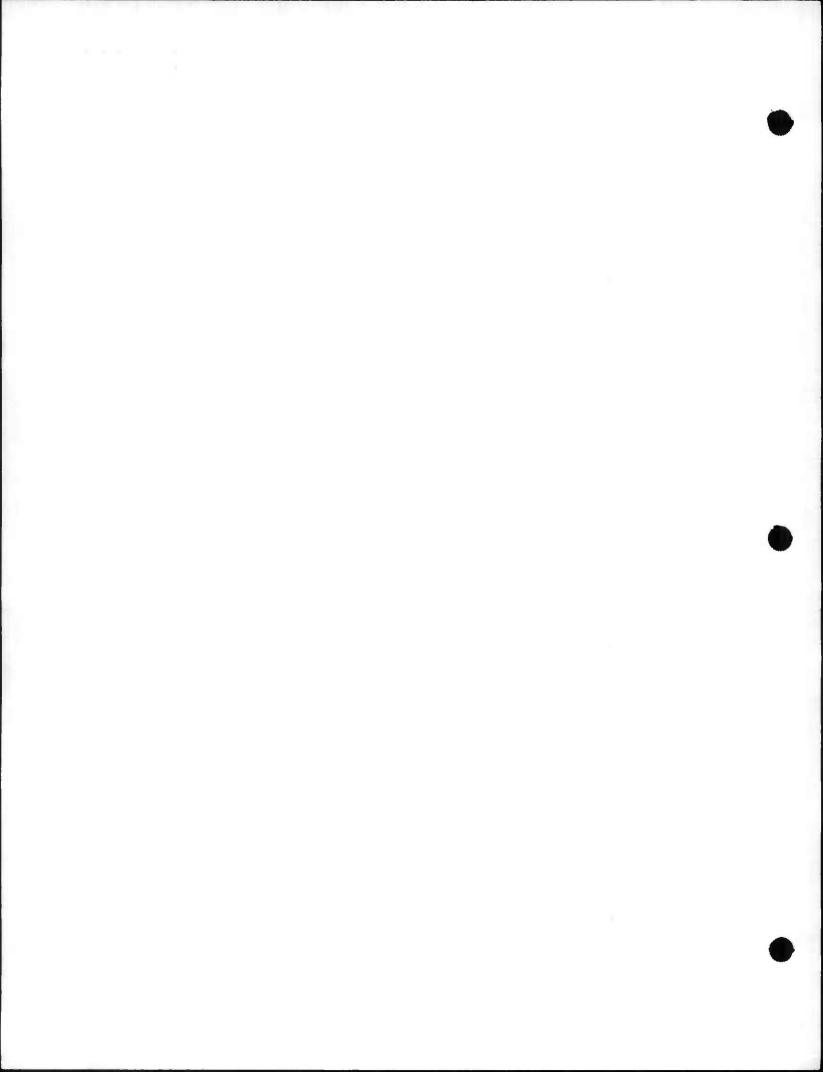


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 media feath. Page 6 may be retained by the business that the death certificate has been signed by the attention physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

* REGISTRAR				CERTIFI	CAL	E OF	DEAL	П	RI	EG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)		Pie	trowic:	z				2. DATE OF D MONTH Septe	DAY	12,	YEAR	3. TIME OF DEATH 8:25 P
4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In yr.	s. last birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF B (Month, Day Dec. 2	IRTH (Year) 19	09	Country	PLACE (State or Foreign) and
9a. FACILITY NAME (If not in	stitution, give st	met and number)			9h. CIT	Y. TOWN C	R LOCATION	ON OF DE	1	,		NTY OF DE	
11522 Maple	view D						Spr						omery
	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY						TON						10d. INSIDE CITY
Maryland		gomery				or Locat	pring	J					LIMITS?
10e. STREET AND NUMBER		100				101	. ZIP CODI				10g. CITI	ZEN OF W	HAT COUNTRY?
11522 Maple	view D	rive					2090	2			Pol	and	
11. MARITAL STATUS 1 Never Married 2 3 Nidowed 4 Divo		12. WAS DECEOEN FORCES? 1 IF YES, GIVE V	YES 2	XNO	13.	II yes, ep	ENDENT Cooling Cubs	F HISPAI n, Mexica Specifi	NIC ORIGIN? (Sp in, Puerto Rican y:	ecify Yee , elc.)	or No—	14. RACE Black, Specifi	- American Indian, White, atc. y: White
16 DEC	EDENT'S EDUC	CATION	146	. DECEDENT'S	HEHAL C	VCC1/DATI/	ON.		16h VIN	D OF BUILD	INESS/IND	VICTOV	MILLCE
(Specify only	y highest grade	completed)		(Give kind of w	vork done	during mo	st of working	g	100. KIN	D OF 803	IMC99/IML	JUSTAT	
Elementary/Secondary (0	1-12)	College (1-4 or 5	+)						1,	3 T	T		
12				Homem	iake.	r				Own I			
17. FATHER'S NAME (First, M. JOSE	Paszko	oweka							ME (First, Middle		Surname)		
		Owska					1		vailab]				·
Paulo Petro		(son)						Route Number, Cotomac,				354
20e. METHOD OF DISPOSIT	ION		20b. PL	ACE OF DISPOS	SITION (N	lame of cer	metery, crer	afory or		20c. LO	CATION —	City or Tox	wn, State
4 Donation 5 Other		Over Holli State	Par	klawn l	Memo	rial	. Par	k		Roc	kvil	le, 1	Maryland
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	M0087	7	R B	ober ethe	Sda-	Pum Pum Chev	phrey ly Chase	Funer	ral H	Home/	Wisconsin
IMMEDIATE CAUSE (Fit disease or condition resulting in death)	nel -	DUE TO	OR AS A CO	lar Ac		ent							Onset and Des 2 hours
Sequentielly list condit		Diabet DUE TO		NSEQUENCE OF	F):								40 years
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju	ING	c	100 10 1 00	NSEQUENCE OF									
that initiated events reaulting in daeth) LAS	т [d	, (OH AS A CO	MSEODENCE OF	· ·								
PART II. Other aignifica	ent condition	a contributing to	death but	not resulting	in tha u	ındariyin	g Cause	givan in	Part I. 24s	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDING
Uro	sepsis								1[YES 2			COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED 1	O MEDICAL					28 P	ACE OF C	EATH /C	heck only one)				
EXAMINER?		HOSPITAL:	- SD/O-d-adl-	- a [] pos	OTHE	ER:		-		200			
27. MANNER OF DEATH	117-1177	28e. OATE O		28b. TIM		28c. IN.	JURY AT	ealdence	6 Other (Sp 28d. DESCRI		NJURY OC	CUREO	
2 Accident	Pending Investigation			At home, farm,	М	1 🗆	YES 2 [□ NO	26f. LOCATIO	N (Street s	and Numbe	r or Rural F	Route Number
3 Suicide a	Could not be determined	building	, etc. (Specify)							own, State)			
one)		ICIAN: To the best of) and manner ee stated.
29b. SIGNATURE AND TITLE		arli	Mh					ENSE NU	MBER				(Month. Day, Year) mber 13,19
30. NAME AND ADDRESS OF					. ,	Sui	- #S	17 1	Washing	rton			
					• VV •	Sur	LC #C	· ± / g \	nasniil	,,	, ,,,	. 20	037
Bryan J. Ar 31. DATE FILED (Month, Day, SEP 16 91	ling,		0 M St	reet N	. ,	Sui	te #8	317,1	Washing	gton,	, D.C	2. 20	037



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or att TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

1. DECEDENT'S NAME (First, Middle, Last)				.0711	_ 0.	DLA			G. NO.		_	
MARGARET Eleg	nor		PIT	חכי				2. DATE OF D	DA		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las			R 1 YEAR	IE UNDE	R 24 HRS.	7. DATE OF BI	13	2 9	1	1127 IPLACE (State or Foreign
215-26-2515	1 - M 2/XF	59	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day,	Year)	,	Countr	y)
9e. FACILITY NAME (If not institution, give st		33		9b. CIT	Y, TOWN	OR LOCAT	ION OF DE	03-3	U-3		Mar	yland
PENINSULA GEN	ERAL HOS	РТТАТ.						AIII				
RESIDENCE OF DECEDENT		LIAU			SAL	ISBUI	KY				WICC	MICO
PENINSULA GEN RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Worce 100. STREET AND NUMBER 11909 Sinepuxent Relationship of the state o			10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY		
Maryland Worce	ester		Be	rlin								1 YES 2 NO
10e. STREET AND NUMBER					10	. ZIP COD	E			10g. CITI	ZEN OF Y	VHAT COUNTRY?
11909 Sinepuxent R	oad					218	11			l	JSA	
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT	OF HISPAN	IC ORIGIN? (Spi	ectly Yee	or No-	14. RACE	American Indian, t, White, etc.
1 Never Married 2XX Merried 3 Wildowed 4 Divorced	IF YES, GIVE W						Specify	n, Puerto Ricen,	etc.)		Speci	N:
	Lucius -											BLACK
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16e. DE	CEDENT'S we kind of a Do NOT us	USUAL O	CCUPATIO	ON est of worki	ng	16b. KIND	OF BUS	INESS/IND	USTRY	
Elementery/Secondary (0-12)	College (1-4 or 5+)		se retired.)								
11th grade		labo	orer							nn H	otel	
17. FATHER'S NAME (First, Middle, Last)								WE (First, Middle,	Maiden 3	Surneme)		
Robert Corbin								Purnell				
							or Rural A	loute Number, Cit	y or Town	, State, Zip	Code)	
Arthur Pitts			ame									
20e. METHOD OF DISPOSITION 1 Street 2 Cremetion 3 Remo	val from State	20b. PLACE A	natory or o	OF DISPOS	SITION (Na	me of				ATION —		
4 Donation 5 Other (Specify)		Evergi	reén	Cem	eter	у		9/17	Berl.	in, M	arylo	and
21. SHOWN ONE CHAPTERIAL SERVICE CIC	201.	0										AL CHAPE
Sortlla &	D. Joe	lly		Rt	. #2	, Box	× 920	, Jersey	y Ro	i, Sal	isbui	ry, MD 2180
23. PART I. Enter the diseases, or co shock, or heert failure. L	omplications that	caused the de-	eth. Do r	ot enter	the mo	de of dy	ing, such	as cerdiac o	r respir	etory erro	est,	Approximate
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	OUE TO (OSCLEROT OR AS A CONSEC	UENCE OF	F): F):	IOV	ASCUI	AR D	ISEASE				
PART II. Other eignificant conditions HYPERTENSION	contributing to	death but not re	eaulting i	n the un	nderlying] ceuee (given in F		WAS AN APPERFORM	AED?	24b.	WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Chec	ck only one)				
1 X YES 2 NO	1 Inpatient ZX	ER/Outpetient 3	□ DOA			9 5 □ Re	eldence 6	Other (Spec	iffy)			
27. MANNER OF DEATH	28e. DATE OF I (Month, Day		26b. TIMI		28c, INJ	URY AT		26d. DESCRIBE	HOW IN	JURY OCC	URED	
XX Natural 5 Pending 2 Accident Investigation				M		ES 2 [NO					
3 Suicide 6 Could not be	26e. PLACE OF building, e	1NJURY — At hon tc. (Specify)	ne, farm, s	treet, fact	ory, office			26f. LOCATION City or Town	(Street an	d Number o	or Rural A	oute Number,
4 Homicide datermined												
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICS 2XXMEDICAL EXAMINER	AN: To the best of a	ny knowledge, dea mination end/or in	ith occurre	d at the ti	ime, date pinion, de	end place,	end due t	o the cause(e) e	end menn	er se state	d, ceuse(e)	end menner se stated.
296. SIGHATURE AND TITLE OF CERTIFIER	COL T						NSE NUME					
Danc 33.01	zalou	DEPUT	V. M	F			3599				9-12	(Month, Day, Year)
30/ NAME AND AODRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type	Print)		DO	2222			, 0;	7-12	
JOHN T. BUTKELEY,		08 PINE			OAD	SAL	ISBU	RY MAF	RYLAI	ND 2	2180	1
SFP 1 / '81	10 P.	• • •	19.2									
OF A T	The state of the s	Mark Conde	<u>al</u>									

29:11931 January 1881:193

SEP 1 8 '91

	The second of th	131)								E OF DEATH			3. TIME OF DEATH
	MARY	<u>L</u> ouis	e PRO	OHINSKY	Z				09		16	YEAR Q1	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTH		4	11:591
	218-26-9809	1 🗆 M 2 💢 F	(66 YRS.	MONTHS	DAYS	HOURS	MIN.		nth, Day, Year) $1/02/1$		Countr	VIRGINIA
1	9e. FACILITY NAME (If not institution, gi	ive street and number)			9b. CIT	Y, TOWN (R LOCATI	ON OF D		1/02/1	9c. COUN	ITY OF D	
OB.	GREATER BALTIMO	ORE MEDICA	L CENT	TER		TO	WSON	1			100		MORE
5	RESIDENCE OF DECEDENT												
DIRECT	100.000			10c. CI1	Y, TOWN								10d. INSIDE CITY LIMITS?
0-1456		BALTIMORE			B	REIST	ERTO	NW					1 TES 2 NO
FUNERAL	10s. STREET AND NUMBER					101	. ZIP CODI				10g. CITIZ	ZEN OF V	WHAT COUNTRY?
핃	409 SACRED						2	113	6		U	.S.A	A .
3	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1	TEVER IN U.	S. ARMED	13.	WAS DEC	ENDENT O	F HISPA	NIC ORIG	IN? (Specify) Rican, atc.)	Yee or No-		- American Indian,
BY	3 Widowed 4 Divorced	IF YES, GIVE Y				1 TYES	2/ XNO	Speci		rican, atc.,		Speci	
ED	15. DECEDENT'S E	DUCATION	100	- DECEDENTIO	1101141 0								WILLCE
LETE	(Specify only highest gr	rade completed)		 DECEDENT'S (Give kind of life, Do NOT u 	work done	during mo	n st of workin	ng	16	b. KIND OF B	USINESS/INDI	USTRY	
PL	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Regis			rse			State	e of M	ary]	Land
COMPI	17. FATHER'S NAME (First, Middle, Last)			0				HED'C M	AME OF				
		Wayne Dai	iley				L	inda	Eli	zabet	h Neeb		
BE	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street e	nd Number	or Primi	Doude Mu	-has City as T	Die Stere	0.11	
2	Norman M. P	rohinsky		409 S	acre	d He	art 1	Lane	, Re	ister	stown,	Md.	21136
	20g METHOD OF DISPOSITION		20b Pt	ACE AND DATE									
	1 M Buriel 2 Cremetion 3 R 4 Donatton 5 Other (Specify)	emoval from State	ceme	vergre	en plaM	em. (Garde	ens	Sent	.20.1	991 Fi	nksh	ourg, Md.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	-				D ADDRES		1				0,
	1 14	11 7 1	//	1						Chap	el		21117
	1. Houl	2 116			-								
			Links	10	- 0	1160	5 Rei	iste	rsto	wn Rd	. Owi	ngs	Mills, Md
	23. PART I. Enter the diseases, or shock, or heart faller	or complications that	it caused th	e death. Do i	not enter	1160	5 Rei	iste	rsto	wn Rd	. Owi	ngs est,	Mills, Md
	23. PART i. Enter the diseases, of shock, or heart faller iMMEDIATE CAUSE (Finsi	or complications that re. List only ons cau	it caused thuse on sach	e death. Do i	not enter	1160	5 Rei	iste	rsto	wn Rd	. Owi	ngs est,	Approximate Intsrvai Batwe
	iMMEDIATE CAUSE (Finsi disease or condition	e. List only ons cau	ise on sscn	iins.	not enter	1160 mo	5 Rei	iste	rsto	wn Rd	. Owi	ngs est,	Approximate Interval Batwe
	IMMEDIATE CAUSE (Finsi	aI	NTERNA	e death. Do i	DING	1160 mo	5 Rei	iste	rsto	wn Rd	. Owi	ngs est,	Approximate Interval Batwe
N	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. I DUE TO	NTERNA (OR AS A CO	AL BLEE	DING	the mod	5 Rei	iste	ersto	own Rd	. Owi	ngs est,	Approximate Interval Batwe
TION	iMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if any, isading to immediats	a. I DUE TO	NTERNA (OR AS A CO ETASTA	L BLEE	DING	the mod	5 Rei	iste	ersto	own Rd	. Owi	ngs est,	Approximate Interval Batwe
CATION	iMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING	a. I DUE TO	NTERNA (OR AS A CO ETASTA	AL BLEE	DING	the mod	5 Rei	iste	ersto	own Rd	. Owi	ngs est,	Approximate Interval Batwe
LIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a T DUE TO b M DUE TO c	NTERNA (OR AS A CO ETASTA (OR AS A CO	AL BLEE	DING ONCER	the mod	5 Rei	iste	ersto	own Rd	. Owi	ngs est,	Approximate Intsrvai Batwe
RTIFI	iMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a T DUE TO b M DUE TO c	NTERNA (OR AS A CO ETASTA (OR AS A CO	AL BLEF NSEQUENCE OF ATIC-CA NSEQUENCE OF	DING ONCER	the mod	5 Rei	iste	ersto	own Rd	. Owi	ngs est,	Approximate Interval Batwe
CERTIFI	iMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. I DUE TO b. M DUE TO c. DUE TO	NTERNA (OR AS A CO ETASTA (OR AS A CO	AL BLEF NSEQUENCE OF NSEQUENCE OF	DING F): NCER F):	the mod	5 Rei	isteng, suc	ersto	own Rd	o, Owi	est,	Approximate interval Batwe Onset and Dec
CERTIFI	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. I DUE TO b. M DUE TO c. DUE TO	NTERNA (OR AS A CO ETASTA (OR AS A CO	AL BLEF NSEQUENCE OF NSEQUENCE OF	DING F): NCER F):	the mod	5 Rei	isteng, suc	ersto	own Rd disc or res	. Owi	est,	Approximate Interval Batwe Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec
DICAL CERTIFI	iMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. I DUE TO b. M DUE TO c. DUE TO	NTERNA (OR AS A CO ETASTA (OR AS A CO	AL BLEF NSEQUENCE OF NSEQUENCE OF	DING F): NCER F):	the mod	5 Rei	isteng, suc	ersto	own Rd disc or res	o y Owi	est,	Approximate interval Batwe Onset and Del
MEDICAL CERTIFI	iMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. I DUE TO b. M DUE TO c. DUE TO	NTERNA (OR AS A CO ETASTA (OR AS A CO	AL BLEF NSEQUENCE OF NSEQUENCE OF	DING F): NCER F):	L(LUN	5 Rei	isteng, suc	ersto	IN)	o y Owi	est,	Approximate Interval Batwe Onset and Det Ons
MEDICAL CERTIFI	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. I DUE TO b. M DUE TO c. DUE TO	NTERNA (OR AS A CO ETASTA (OR AS A CO	AL BLEF NSEQUENCE OF NSEQUENCE OF	DING F): NCER F):	the moderiying	5 Rei	LON	, BRA	IN) 24a. WAS A PERFC 1 YES	o y Owi	est,	Approximate interval Batwe Onset and Del Ons
MEDICAL CERTIFI	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant conditions of the condition of	a. I DUE TO b. M DUE TO c. DUE TO	NTERNA (OR AS A CO ETASTA (OR AS A CO	AL BLEF NSEQUENCE OF NSEQUENCE OF	CDING FP: NCER FP:	the moderiying	5 Rei	LON	, BRA	IN) 24a. WAS A PERFC 1 YES	o y Owi	est,	Approximate interval Batwe Onset and Del Ons
SICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant conditions of the condition of	a	NTERNA (OR AS A CO) (OR AS A CO) (OR AS A CO) death but r	AL BLEF INSEQUENCE OF ATIC—CA INSEQUENCE OF INSEQUENCE OF INSEQUENCE OF INSEQUENCE OF	DING CDING F): NCER F): in the un	L160 the modern the mo	G, CO	LON	, BRA	IN) 24a. WAS A PERFC 1 YES	o y Owi	est,	Approximate interval Batwe Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and De
HISICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant conditions in the condition of	a. I DUE TO b. M DUE TO c. DUE TO d. HQSPITAL:	NTERNA (OR AS A CO) (OR AS A CO) (OR AS A CO) death but r	AL BLEF NSEQUENCE OF ATIC—CA NSEQUENCE OF TOTAL 3 □ DOA □ 28b. TIM	DING DING CDING F): NCER F): In the un	L160 the modern the mo	G, CO	LON	BRA Part i.	24a. WAS A PERFO	o y Owi	24b.	Approximate interval Batwe Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and De
PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant conditions of the condition of	a	NTERNA (OR AS A CO) (OR AS A CO) (OR AS A CO) death but r ER/Outpetler INJURY oy, Year)	AL BLEF NSEQUENCE OF THE SEQUENCE HER 4 Number of Unity	26. PLR: sing Home	G, CO CSUSE 9 ACE OF DE	LON	BRA Part i.	24a. WAS A PERFO	N AUTOPSY PRIMED?	24b.	Approximate interval Batwe Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and De	
D BI PRISICIAIN, MEDICAL CERTIFI	iMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and in the condition of the conditio	a. I DUE TO b. M DUE TO c. DUE TO d	NTERNA (OR AS A CO) (OR AS A CO) (OR AS A CO) death but r ER/Outpetler INJURY oy, Year)	AL BLEF NSEQUENCE OF ATIC—CA NSEQUENCE OF TOTAL 3 □ DOA □ 28b. TIM	OTHER 4 Number of Unity	26. PLR: sing Home	G, CO CSUSE 9 ACE OF DE	LON	BRA Part i.	24a. WAS A PERFO	N AUTOPSY PRIMED? 2 NO INJURY OCCU	24b.	Approximate Interval Batwe Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset Application of Completion of Cause Det Oct 11
ED BY PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART ii. Other significant conditions of the condition of	a. I DUE TO b. M DUE TO c. DUE TO d	NTERNA (OR AS A CO ETASTA (OR AS A CO) (OR AS A CO) death but r ER/Outpetler INJURY (y' Year)	AL BLEF NSEQUENCE OF THE SEQUENCE HER 4 Number of Unity	26. PLR: sing Home	G, CO CSUSE 9 ACE OF DE	LON	BRA Part i.	IN) 24a. WAS A PERFO 1 YES PERFO 1 SCRIBE HOW	N AUTOPSY PRIMED? 2 NO INJURY OCCU	24b.	Approximate Interval Batwe Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset Application of Completion of Cause Det Oct 11	
ED BY PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant conditions in the condition of	a. I DUE TO b. M DUE TO c. DUE TO d IONS contributing to HOSPITAL: 1 I Inpatient 2 28e. DATE OF (Month, D) 26e. PLACE Of building.	NTERNA (OR AS A CO ETASTA (OR AS A CO (OR AS A CO death but r ER/Outpetler INJURY oy, 'Year') F INJURY — A etc. (Specify)	AL BLEE NSEQUENCE OF ATIC—CANSEQUENCE OF SEQUENCE OF S	CDING FP: NCER FP: OTHEF 4 Nun E OF URY M	26. PL	G, CO CSUBE G CSUBE G ACE OF DE	LON LON LON IVen in	BRA Part i.	Z4a. WAS A PERFC 1 YES	N AUTOPSY PRIMED? 2 N NO INJURY OCCU	24b.	Approximate Interval Batwe Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset and Det Onset Application of Completion of Cause Det Oct 11
ED BY PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Fines disease or condition resulting in death) Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant conditions in the condition of	a. I DUE TO b. M DUE TO c. DUE TO d	NTERNA (OR AS A CO ETASTA (OR AS A CO (OR AS A CO) death but r ER/Outpetier INJURY ay, 'bear') F INJURY ay, 'bear') my knowledge	AL BLEF NSEQUENCE OF ATIC—CA NSEQUENCE OF THE BOTTOM TH	CDING FP: NCER FP: OTHEF 4 Nun E OF URY M street, fact	the moderiying 26. PL 3: alternative to the moderiying to the mo	G, CO CSUBE G ACE OF DE S Rei	LON LON LON NO and due and due and due	BRA Part i. Book only of the case of the	Z4a. WAS A PERFC 1 YES SCRIBE HOW CATION (Street or Town, State use(e) and me	N AUTOPSY RMED? 2 N NO INJURY OCCI	24b. URED W Rural Ru	Approximate interval Batwe Onset and Det Ons
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Fines disease or condition resulting in death) Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending trivestigations are sufficient conditions. 2 Accident 1 Netural 5 Certifying Philopole (Check only one) 2 MEDICAL EXAMINER	a	NTERNA (OR AS A CO ETASTA (OR AS A CO (OR AS A CO) death but r ER/Outpetier INJURY ay, 'bear') F INJURY ay, 'bear') my knowledge	AL BLEF NSEQUENCE OF ATIC—CA NSEQUENCE OF THE BOTTOM TH	CDING FP: NCER FP: OTHEF 4 Nun E OF URY M street, fact	the moderiying 26. PL 3: alternative to the moderiying to the mo	G, CO CSUBE 9 ACE OF DE S Reil RY AT RRY RES 2 and place, eath occure	LON LON LON LON NO end due end du at the	BRA Part i. 261. LOC/fy	Z4a. WAS A PERFC 1 YES SCRIBE HOW CATION (Street or Town, State use(e) and me	N AUTOPSY PRMED? INJURY OCCU It and Number of e)	24b. URED or Rural Re d. cause(e)	Approximate interval Batwe Onset and Det Ons
ED BY PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Fines disease or condition resulting in death) Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant conditions in the condition of	a	NTERNA (OR AS A CO ETASTA (OR AS A CO (OR AS A CO) death but r ER/Outpetier INJURY ay, 'bear') F INJURY ay, 'bear') my knowledge	AL BLEF NSEQUENCE OF ATIC—CA NSEQUENCE OF THE BOTTOM TH	CDING FP: NCER FP: OTHEF 4 Nun E OF URY M street, fact	the moderiying 26. PL 3: alternative to the moderiying to the mo	G, CO CSUBE G ACE OF DE S Reit RY AT RK? ES 2 and place, with occurre 29c. LICE	LON LON LON LON Iven in	BRA Part i. 261. LOC/fy	Z4a. WAS A PERFC 1 YES CATION (Street or Town, State use(e) and many end place, e	N AUTOPSY PRMED? INJURY OCCU It and Number of e)	24b. URED or Rural Re d. cause(e)	Approximate interval Batwe Onset and Det Ons

32. REGISTRAR'S SIGNATURE
Schie Davidson Randall

San Da

a - v

2...

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CEN	TIFICAT	- 01			REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF DEATH	
	VAN METER I	PENN				09	12	1991	830A	
4. SOCIAL SECURITY NUMBER 219 36 0175	1 🔀 M 2 🗀 F	GE (In yrs. lest birt	thday) IF UND MONTHS	ER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH ey, Year) 3, 1938	Cour	HPLACE (State or Foreign stry) MD	
Name of the United States of the States of t	circle		9b. CIT		ntingtow			Calv		
10e. STATE MD 10b. COUNT	Calvert	10	De. CITY, TOWN	OR LOCA		tingto	wn		10d. INSIDE CITY LIMITS? 1 YES 2 1 NO	
10e. STREET AND NUMBER 1877 Calvert (circle			10	f. ZIP CODE	20639	10	g. CITIZEN OF	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YE IF YES, GIVE WAR OF	ES 2 NO	15	If yes, sp	CENDENT OF HISPA secify Cuben, Mexico 2 NO Specif	nn, Puerto Rice		Ble	CE - American Indian, ck, White, etc.	
15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give ki	ENT'S USUAL ind of work don NOT use retired	OCCUPATI e during me	ON ost of working	16b. KI	ND OF BUSINE			
10 17. FATHER'S NAME (First, Middle, Last)		Surve	eyor		16. MOTHER'S NA	MF (First Mide		veying	J	
	Frank Edwa	ard Penn	n				ngston		eter	
19a. INFORMANT'S NAME (Type/Print) Virginia V. Penn					and Number or Rural above	Route Number,	City or Town, St	ate, Zip Code)		
20a. METHOD OF DISPOSITION 1 Structure Burlet 2 Cremetton 3 Rem	oval from Stata	other place)			metery, crematory or			ON — City or		
	GENEEE,	Mirand	2	2. NAME A					MD	
4 Donation 5 Other (Specify) Miranda Cemetery Huntingtown 21. SIGNATURE OF FUNERAL BETWICE LIGHNSEE 22. NAME AND ADDRESS OF FACILITY Rausch Funeral home, Owings, MD										
23 PART I. Enter the diseases, Dr ahock, Dr heart failure. IMMEDIATE CAUSE (Final disease or condition	complications that cause or List only one cause or	n each line.	. Do not ente	er the mi	ode of dying, aud	ch aa cardlad	or respirato	ry arrest,	Approximata interval Between	
23 PART I. Enter the diseases, pr ahock, pr heart feilure. IMMEDIATE CAUSE (Final	a. DUE TO (OR A DUE TO (OR A C.	n each line.	DD not enter	er the mi		ch aa cardlad	or respirato	ry arrest,	Approximata interval Between	
23 PART I. Enter the diseases, prahock, prheart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR A DUE TO (OR A OUE TO (OR A OUE TO (OR A	n each line. Letas A CONSEQUEI AS A CONSEQUEI AS A CONSEQUEI The but not resu	DD not enter Late NGE OF): NGE OF):	er the mi	Test	Part I. 2	C or respirato	OPSY 2-	Approximata interval Betwie Onset and De Ons	
23 PART I. Enter the diseases, prahock, prheart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	n each line. Letas A CONSEQUEI AS A CONSEQUEI AS A CONSEQUEI The but not resu	DD not enter Late NGE OF): NGE OF):	er the mi	Test	Part I. 2	C or respirato	OPSY 2-	Approximata interval Betwee Onset and De Ons	
23 PART I. Enter the diseases, Dr ahock, Dr heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions.	B. DUE TO (OR A DUE TO (OR A C. OUE TO (OR A d. HOSPITAL:	n each line. Letas A CONSEQUE AS A CONSEQUE AS A CONSEQUE The but not resu	DD not enter Add (NCE OF): NCE OF): Itting in the	underlyin	g cause given in	Part I. 24	LIA. WAS AN AUTO PERFORMED YES 2	OPSY 2-	Approximata interval Betwee Onset and De Ons	
23 PART I. Enter the diseases, Dr ahock, Dr heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Testural 5 Pending	B. DUE TO (OR A C. OUE TO (OR A d. OUE TO GOR A	n each line. Let G S Is A CONSEQUE! Is A CONSEQUE! The but not resure. Dutpetient 3 1	DD not enter Add (NCE OF): NCE OF): Itting in the	underlyin 26. P ER: unsing Hor	code of dying, aud	Part I. 24 heck only one) 6 □ Other (5	LIA. WAS AN AUTO PERFORMED YES 2	OPSY 2	Approximata interval Betwee Onset and De Ons	
23 PART I. Enter the diseases, Dr ahock, Dr heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	B. DUE TO (OR A DUE TO (OR A C. OUE TO (OR A d. HOSPITAL: 1 Inpatient 2 ER/C	n each line. Let G S Is A CONSEQUE AS A CONSEQUE AS A CONSEQUE Dutpatient 3 12 URY — At home,	DD not enter Att NCE OF): NCE OF): NCE OF): OTHINGE OF INJURY M	underlyin 26. P ER: unsing Hor	g cause given in LACE OF DEATH (C	Part I. 24 1 Part I. 24 1 Other (S 28d, DESCR	Le. WAS AN AUTPERFORMED YES 2	OPSY 2-	Approximata interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De	
22 PART I. Enter the diseases, Dr ahock, Dr heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions in the conditions of the conditions	B. DUE TO (OR A DUE TO (OR A DUE TO (OR A C. OUE TO (OR A d. OUE TO (OR A DUE TO	neach line. Let GS IS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT Dutpetlent 3 12 URY — At home, ROSPECHY)	DD not enter A C C C C C C C C C C C C C C C C C C	underlyin 26. P ER: lursing Hor 28c. IN 1 □ actory, office	g cause given in LACE OF DEATH (C) THE STATE OF DEAT	Part I. 24 1 Part I. 24 1 Other (S 28d. DESCR 28f. LOCATI City or	Le. WAS AN AUTPERFORMED YES 2 Specify) ON (Street and inform, State)	OPSY 2- NO OPSY 17 NO OCCURED Number or Rura	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De	
22 PART I. Enter the diseases, Dr ahock, Dr heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions in the conditions of the conditions	a. DUE TO (OR A b. DUE TO (OR A c. OUE TO (OR A d. DUE	neach line. Let GS IS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT Dutpetlent 3 12 URY — At home, ROSPECHY)	DD not enter A C C C C C C C C C C C C C C C C C C	underlyin 26. P ER: lursing Hor 28c. IN 1 □ actory, office	g cause given in LACE OF DEATH (C) THE STATE OF DEAT	Part I. 24 1 Part I. 24 1 Other (S 28d. DESCR 28f. LOCATI City or a to the cause e time, data an	C Dr respirate C Dr respirate La. WAS AN AUT PERFORMET YES 2 5 Specify) HIBE HOW INJU ON (Street and it fown, State)	OPSY 2- Number or Rura as stated.	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De	
23 PART I. Enter the diseases, Dr ahock, pr heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Significant Pending Investigation	B. DUE TO (OR A DUE TO (OR A	A CONSEQUEI AS A CONSEQUEI AS A CONSEQUEI BY BY Consequei Co	DD not enter A C C C C C C C C C C C C C C C C C C	underlyin 26. P ER: lursing Hor 28c. IN 1 □ actory, office e time, dat y opinion,	g cause given in LACE OF DEATH (C ne 5 Residence JURY AT VES 2 NO ca a end place, and du death occured at the	Part I. 24 1 Part I. 24 1 DESCR 281. LOCATI City or a to the cause e time, data an	C Dr respirato	OPSY 2- Number or Rura as stated.	Approximata interval Betwee Onset and De Ons	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Four after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit pe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF			MENTAL HYGIEN	E	26445
,	1. DECEDENT'S NAME (First, Middle, Last)	Levine	, !				2. DATE OF DEATH	-9	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 055-24-5777		(In yrs. last birthday) Ohio YRS.	MONTHS DAYS		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-10-1895	8.	BIRTHPLACE (State or Foreign Country) New York
TOR	98. FACILITY NAME (If not institution, give st Wheaton Manor Car RESIDENCE OF DECEDENT		ome	96. CITY, TOWN		ON OF DE	ATH	1252	of DEATH tgomery
DIRECTOR	Maryland Mont	gomery		v, town on Loc Lver Spi	ring				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER 1121 Caddington	Avenue			2090 2090				ed States
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3XXXWidowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYPES IF YES, GIVE WAR OR D	2 X NO	If you,		n, Mexicen	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No—	R. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		ille. Do NOT u	work done during	most of workin	g	16b. KIND OF BU		
	17. FATHER'S NAME (First, Middle, Last) Daniel Levine		103641	buper	18. MOTI		ME (First, Middle, Malden		Timene
BE	19a. INFORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS (Street		na L	ean loute Number, City or Tow	n, State, Zip C	ode)
2	Bernice Ritwo	(daughter)	1121	Cadding	gton A	ve,	Silver Spi	ing,	MD. 20901
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rame 4 Denation 5 Other (Specify)	oval from State	other place) 1d Monte						ew York
	21. SIGNATURE OF PUNETAD SERVICE LIC		Tu Hone	22. NAME Danza	and addres	Go1d	berg Memon	cial C	hapels, Inc.
	23. PART I. Enter the diseases, or abook, or heart failure.	complications that cause							
	iMMEDIATE CAUSE (Final disease or condition resulting in death)			Bu	TA L	869			Onset and Daath
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated evants	DUE TO (OR AS	A CONSEQUENCE O	OF):	VAS	CuÇ	AR DISE	765	10 4-5
EH	resulting in death) LAST	d							
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition	a contributing to death	but not resulting	in the underly	AJE	given in	Part i. 24e. WAS AN PERFOI 1 YES 2	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL				PLACE OF 0	EATH (Che	eck only one)		
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Out	tpetient 3 🗆 DOA	OTHER:	lome 5 🗆 Re	esidence	8 Other (Specify)		
	27. MANNED OF OEATH 1 Netural 5 Pending Investigation	(Month, Day, Year)	28b. TH	LJURY	INJURY AT WORK? YES 2] NO	28d. OEŞCRIBE HOW	NJURY OCCL	IREO
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datemined	28e. PLACE OF INJUR building, etc. (Spi		street, factory, o	ffice	1	28f. LOCATION (Street City or Town, State		r Rural Route Number,
COMPLE	Check Only	ICIAN: To the best of my kno							d. cause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Tuble	ion	•	290-LIC	ENSE NUM	MBER 48	29d. DATE	SIGNED (Month, Day, Year)
2	36. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	GATH OTEN 27) (NO	e Print)	-		1	- 4	-1

32. AGUSTRANO SIGNATURE PAROLESSE.

AMERENSI

'91

31. DATE FILED (Morth, Day, CFD 1 1

SEP

2

	2, 3 s		
	ther this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3		
	THIT. P.		
	isit per		
sician.	ialtran		
ydd Br	he bur		
attendi	se as t		
ital or	for u		
e hosp	etached		nce.
D Th	t be de		at o
etained	should		otified
y be	page 5		De n
e 6 m	ector,		must
h. Pag	eral di		miner
er deal	the fun	wal.	il exa
Aurs aft	in by	и гето	nedica
2	y filled	ation, o	the n
3 within	mpletel	, crema	event.
xecute	and co	Durial	natic e
te be e	siclan	prior to	traun
ertifica	ing ph	giene	other
death c	attend	mtal Hy	TV. OF
at the	by the	and Me	v iniu
ires th	signed	Health .	ws an
w requ	been	pt. of I	3 sho
The la	ite has	ate De	em 2
ING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician	sertifica	the St	or It
PHYS	r this c	th with	arked
NG	\ffe	eat	E

pond

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH VEAR 1147 A.W 20 race 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Dey, Year) JAN • 26, 1918 R-09-07380M2RF DAYS MONTHS HOURS 73 WASH.,DC VRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Sroul MONTGOMERY CO. DIRECTOR ROCKVILLE RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY D.C WASHINGTON 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER FUNERAL 20020 24th STREET, 3415-S,E. USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE - American Indian, Black, White, atc. FORCES? 1 YES 2 YOUNG If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married XX Married Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) HOMEMAKER HOMEMAKING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) CLINTON DEAN JONES SARAH VIRGINIA GARMAN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 REV.DR.REICHARD 9701-VEIRS DRIVE, ROCKVILLE, MD. 20850 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20a. METHOD OF DISPOSITION 20c. LOCATION -- City or Town, State 1 N Burial 2 Cremation 3 Removal from State FORT BRENTWOOD, MD. Donation 5 Other (Specify) LINCOLN CEMETERY 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY THE HYSONG CO., INC. 1300- N STREET N.W. WASH DC 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter tha mode of dying, such as cerdiac or respiratory arrest, shock, or haert fellure. List only one cause on each lina. Approximate Interval Between **Onaet and Death** IMMEDIATE CAUSE (Final disease or condition OUE TO (OR AS A CONSEQUENCE OF): arrest resulting in death) Respirato CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES ZONO OF DEATH? 1 YES 2 NO PHYSICIAN: 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 YES 2 NO Inpetient 2 ER/Outpetient 3 DOA 4 - Nursing H me 5 Residence 5 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Pratural 5 Pending M 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide ETED 8 Could not be datarmined 4 Homicide 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end placa, and dua to the ceuse(a) end manner as stated. COMPL 2 MEDICAL E AMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated BE

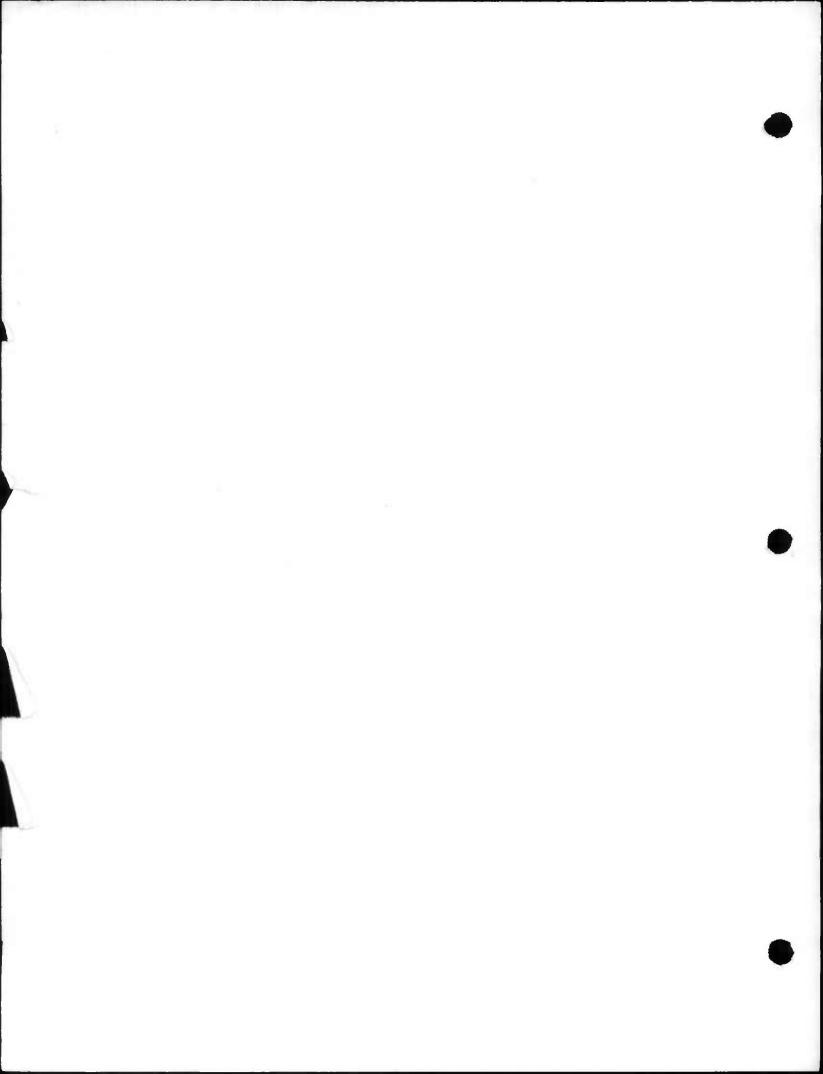
29h. SIGNATURE AND TITLE OF CH ALTERNATION OF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MO D31703

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Lyo Montrose Nel Rochelle Stephen A33 Vacco

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 91 SFP

Naindry Bandage



	ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
	. Pages 1,	
	nsit permit	
principal of	e burial-tra	
of discounting to	use as th	
midenia	stached for	nce.
to make	p eq pinou	fled at o
Augustian in mideous of the same of the sa	. page 5 sl	rt be not
	iral director	iner mus
	by the fund	lical exam
	ely filled in tation, or re	, the med
	od complete	tic event,
	ohysician ar	er trauma
	attending I	ry, or oth
	ter this certificate has been signed by the attending physic ath with the State Dept, of Health and Mental Hygiene price	narked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or
	las been sig	23 shows
	the State L	or Hem
	ter this cath with	narked,

BALTHADRE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR DIVISION OF VITALARECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate the procession of the transfer TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

10

1. DECEDENT'S NAME (First, Middle, Las	41								
M	1)	50	000	-1		2.	DATE OF DEATH	NY.	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX		ARE	-		_	4 8		7/1
089-20-3426	1 M 2 V F	6. AGE (In yrs. II		MONTHS D	YEAR IF UNDER 24 HE DAYS HOURS MI		Month, Day, Year)		B. BIRTHPLACE (State or Foreig Country)
a. FACILITY NAME (If not institution, give		07	Tho.		OWN OR LOCATION O		1-11-04		Roumania
Suburban Hospit	Charles and the second				hesda	F DEATH			NTY OF DEATH
RESIDENCE OF DECEDENT	.aı			Det	nesua			MOI	itgomery
On, STATE 10b. COUN	ITY		10c. CITY	, TOWN OR I	LOCATION				10d. INSIDE CITY
	gomery		Ro	ckvíl	le_				1 X YES 2 NO
Os. STREET AND NUMBER					101. ZIP CODE			10g. CITI	IZEN OF WHAT COUNTRY?
5901 Montrose R					20852				ted States
1. MARITAL STATUS Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A		13, WAS	S DECENDENT OF HIS	PANIC O	RIGIN? (Specify Yas	or No-	14. RACE — American Indian, Black, White, etc.
Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES			YES 2 XNO Sp				Specify: White
15. DECEDENT'S ED	DUCATION	16a, D	DECEDENT'S U	USUAL OCCU	JPATION		16b. KIND OF BUS	INESS (IND	
(Specify only highest gra Elementary/Secondary (0-12)	de completed) College (1-4 or 5 -		Give kind of wi fe. Do NOT use	ork done duri retired.)	ing most of working		IND. KIND OF BOS	INESSTIND	OSINI
12			Iomema	ker			Own Hor	nė	
7. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (F	First, Middle, Maiden		
Gerson Hochstad	lt					hie	Grill		
9a. INFORMANT'S NAME (Type/Print)		11	9b. MAILING	ADDRESS (S	treet and Number or Ru		Number, City or Town	, State, Zip	Code)
Gerald Sparer	(so	n) 2	2514 0	akens	hield Dr.	, Ro	ckville.	MD.	20854
0a. METHOD OF DISPOSITION	moval from State	20b, PLACE	AND DATE OF	F DISPOSITIO	ON /Nama of				City or Town, Stata
☐ Donation 5 ☐ Other (Specify)	TOTAL TOTAL STATE	Park	Tawn	Cemet	ery	9	/11 Rocl	cvill	e, Maryland
1. SIGNATURE OF BUNERAL SERVICE I	LICENSEE			22. NAI					
				DAN	ME AND ADDRESS OF	TIDI	PC MEMOI	TAT	CHADELC THO
- Frank	10/1	me		DAN	ZANSKY-GO	LDBI	ERG MEMOR		CHAPELS, INC.
3. PART I. Enter the diseases, of	complications the	t coueed the d	leath. Do no	DAN:	ZANSKY-GO O ROCKVIL	LDBE LE E	ERG MEMOR	KVIL	LE. MD. 20852
shock, or neart lenure	complications the	t ceueed the d	leath. Do no	DAN:	ZANSKY-GO O ROCKVIL	LDBE LE E	ERG MEMOR	KVIL	LE, MD. 20852 eat, Approximate interval Betw
MMEDIATE CAUSE (Final	r complications the	t ceueed the dise on eech lin	leath. Do no	DAN:	ZANSKY-GO O ROCKVIL	LDBE LE E	ERG MEMOR	KVIL	LE, MD. 20852 reat, Approximate
23. PART I. Enter the diseases, of shock, or heert fellure immediate CAUSE (Final disease or condition resulting in death)	e. (ALL)	t ceueed the dise on eech lin	leath. Do no	DAN:	ZANSKY-GO O ROCKVIL a mode of dylng, a	LDBI LE I	ERG MEMOR PIKE, ROC cardiac or reapi	KVIL	LE, MD. 20852 eat, Approximate interval Betw
MMEDIATE CAUSE (Final disease or condition resulting in death)	e. (M.L.)	t ceueed the dise on eech iln	leath. Do note.	DAN:	ZANSKY-GO O ROCKVIL a mode of dylng, a	LDBI LE I	ERG MEMOR PIKE, ROC cardiac or reapi	KVIL	LE, MD. 20852 rest, Approximate interval Betw
MMEDIATE CAUSE (Final disease or condition	e. (alle Due to	t ceueed the dise on eech lin (OR AS A CONSE	West	DAN:	ZANSKY-GO O ROCKVIL	LDBI LE I	ERG MEMOR PIKE, ROC cardiac or reapi	KVIL	LE, MD. 20852 rest, Approximate interval Betw
MMEDIATE CAUSE (Final sleense or condition eaulting in death) Gequentisity list conditions, it sny, leading to immediate suse. Enter UNDERLYING	e. (u.l. DUE TO DUE TO DUE TO	OR AS A CONSE	EOVENCE OF	DAN:	ZANSKY-GO O ROCKVIL a mode of dylng, a	LDBI LE I	ERG MEMOR PIKE, ROC cardiac or reapi	KVIL	LE, MD. 20852 rest, Approximate interval Betw
MMEDIATE CAUSE (Final Illease or condition eaulting in death) Sequentisity list conditions, I sny, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury hat initiated events	e. (u.l. DUE TO DUE TO DUE TO	HC AVI (OR AS A CONSE	EOVENCE OF	DAN:	ZANSKY-GO O ROCKVIL a mode of dylng, a	LDBI LE I	ERG MEMOR PIKE, ROC cardiac or reapi	KVIL	LE, MD. 20852 rest, Approximate interval Betw
MMEDIATE CAUSE (Final disease or condition eaulting in death)	e. (u.l. DUE TO DUE TO DUE TO	OR AS A CONSE	EOVENCE OF	DAN:	ZANSKY-GO O ROCKVIL a mode of dylng, a	LDBI LE I	ERG MEMOR PIKE, ROC cardiac or reapi	KVIL	LE, MD. 20852 rest, Approximate interval Betw
MMEDIATE CAUSE (Final sleenes or condition eaulting in death) Sequentisity list conditions, if any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events eaulting in death) LAST	e. (M le DUE TO DUE TO DUE TO DUE TO d.	(OR AS A CONSE	EOUENCE OF	DAN; 1170 to enter the	ZANSKY-GO O ROCKVIL a mode of dying, a	LE I	ERG MEMOI PIKE, ROC cardiac or reapid	CKVIL	Approximate interval Betwonset and D. White Survey
MMEDIATE CAUSE (Final disease or condition eaulting in death) Sequentisity list conditions, if sny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events eaulting in death) LAST	e. (M LI DUE TO DUE TO C. DUE TO d	OR AS A CONSE	EOUENCE OF	DAN; 1170 to enter the	ZANSKY-GO O ROCKVIL a mode of dying, a	LE I	ERG MEMOIP PIKE, ROC cardiac or reapid 1. 24a. WAS AN / PERFORM	CKVIL ratory error	Approximate interval Betwonset and D. White St. Grant
MMEDIATE CAUSE (Final Illeanse or condition esulting in death) sequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esulting in death) LAST	e. (M le DUE TO DUE TO DUE TO DUE TO d.	OR AS A CONSE	EOUENCE OF	DAN; 1170 to enter the	ZANSKY-GO O ROCKVIL a mode of dying, a	LE I	ERG MEMOR PIKE, ROC cardiac or reapid	CKVIL ratory error	Approximate interval Betwonset and Difference and D
MMEDIATE CAUSE (Final disease or condition eaulting in death) Sequentisity list conditions, if sny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events eaulting in death) LAST	e. (M LI DUE TO DUE TO C. DUE TO d	OR AS A CONSE	EOUENCE OF	DAN; 1170 to enter the	ZANSKY-GO O ROCKVIL a mode of dying, a	LE I	ERG MEMOIP PIKE, ROC cardiac or reapid 1. 24a. WAS AN / PERFORM	CKVIL ratory error	Approximate interval Betwonset and D. WWW. St. St. St. St. St. St. St. St. St. St
MMEDIATE CAUSE (Final sleense or condition resulting in death) Sequentisity list conditions, if any, leading to immediate seuse. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esulting in death) LAST PART II. Other significent conditions.	e. (M LI DUE TO DUE TO C. DUE TO d	OR AS A CONSE	EOUENCE OF	DAN; 1170 to enter the	ZANSKY-GO O ROCKVIL mode of dying, a Marifall flying ceuee given	LDBH LE H nuch ss	ERG MEMOIP LIKE, ROC cardiac or reapin	CKVIL ratory error	Approximate interval Betwonset and D. White Company of the Compan
MMEDIATE CAUSE (Final lisease or condition esulting in death) sequentisity list conditions, isny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esulting in death) LAST ART II. Other significent conditions.	e. (MILL DUE TO	(OR AS A CONSE	reculting in	DAN; 1170 to enter the	ZANSKY—GO O ROCKVII. a mode of dying, a White control of the con	LDBH LE H nuch ss	I. 24a. WAS AN PERFORM 1 YES 2	CKVIL ratory error	Approximate interval Betwonset and D. White Company of the Compan
MMEDIATE CAUSE (Final lisease or condition eaulting in death) dequentisity list conditions, is any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury that initiated events essuiting in death) LAST ART II. Other significent conditions are initiated events. ART II. Other significent conditions are initiated events. ART II. Other significent conditions are initiated events.	e. (MM) DUE TO b. DUE TO c. DUE TO d. One contributing to Mellas 1 Inpettant 2 28e. OATE OF	COR AS A CONSE	reculting in	DAN; 1170 to enter the	ZANSKY—GO O ROCKVIL a mode of dying, a White the control of the c	In Pert	I. 24a. WAS AN PERFORM 1 YES 2	MUTOPSY MED?	Approximate interval Betwonset and D. White Autopsy Finding Amail Able Prior To Completion of Caus Of Death? 1 Yes 2 No
MMEDIATE CAUSE (Final slasese or condition eaulting in death) Sequentisity list conditions, if sny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events eaulting in death) LAST PART II. Other significent conditions austral initiated events are under the condition of the con	e. (MM) DUE TO b. DUE TO c. DUE TO d. Ons contributing to Mellus HOSPITAL: 1 Impettant 2 28e. OATE OF (Month, De	COR AS A CONSE	TOURNE OF	DAN' 1170 of enter the large with the under the under the large with the under the large with the under th	ZANSKY—GO O ROCKVIL a mode of dying, a White control of the contr	In Pert	I. 24a. WAS AN PERFORM 1 YES 2	MUTOPSY MED?	Approximate interval Betwonset and D. White Autopsy Finding Amail Able Prior To Completion of Caus Of Death? 1 Yes 2 No
MMEDIATE CAUSE (Final illeanse or condition eaulting in death) Gequentisity list conditions, is sny, leading to immediate sause. Enter UNDERLYING AUSE (Disease or injury hat initiated events eaulting in death) LAST ART II. Other significent conditions in the initiated events eaulting in death) LAST	e. (M LI DUE TO DUE TO C. DUE TO d. DOBE CONTRIBUTING TO MOSPITAL: 1 Inpetient 2 28e. QATE OF (Month), Do	COR AS A CONSE	TEQUENCE OF	DAN; 1170 to enter the	ZANSKY—GO O ROCKVIL a mode of dying, a White provided the control of the control	In Pert	I. 24a. WAS AN. PERFORM 1 YES 2 Other (Specify) DESCRIBE HOW IN	AUTOPSY MED?	Approximate interval Betwonset and D. White Autopsy Finding Amail Able Prior To Completion of Caus Of Death? 1 Yes 2 No

29c. LICENSE NUMBER

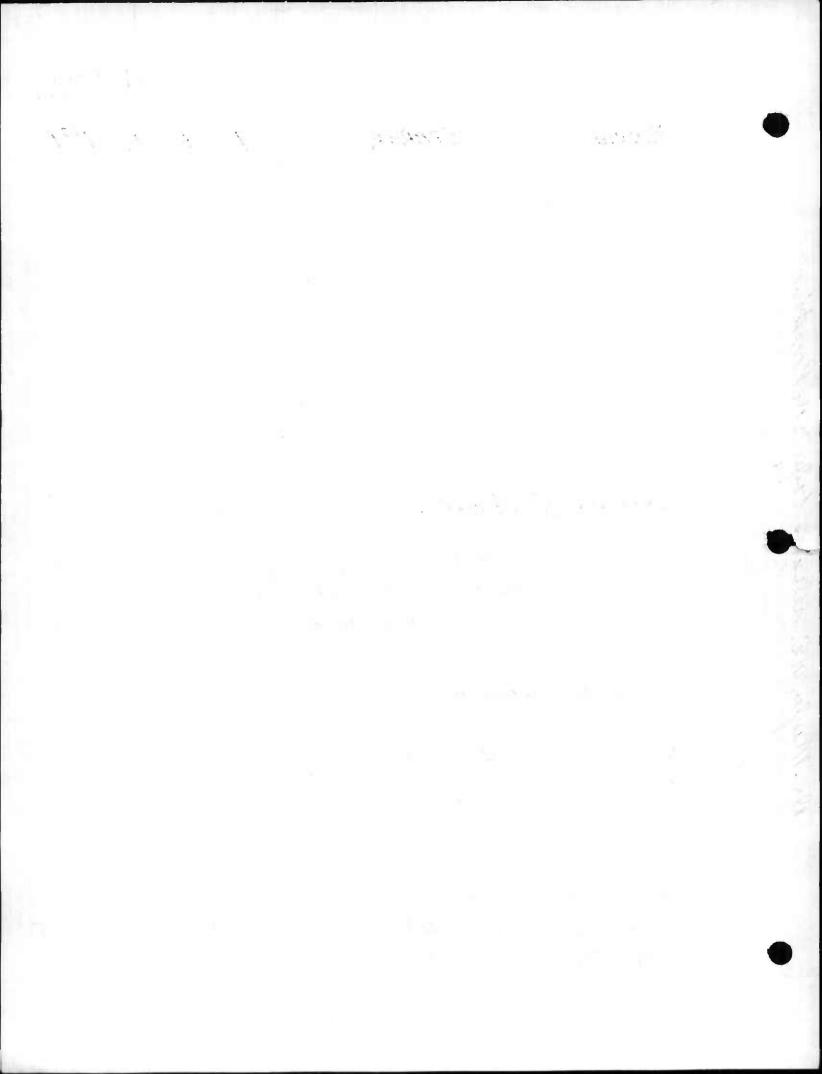
TED CAUSE OF DEATH (ITEM 27) (Type, Print)

*91

17 THE JR MA

DHMH-16 Rev 1/89

KENSAVE



	4		el.
E .	etac		20
#	e d		5
D.	9		9
ine	Po		ill e
Jet	5		Jot I
20	906		9
may	c Di		15
9	900		E
300	- di		10
4	eral		듵
deat	ş		xa
ie.	the	Sval	-
Sa	5	E	9
DOM	d in	0	E
24.1	file	ou,	9
ë	el.	natio	7
製	plei	Cred	5
pet	00	lai.	6
GCL	D.	à	at a
8	an a	9	E
d e	Sici	Dulo	E
fical	P	190	ě
-	1	0	-
9	E	2	0
uth cer	tending	HYD I	0 TO
death cer	e attending	lental Hyg	ury, or o
the death cer	, the attending	d Mental Hygi	Injury, or o
that the death cer	d by the attending	and Mental Hygi	iny Injury, or o
es that the death cer	gned by the attending	saith and Mental Hygi	s any injury, or o
quires that the death cer	n signed by the attending	f Health and Mental Hygi	lows any injury, or o
w requires that the death cer	been signed by the attending	rt. of Health and Mental Hygi	shows any injury, or o
law requires that the death cer	has been signed by the attending	Dept. of Health and Mental Hygi	23 shows any injury, or o
The law requires that the death cer	ate has been signed by the attending	ate Dept. of Health and Mental Hygi	iem 23 shows any Injury, or o
AN: The law requires that the death cer	uficate has been signed by the attending	e State Dept. of Health and Mental Hygi	ir Item 23 shows any Injury, or o
SICIAN: The law requires that the death cer	certificate has been signed by the attending	h the State Dept. of Health and Mental Hygi	d, or Item 23 shows any Injury, or o
PHYSICIAN: The law requires that the death cer	this certificate has been signed by the attending	with the State Dept. of Health and Mental Hygi	rked, or Item 23 shows any Injury, or o
NG PHYSICIAN: The law requires that the death cer	her this certificate has been signed by the attending	ath with the State Dept. of Health and Mental Hygi	marked, or Item 23 shows any Injury, or o
NOING PHYSICIAN: The law requires that the death cer	t: After this certificate has been signed by the attending	r death with the State Dept. of Health and Mental Hygi	is marked, or item 23 shows any injury, or o
ITENDING PHYSICIAN: The law requires that the death cer	TOR: After this certificate has been signed by the attending	after death with the State Dept. of Health and Mental Hygi	28 is marked, or item 23 shows any injury, or o
R ATTENDING PHYSICIAN: The law requires that the death cer	RECTOR: After this certificate has been signed by the attending	urs after death with the State Dept. of Health and Mental Hygi	om 28 is marked, or item 23 shows any Injury, or o
L OR ATTENDING PHYSICIAN: The law requires that the death cer	L ORECTOR: After this certificate has been signed by the attending	hours after death with the State Dept. of Health and Mental Hygi	item 28 is marked, or item 23 shows any injury, or o
PITAL OR ATTENDING PHYSICIAN: The law requires that the death cer	RAL ORECTOR: After this certificate has been signed by the attending	72 hours after death with the State Dept. of Health and Mental Hygi	T: If Item 28 is marked, or Item 23 shows any injury, or o
IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cer	UNERAL DIRECTOR: After this certificate has been signed by the attending	rithin 72 hours after death with the State Dept. of Health and Mental Hygi	ANT: If item 28 is marked, or item 23 shows any injury, or o
IE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cer	IE FUNERAL ORECTOR: After this certificate has been signed by the attending	d within 72 hours after death with the State Dept. of Health and Mental Hygi	HTANT: If Item 28 is marked, or Item 23 shows any Injury, or o
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL ORRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

į	1. DECEDENT'S NAME (First, Middle,		AKA TON			ATTH			2. DATE O	10	AY 01	YEAR	1000017	F DEATH	
ŀ	Tony, Smith		AKA TON	SOPHI		S SCOT	_		7. DATE O	10	91		12:	_) 1
	172-01-0301		₩2 F		YRS.	MONTHS DAY		MIN.	(Month,	Day, Year)		Coun	try)		
H	9s. FACILITY NAME (If not institution		**	77		9h CITY TOV	VN OR LOCATE	ON OF D	JAN.	17.	1914	PE	NNSYL	VANI	Α_
-	Montgomery,	Gene		spita	1	01n							mery		
I	10s. STATE 10b. C	COUNTY	GOMERY		10c. CIT	SILVER		ING					10d. INSII LIMI 1 YES	DE CITY TS?	0
	10e. STREET AND NUMBER				-		10f. ZIP COD	ε	-		10g. CIT	IZEN OF	WHAT COU		
1	15100 INTERLA	CHEN	DRIVE,	#107			209	906				USA			
1	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	d 12	FORCES? 1 IF YES, GIVE W		ARMED NO	If yes	DECENDENT (s, specify Cubi YES 2 NO	in, Mexico	n, Puerto Ri		s or No—	14. RAC Bloc	E — Americ	ic.	
I	15. DECEDENT			16a. D	ECEDENT'S	USUAL OCCUP	PATION	na	16b. (KIND OF BU	ISINESS/IN	DUSTRY			
F	Elementary/Secondary (0-12)		College (1-4 or 5+) //	fe. Do NOT us	work done during se retired.)	y most or worki	''y							
-	The state of the last		4	JC	URNAI	IST			P	UBLIS	HING				
	17. FATHER'S NAME (First, Middle, La						16. MOT	HER'S NA	ME (First, Mi	iddle, Msider	Surname)				
	GEORGE SCOTT		ITH					RAH			MUN				
	MARY G. SMITH	it)	(WI			ADDRESS (ST								906 , MD	
- 11	1 Burisi 2 Cremation 3 4 Donation 5 Other (Specific	_ Hemova	from State	of cemetar	ry, crematory	or other place;			1						
	21. SIGNATURE SERVE	DE	Strel			CAN CRE 22. NAM FRAN 500	EMATORY E AND ADDRE NCIS J. UNIVER	CO RSIT	LLINS Y BLV	FUNE	RAL	HOME			9(
		es, or com	nplications that	t caused the case on sach lin	desth. Do i	FRAN 500	EMATORY E AND ADDRE ICIS J. UNIVER mode of dy	SS OF FA	LLINS Y BLV	FUNE	RAL Solratory as	HOME IL.S	, INC		s we
	23. PART I. Enter the disease shock, or heart fa IMMEDIATE CAUSE (Final disease or condition	es, or com	pplications their tonly one cau Our on DUE TO DUE TO	t caused the case on sach lin	death. Do no.	ZAN CRE 22. NAM FRAN 500 not snter tha	EMATORY E AND ADDRE ICIS J. UNIVER mode of dy	SS OF FA	LLINS Y BLV	FUNE	RAL Solratory as	HOME IL.S	, INC	D 20 proximate	s we
	23. PART I. Enter the disease shock, or heart for immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ss, or company of the state of	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	t caused the cause on each lire (ICO CONTROL CONSTITUTE OF AS A CONSTITUTE OF AS A CONSTITUTE OF AS A CONSTITUTE OF AS A CONSTITUTE OF AS A CONSTITUTE OF AS A CONSTITUTE OF AS A CONSTITUTE OF AS A CONSTITUTE OF AS A CONS	desth. Do ine. CULST EQUENCE O EQUENCE O	Fine the under the second seco	EMATORY E AND ADDRE NCIS J. UNIVER mode of dy lying cause	SS OF FA	LLINS Y BLV The a cord Rest A Part I Share A A	FUNE D., W ac or reep class 24a. WAS AL PERFO 1 YES	RAL I	HOME IL.S rrest,	Applied Interest of Death	D 20 proximate srval Bet set and I	DINC DUSE
	23. PART I. Enter the disease shock, or heart for immediate cause. Enter UNDERCLING CAUSE (Pinel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERCLING CAUSE (Disease or injury that initiated events resulting in death) LAST PART-II. Other significant conditions of the conditions of	b d nditions c	DUE TO DUE TO DUE TO Contributing to	t caused the caused in the constant of the constant of the constant of the caused in t	desth. Do ne. Ulas EOUENCE O EOUENCE O A resulting EAST	FRAN CRE 22. NAM FRAN 500 not enter the	EMATORY E AND ADDRES ICIS J. UNIVEL mode of dy dying cause EXECUTE SER LEAGUE 6. PLACE OF 6	given in	Part I	FUNE D., W ac or resp Column 24a. WAS AI PERFO 1 YES	RAL I	HOME IL.S rrest,	Applied Interest of Death	D 20 proximate srval Bet set and I	DINCO
	23. PART i. Enter the disease shock, or heart to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significant control of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant control of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant control of the cause in the ca	a b c d HCAL H	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	t caused the cose on each lire on each lire of (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS)	desth. Do ine. CULST EQUENCE O EQUENCE O Tresulting ESSUE SI DOA 28b. Till	FRAN CRE 22. NAM FRAN 500 not enter the	EMATORY E AND ADDRE NCIS J. UNIVER mode of dy lying cause	given in	Part I	FUNE D., W ac or resp Column 24a. WAS AI PERFO 1 YES	NAUTOPSYPHMED?	HOME IL.S rrest,	Applied Interest of Death	D 20 proximate srval Bet set and I	DINC DUSE
	23. PART i. Enter the disease shock, or heart for immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant control of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant control of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant control of the cause of	b c d multions contact be getten not be	DUE TO DUE TO	t caused the cose on each lire on each lire of (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS)	EQUENCE O	FRAN CRE 22. NAM FRAN 500 not enter the	EMATORY E AND ADDRE NCIS J. UNIVEH mode of dy Viliage cause Service Berger Ber	given in	Part I., Par	FUNE D., Was ac or resp ac or resp Collision 24a. WAS AI PERFO 1 YES (Specify) CRISE HOW	RAL Soliratory and NAUTOPS PRIMED? 2 12 NO	HOME IL.S Trest,	Application on the state of the	D 20 proximate sival Bet set and I	DINC DUSE

DEATH (ITEM 27) (Typo, Print)

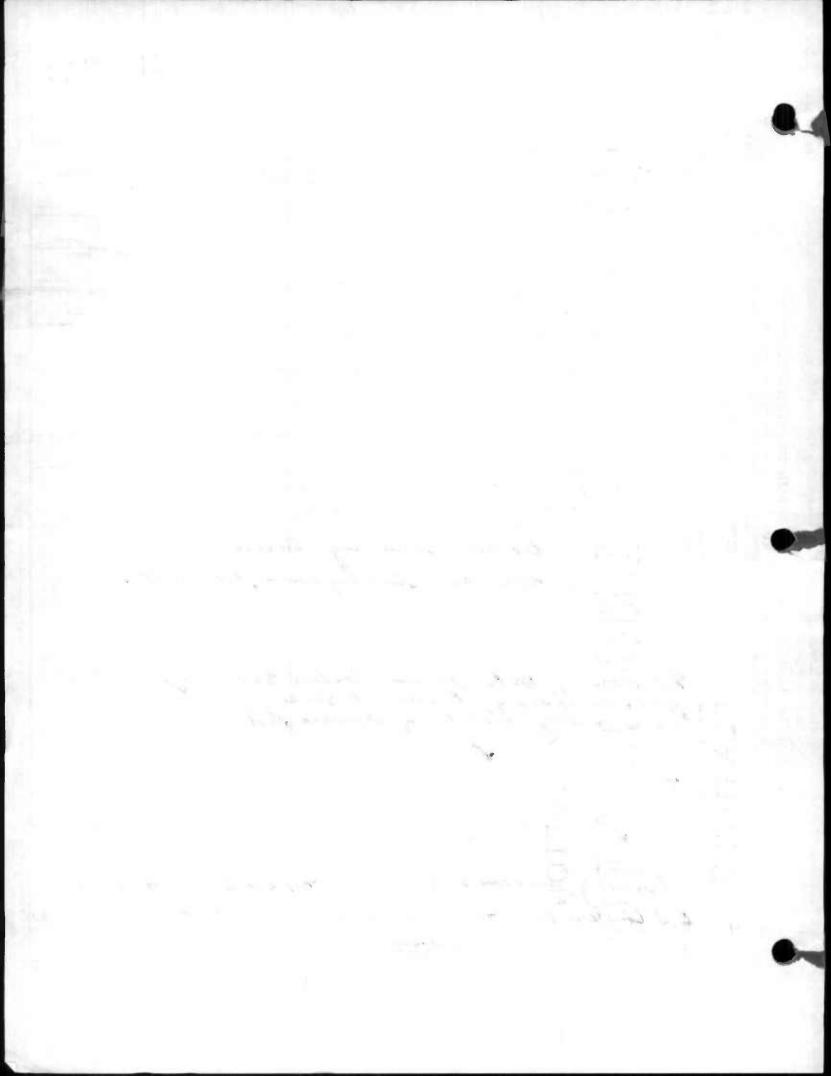
32. REGISTRAR'S SIGNATURE

al Dhine Silver 5 Ming his 2080

10+1

LAW TESS MO

SEP 12 91



2	after	
	24 hours	
,	within	
100	executed	
1	2	
	certificate	
,	death	
1	the	
	that	
	requires	
ı	AM.	
	The	
	CIAN:	
	PHYSI	
	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	
	S.	
	MI	

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) spitzer 2. DATE OF OEATH 3. TIME OF DEATH Folith sept VEAD Mildred 7200P M 91 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH
(Month, Day, Year)
NOV. 1,1906 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign New York 1 M 2 F 578 54 6054 84 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Holy Cross Hospital permit. Pages 1, 2, 3 Silver Spring Montgomery RESIDENCE OF DECEDENT 10a STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? 1316 Fenwick Lane burial-transit 20910 USA retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 2 NO BY 1 TYES 2 DE NO Specify Specify: 3 Widowed 4 Divorced be detached for use as the White COMPLETED 15. OECEDENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker Own Home 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Malden Surname) Abraham Jaffe notified at BE Sadie Shapiro page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Annette Jones Crest Street, Alexandria, VA 22302 Page 6 may be ě 20a. METHOD OF DISPOSITION
130 Burial 2 Cremation 3 Ramoval from State 20b. PLACE ANO DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must Church Carefully or other place) Mem. Gardens 9/10/91Falls Church funeral director, 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE 22. NAME AND ADDRESS OF FACILITY Ives-Pearson Funeral Homes Falls Church, VA the 22046 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, in by Approximate shock, or heart failure. Liet only one cause on sech line. interval Between 6 filled IMMEDIATE CAUSE (Finel Sepsis due to abdominal abscess completely filled rial, cremation, c Onset and Death the diseasa or condition epos due to abdominal event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): failure and com renal 4 days traumatic CERTIFICATION 11 Sequentially list conditions, prior to DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING andominal abscer CAUSE (Disease or injury that initieted aventa the attending phys Mental Hygiene p or other OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST injury. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO and a been signed by pt. of Health and 3 shows any in COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Hem certificate I the State 1, or Item OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA me 5 🗆 Raaldenca 6 🗆 Other (Specify) 27. MANNER OF GEATH 26a. DATE OF INJURY Wher this ce leath with ti marked, 26b. TIME OF INJURY 26c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCUREO 1 Netural
2 Accident 5 Pending BY 1 YES 2 NO After 1 26s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 50 COMPLETED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be DIRECTOR: hours after tem 28 is 4 Nomicide 29a. CERTIFIER 1 DERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL (TO THE FUNERAL C De filed within 72 h (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

Betherda mo

34969

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BE

2

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILEO (Month, Day,

Wisconsin

Vich chiany mis

32. REGISTRAR'S SIGNATURE

2 Suite

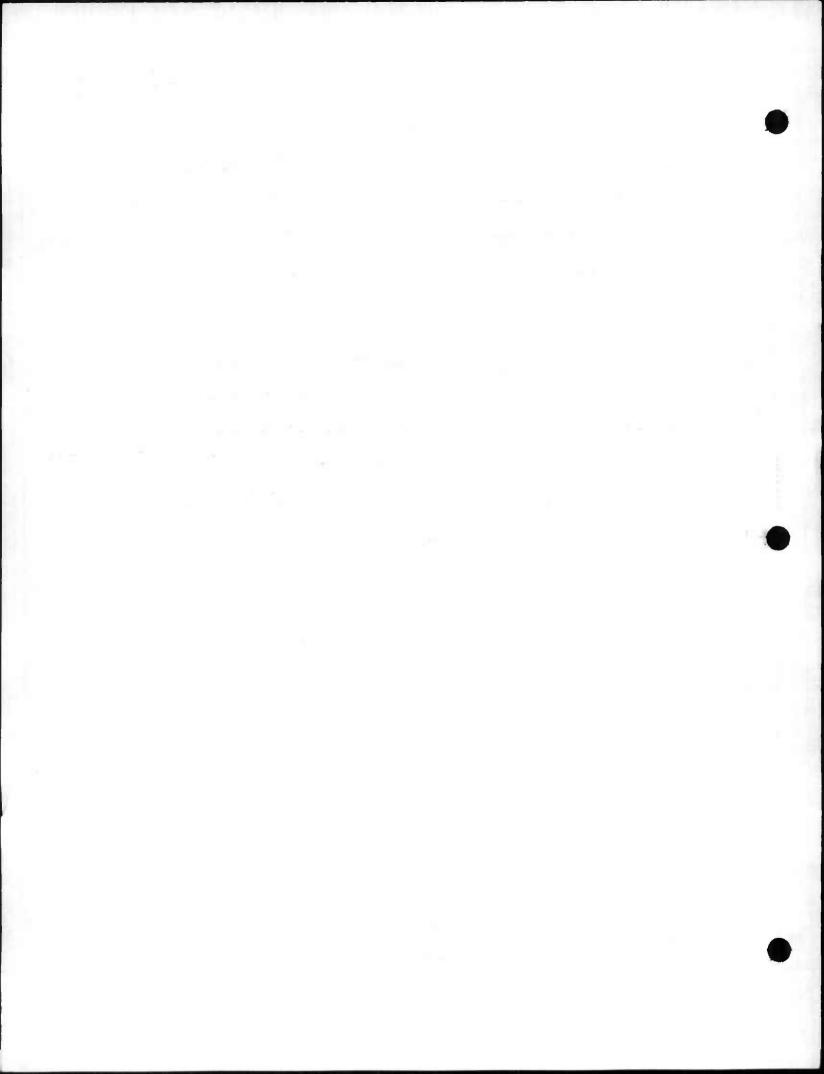
Borda 82

105.

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

H. Victor Chicag

29d. OATE, SIGNEO (Month, Day, Year)



FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

- 1	and the same of th	ATT: ~		TT.7722	- 3.7		2. DATE	OF DEATH	/TZ/	YEAR	3. TIME OF DEATH 1 ()
	MARIANI 4. SOCIAL SECURITY NUMBER		S.C. B. AGE (In yrs. last birth	HWERI	ER 1 YEAR	er twiden at time	7 DATE	OF BIRTH	-1/	a DIETHO	LACE (State or Foreign
	389-20-8387	1 M 2 F		RS. MONTHS		F UNDER 24 HRS. HOURS MIN.	(Month	Day, Year)		Country)	
CTOR	9a. FACILITY NAME (If not institution, give st 1316 FENWIC) RESIDENCE OF DECEDENT	K LA. #1	.314	9b. CIT		JER SPR				TY OF DEA	MERY
DIREC	10a. STATE 10b. COUNTY	NTGOMERY	183	C TT		SPRING					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			OIL		. ZIP CODE			10g. CITIZ	EN OF WI	HAT COUNTRY?
FUNERAL	11. MARITAL STATUS		EVER IN U.S. ARMED	13	3. WAS DEC	20910 ENDENT OF HISPA	NIC ORIGIN	? (Specify Yes	or No	14. RACE -	- American Indian, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced FORCES? 1 YES 2 TRO IF YES, GIVE WAR OR DATES			If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 □ YES 2 ▼NO Specify: WHITE				r.			
ETED	15. DECEDENT'S EDU((Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kir	ENT'S USUAL and of work done NOT use retired.	e during mou		16b.	KIND OF BU	SINESS/INDI	USTRY	
COMPL	1.2 17. FATHER'S NAME (First, Middle, Last)		S	ECRET	ARY	18. MOTHER'S N	AME (First A		D. G	I'VC	
BE CC	SIEGMUNI	D GR	UNEBAUM			T	ONI		ST	ERN	
2	19a. INFORMANT'S NAME (Type/Print) SUSANNE J.	BYRD				and Number or Rural					A 99511
	1 Buriel 2 XI Cremation 3 Rem 4 Donation 5 Other (Specify) 21. BIGNATURE OF FUNERAL SERVICE LIC		1	BERS 22	CREM 2. NAME AN	MATORY ND ADDRESS OF F	ACILITY	S	ILVE		RING, MD. 20910
	disease or condition resulting in death) S. Due to (or as a consequence of): SYSTEMIC VASCULITIS Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of):										Interval Between Onset and Daet
CATION	resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	B. DUE TO (on as a consequent	Mean Vo	SYST	Faller PEMIC V	RE VASCU	LITI	S		
ERTIFICATION	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	B. DUE TO (6	on as a consequent	ICE OF):	SYST	Faller PEMIC V	ASCU	LITI	S		
MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO (C	OR AS A CONSEQUEN	ICE OF):	SYST	FEMIC V	ASCU	24a. WAS AN PERFO	N AUTOPSY RMED?		
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition	b. DUE TO (C	OR AS A CONSEQUEN	ICE OF):	SYST	FEMIC V	n Part I.	24a. WAS AN PERFO 1 YES	N AUTOPSY RMED?		Onset and Daet WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO (C	OR AS A CONSEQUEN OR AS A CONSEQUEN DOR AS A CONSEQUEN CONSEQUE	ICE OF):	SYST Cur	PEMIC V	n Part I.	24a. WAS AN PERFO	N AUTOPSY RMED?		Onset and Daet WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition	b. DUE TO (C	DR AS A CONSEQUEN OR AS A CONSEQUEN OR AS A CONSEQUEN DR AS A CONSEQUEN DR AS A CONSEQUEN DR AS A CONSEQUEN OR AS A CONSEQUENCY OR AS A CONSEQUENCY	ICE OF):	SYST SYST SYST SYST SYST SYST SYST SYST	PEMIC V	n Part I.	24a. WAS AN PERFO	A AUTOPSY RMED? 2 MWO		Onset and Daet WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	B. DUE TO (C DUE TO (DR AS A CONSEQUEN OR AS A CONSEQUEN OR AS A CONSEQUEN DR AS A CONSEQUEN DR AS A CONSEQUEN DR AS A CONSEQUEN OR AS A CONSEQUENCY OR AS A CONSEQUENCY	INCE OF): INCE OF): INCE OF): INCE OF): ODDA OTHING OB. TIME OF INJURY M	SYST SYST SYST SYST Lundertyling 26. PPI ER: Lunding Hom 28c. INC 1 1	PEMIC V	n Part I.	24a. WAS AN PERFO! 1 YES :	NAUTOPSY RMED? 2 NHO INJURY OCC and Number	CURED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	B. DUE TO (C DUE TO (DR AS A CONSEQUEN OR AS A CONSEQUEN OR AS A CONSEQUEN DR AS A CONSEQUEN DR AS A CONSEQUEN DR AS A CONSEQUEN OR AS A CONSEQUENCY OR AS A CONSEQUENCY	INCE OF): INCE OF):	SYST SYST SYST Cut underlying 26. Pt ER: tursing Hom 28c. INJ actory, office se time, data	PEMIC V	Part I. Check only or 6 G □ Other 286. DEs	24a. WAS AN PERFOIL 1 YES : 10 YES : 10 YES : 10 YES :	INJURY OCC	or Rural Rited.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	B. DUE TO (C DUE TO (DR AS A CONSEQUEN OR AS A CONSEQUEN OR AS A CONSEQUEN DR AS A CONSE	OCE OF): Iting in the ocean at the stigation, in m	SYST SYST SYST Cut underlying 26. Pt ER: tursing Hom 28c. INJ actory, office se time, data	PEMIC V	Part I. Check only or 6 G □ Other 286. DEs	24a. WAS AN PERFOIL 1 YES : 10 YES : 10 YES : 10 YES :	INJURY OCC	or Rural Rited.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	B. DUE TO (C. DUE TO (DR AS A CONSEQUEN OR AS A CONSEQUEN OR AS A CONSEQUEN DR AS A CONSE	ICE OF): ICE OF	SYST SYST SYST Cut underlying 26. Pt ER: tursing Hom 28c. INJ actory, office se time, data	TEMIC V LACE OF DEATH (C) THE ST RESIdence TORK? YES 2 NO THE RESIDENCE NO THE	Part I. Check only or 6 G □ Other 286. DEs	24a. WAS AN PERFOIL 1 YES : 10 YES : 10 YES : 10 YES :	INJURY OCC	or Rural Rited.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO oute Number.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

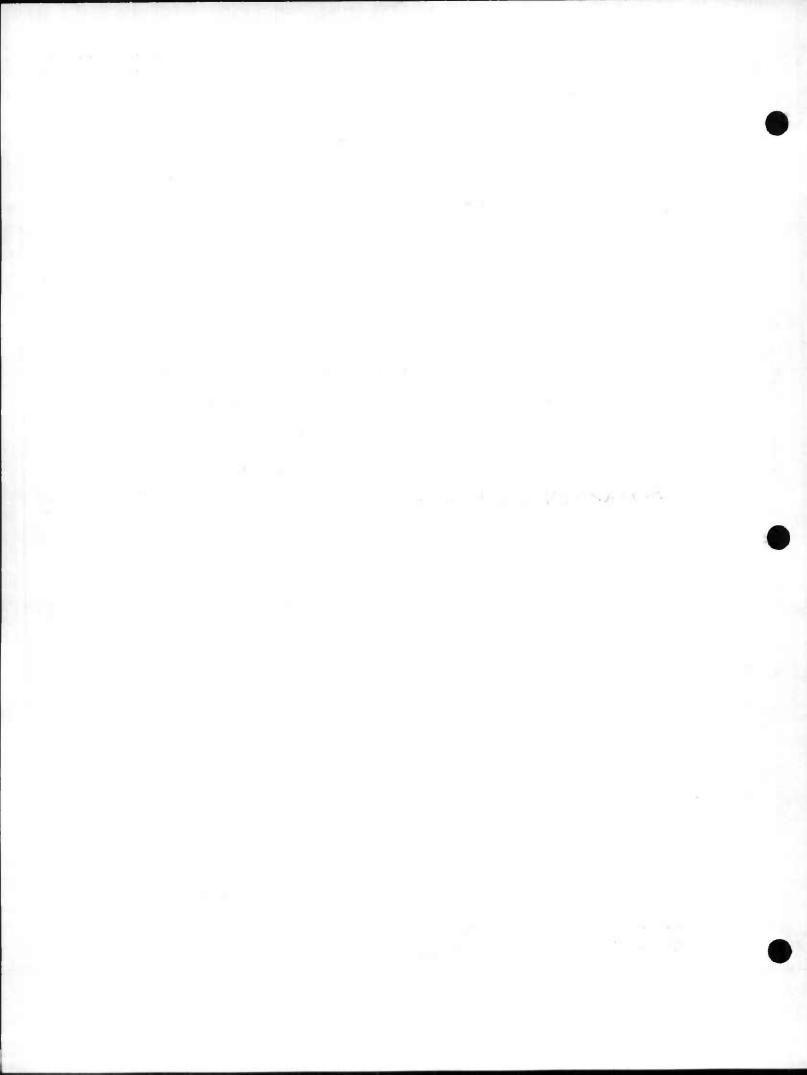
5 1 5 5 5 5 5 5 5 5 . . The deal of the same same same

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

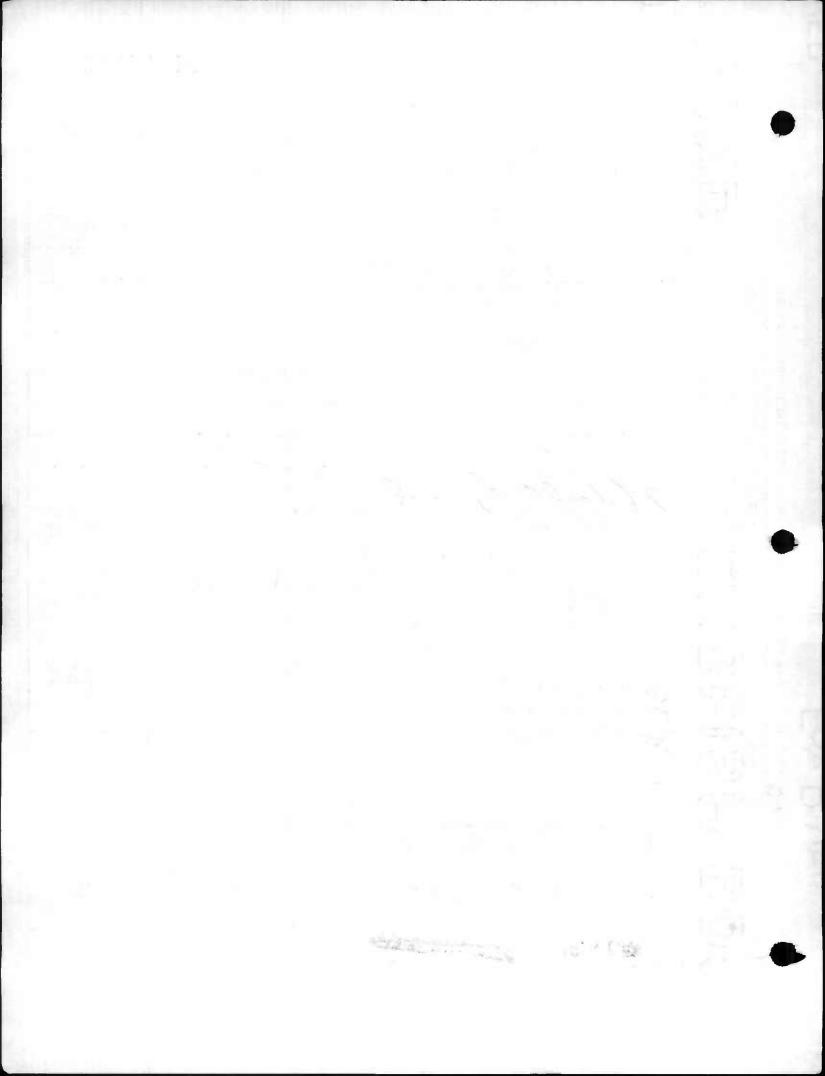
	1 - STATE REGISTRAR	STATE OF MARYLAN	4/92 reb ND / DEPAR CERTIF	RTMENT OF I	HEALTH AND	MENTAL HY	GIENE 3. NO.	6	6451	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH		3. TIME OF DEATH	
	DONALD	LOUIS		SCHUI	DER	MONTH 9	2 1	991	03:10 м	
	4. SOCIAL SECURITY NUMBER 217-70-5995	1 🖾 M 2 🗆 F 2	yrs. lest birthday) 23 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR Mar. 2	тн ^(баг) 1968	6. BIRTH	Nash., DC	
TOR	98. FACILITY NAME (if not institution, give street and number) ROUTE 97 AT I - 70 RESIDENCE OF DECEDENT			96. CITY, TOWN OR LOCATION OF DEATH ELLICOT CITY 90. COUNTY OF DEATH HOWARD						
DIRECTOR	Maryland Mo	Montgomery			c. CITY, TOWN OR LOCATION Highland					
FUNERAL		Hollow Road		10	20777	,	10g. CITI	USA	WHAT COUNTRY?	
BY	1 Never Married 2 Married 3 Widowed 4 Divocced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 XNO	If yea, ap	ENDENT OF HISPA ecity Cuban, Maxic 2 NO Spec	ANIC ORIGIN? (Specian, Puarto Rican, a	olfy Yes or No—	14. RACI Black Spec	E — American Indian, k, Whita, atc. """: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	ATION 16 completed College (1-4 or 5 »)	(Give kind of a life. Do NOT us	USUAL OCCUPATION Mork done during mote retired.) Mechan	st of working		of Business/ind		Co.	
8	17. FATHER'S NAME (First, Mickille, Last)	T. Art			18. MOTHER'S N	AME (First, Middle, A	Walden Surname)			
BE	Robert Sc	huder				ette Wi				
2	19s. INFORMANT'S NAME (Type/Print)					Route Number, City				
	Jeanette Sch	- T				Road, H				
	1 ⊕ Burlet 2 □ Cremation 3 □ Remo	vei from State cemete.	ry, crematory or o	OF DISPOSITION (No ther place)			Oc. LOCATION —			
	21. SIGNATURE OF FUNEFIAL SERVICE LICE	EMSEE G	ate of		Cemetery D ADDRESS OF F	9-5-91	Silver	Spr:	ing, Md.	
	· Clouk &	aluen)	Hines/	Rinaldi	Funeral		ino.	Md. 20904	
CERTIFICATION	IMMEDIATE CAUSE (Fine)	DUE TO (OR AS A CO	MAL AS	<i>PHYKIN</i> 7:					Approximate intervel Between Onset and Death	
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	contributing to death but	not resulting i	n the underlying	g cause given in	PI	AS AN AUTOPSY ERFORMED? YES 2 NO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Ž I	25. WAS CASE REFERRED TO MEDICAL			26, PL	ACE OF DEATH (C)	neck only one)				
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatie	nn aXIXooa	OTHER:		8 Other (Specifi	v)			
E	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Dey, Year)	28b. TIMI	OF 28c. INJ	JRY AT		ном іншях рес	URED, S	ubject was	
BY	1 Natural 5 Pending 2 Accident Investigation	9-2-1991	031		RK? ES 2 💢 NO	control	overturi	ied p	inning subject.	
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY — building, atc. (Specify)	At home, ferm, s HIGH			281. LOCATION (S City or Town, ROUTE	Street as d Number (State) 97 AT			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	AN: To the best of my knowledg	e, death occurre	d at the time, date	and place, and due	to the cause(a) an	d manner as atate	ed. cause(a)	and menner as stated,	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER NONALLA WWW.	ght M.O.			29c. LICENSE NUI		29d. DATE	SIGNED	(Month, Day, Year)	
-	30. NAME AND ADDRESS OF PERSON WHO DONALD G. WRIGHT ME	DOME	111 PE		EET BAI	LTIMORE	,MARYI	AND	21201	
	SEP 05 91	32. REGISTRAR'S SIGNATU	RE							

F	- Par	9	
ding	å.	3	
tten	98	3	
0, 3	SIT J		
ital	d fo		
POS	che		
the	deta		9
6	be		F
ined	pno		Red
retai	5 sh		100
B	906		8
may	H. Di		1
9 9	recto		E
Pag	l di		RAT
ath.	ner		E
or de	he fa	Je.	-
afte	70	MOV	2
ours	5	or re	Ded
4 h	filled	on, o	9
Jin 2	ely	natic	=
With	nple	Cre	Neg.
uted	00	rial.	9
ecci	and	ng c	nat
be	cian	or to	Jne.
cate	hysi	nd a	or th
artifi	o bu	gien	tion the
th ce	endii	Hy	6
deat	ath	епта	Z
the	di Th	WP	Ī
that	D D	h an	3UA
res	Sign	lealt	90
redu	Sen .	6	hons
M.P.	IS D	ept.	23
Je J	e he	te D	E
N	fical	Sta	=
SICIA	certi	the	0
HX	this	With	ked
NG	ter	ath	Tan-
NO	9: Al	or de	S
TE	è	afte	28
DR A	JIRE(OUS	ma
AL	AL E	2	H H
SPIT	VER	hin /	-
9	E	With	TAI
표	표	filed	POR
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hundred	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once

1	FOR STATE REGISTRAR	STATE OF MARY	AND / DEPART CERTIFIC	MENT OF H	REALTH AND I	MENTAL HYGIEN			
,	DECEDENT'S NAME (First, Middle, Last R	*	CARBOROUGI	H. JR.		2. DATE OF DEATH SEP 13	1991 '	3. TIME OF DEATH A 11:40 M	
	4. SOCIAL SECURITY NUMBER 214-03-8709 98. FACILITY NAME (IT not institution, give	1 M 2 D F 7	3: YRS.	FUNDER 1 YEAR NONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APR 17:1		BIRTHPLACE (State or Foreign Country) VIRGINIA	
TO R	NATIONAL NAVA				BETHESDA			9c. COUNTY OF DEATH MONTGOMERY	
DIRECTOR				TOWN OR LOCATION				10d. INSIDE CITY LIMITS?	
FUNERAL	10e. STREET AND NUMBER 3827 SPRUELL DRIVE				KENSINGTON 101. ZIP CODE			1 _ YES 2 NO	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR E	2 NO	If yes, sp	2089 ENDENT OF HISPAN ecity Cuban, Maxical 2 XNO Specify	IIC ORIGIN? (Specify Yearn, Puerlo Ricen, etc.)		ED STATES I. RACE — American Indian, Black, White, etc. Specify: WHITE	
ETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (9-12)	UCATION	18a. DECEDENT'S US	k done durina mo.	ON st of working	16b, KIND OF BU	SINESS/INDUS		
COMPLET	17. FATHER'S NAME (First, Middle, Last)	4	Communica	ation O		United ME (First, Middle, Maiden		Navy	
H -	ROWAN I	. SCARBO	ROUGH, SR		Li.	NE (First, Middle, Maiden Llie O. Noute Number, City or Tow	SN	ELL	
2	Diana Scarborouc		4566 Me	etro Co	urt, Anna	andale, Vi	rginia	22003	
	1 A Burial 2 Cremation 3 Rai 4 Donation 5 Other (Specify)	moval from State	o.PLACEAND DATE OF metary. crematory or othe ontgomery	Cremate	orium. I	/25/91 Bet	hesda	y or Town, State Maryland	
	Barbara Jomes	0	M00381	Rober Bethe	A. Pumi Sda-Chev	ohrey Fune y Chase, I sda, Maryl	ral Ho	me/ 557 Wisconsin 0814-3501	
IFICA	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	bDUE TO (OR AS A	SYSTEM OF A CONSEQUENCE OF): A CONSEQUENCE OF):	RGAN FA	ILURE			Interval Between Onest and Death	
MEDICAL	PART II. Other algnificant condition	ne contributing to death b	out not reaulting in	the underlying	ceuse given in l	Pert I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL: 1 Anpatient 2 ER/Outs		THER:	ACE OF DEATH (Che				
ВУ РНУ	27. MANNER OF DEATH 1 X Natural 5 Pending 1 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y 28c. INJU	JRY AT	28d. DESCRIBE HOW II	NJURY OCCUR	ED	
	2 Accident Investigation 3 Suicida 8 Could not be detarmined	28a. PLACE OF INJURY building, stc. (Spec	— At home, farm, stre	At home, farm, street, factory, office 28t. LOCA			LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	29a. CERTIFIER (Check only one) 1 \(\text{\text{CERTIFYING PHYS}} \) 2 \(\text{\text{MEDICAL EXAMIN}} \)	SICIAN: To the best of my know ER: On the basis of exemination	ledge, death occurred a	nt the time, date	and place, and due to	to the cause(s) end man	ner as stated.		
H .	SE. SIGNATURE AND THE OF CENTERS				29c. LICENSE NUM	BER		GNED (Morim, Day, Year)	
2	MAME AND ADDRESS OF MERSON W	HO COMPLETED CAUSE OF DE			MD-03886	OE (PA) NAVAL MEDI MD 20889-	CAL CE	NTER	
3	A. P. HOFFMAN. I 11. DATE FILED (Month, Day, Year) CFD 1 4 01	CDR. MC. USN		BI	LIHESDA,	MD 20889-	2000		

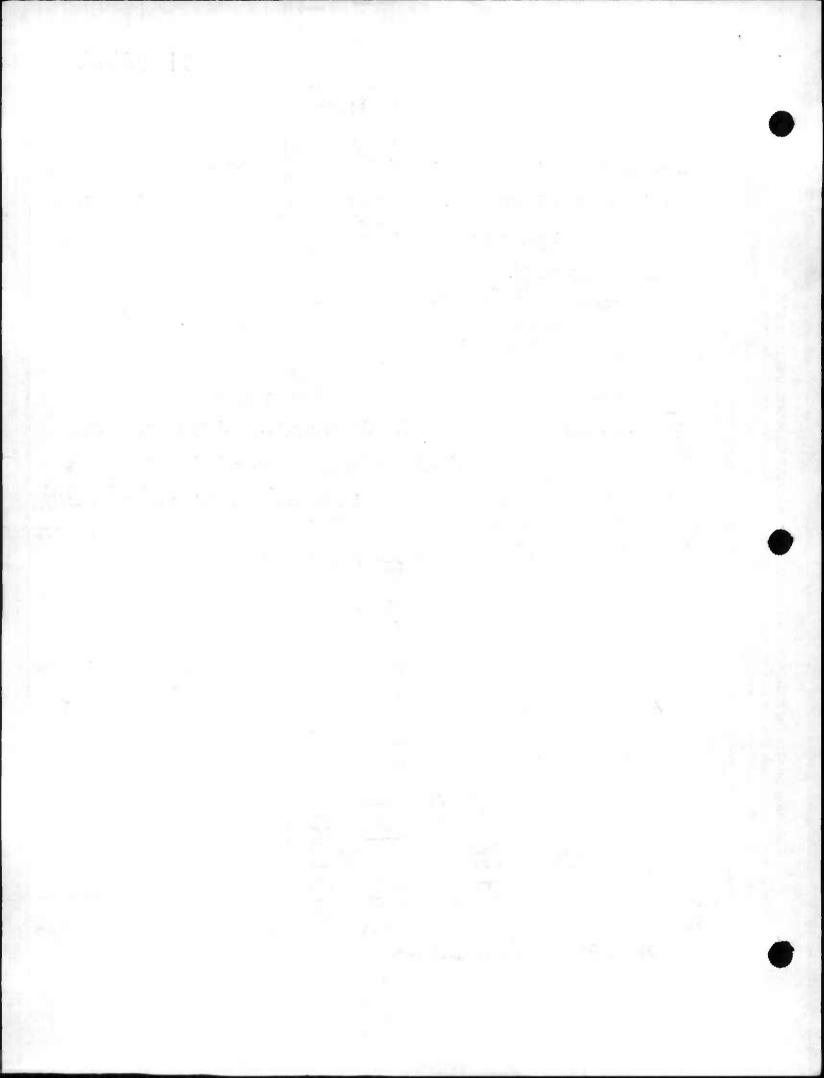


	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT CERTIFICATE		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest) MAE ELIZABETI	H	SIMMS		2. DATE OF DEATH DO TO THE DEATH DEATH	1 199	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5	6. SEX 6. AGE (In yr.	S. last birthday) IF UNDER S	YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF DE	7. DATE OF BIRTN (Month, Day, Year) 5-5-191	Co	ARYLAND		
DIMECTOR	PHYSIVIANS MEMORI RESIDENCE OF DECEDENT	HYSIVIANS MEMORIAL HOSPITAL LA PLATA			A CHARLES				
	MARYLAND CHA	ARLES	NEWP		ŧ	10g. CITIZEN C	10d. INSIDE CITY LIMITS? 1 YES 2 NO F WHAT COUNTRY?		
LONEHAL	11. MARITAL STATUS 11.	5C CEDAR LA 2. WAS DECEDENT EVER IN U.S. FORCES? 1 - YES Y IF YES, GIVE WAR OR DATES	S. ARMED 13. V	20664 AS DECENDENT OF NISPAI yes, specify Cuben, Mexica YES 2FT NO Specify	n, Puerto Rican, etc.)	8	S.A. ACE — American Indian, lack, White, etc.		
I ED B	15. DECEDENT'S EDUCAT (Specify only highest grade cor	FION 160 mpleted)	CUPATION uring most of working		SINESS/INDUSTR	WHITE			
COMPLETED BY	8th GRADE 17. FATNER'S NAME (First, Middle, Last)	College (1-4 or 5+)	HOMEMAKE	R	ME (First, Middle, Malden	WN HOM Surname)	E		
IO BE	BENJAMIN STINE 19a. INFORMANT'S NAME (Type/Print)		and the same of the same of	(Street and Number or Rural		vn, State, Zip Code)		
	JOAN E. COOKSES 20a. METNOD OF DISPOSITION VIR Durial 2 Cremetion 3 Remova	20b. PL	P.O.BOX ACE AND OATE OF DISPO	SITION (Name		20646 CATION — City of KTNC G			
	21. SIGNATURE OF FUNEBAL SERVICE LICEN	11120	22.1 AR	EHART FUN	CILITY ERAL HOM	E, INC.	EONGE , VA		
	23. PART I. Enter the diseases, or cor shock, or heart failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	cardia	a daath. Do not antar				Approximate interval Between Onset and Death		
NOIN	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	seluste	e Heart	Bune				
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):						
PHTSICIAN: MEDICAL C	PART II. Other algnificant conditions The second s	A 1	not reaulting in tha un	darlying cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMALCABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТНЕ	26. PLACE OF DEATH (C	heck only one)				
ה ה	1 NES 2 NO 1	1 Inpetient 2 I ER/Outpetie	ent 3 DOA 4 Num	ing Nome 5 🗆 Residence					
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. OE\$CRIBE HOW	INJURY OCCURE			
IED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At home, farm, atreet, factory, offica building, atc. (Specify)			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLEIED	(Crieck only	AN: To the best of my knowled. On the besis of examination at					use(a) and manner as stated.		
IO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	my & Bu	hers	29c. LICENSE NU	009	29d. DATE SIG	NED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO HENRY L.BURKE, MD	PO BOX	X 591 LA	PLATA,MD. 20	0646				
-	31. DATE FILED (Mgath, Day, Year)	32. REGISTRAR'S SIGNAT	The state of the s						



_
92
ar d
3
2
Š
20
.5
#
-
377
N/D
9
2
S.S.
i
0
pat
7
£
hat
30
i
2
36
9
F
AN.
2
ş
á
N
2
H
8
20
or DOCETAL OF ATTENDING BLYSICIAN. The law remines that the death certificate he executed within 24 hours after death
CD
Ý
u

TO BE COMPLETED BY FUNERAL DIRECTOR 10° 10° 10° 10° 10° 10° 10° 10° 10° 10°	MD BC STREET AND NUMBER 11711 Reister MARITAL STATUS Never Merried Widowed 4 Divorced 15. DECEDENT (Specify only highe Elementary/Secondary (0-12) 8th grade FATHER'S NAME (First, Middle, L. NOAh Sellers INFORMANT'S NAME (Type/Print Lola M. Seller B. INFORMANT'S NAME (Type/Print Lola M. Seller B. METHOD OF DISPOSITION (Burlet 2 Cremetton 3 Donatton 5 Other (Special Secondary) B. Seller B. METHOD OF FUNERAL SER C. METHOD OF FUNERAL SER B. METHOD OF FUNERAL SER B. METHOD OF GROUP SPOSITION B. SIGNATURE OF FUNERAL SER C. METHOD OF GROUP SPOSITION B. SIGNATURE OF FUNERAL SER C. METHOD OF OUR SPOSITION B. METHOD OF OUR	s. SEX 1 M 2 n. give street and nun LINTY COUNTY LITTY COUNTY LITTY COUNTY LITTY LITTY COUNTY	Count. Count.	OSP. Property of the deat of cemetary, or c	PROBLEM AND DENT'S USE AND ON OF USE	Randa TOWN OR LO STEPS TI 13. WAS I I I I I I I I I I I I I I I I I I I	TO OR LOCATION CATION OWN 101. ZIP CODE 2 113 DECENDENT O. specify Cuba WES 2 X NO ATION 18. MOTH EMM THE STORM	DN OF DEATH DN OF DEATH DN E 36 OF HISPANIC O IN, Maxicen, Pr Specify: OF OF OF OF OF OF OF OF OF O	Number, City or To Reiste DATE 20c. L 21-9 Li	9c. COUNTY Balt 10g. CITIZEN US/ 18 OF NO- 14. (US	Country) MD OF DEATH Ind. 10d. 1 I N OF WHAT A RACE — A Black, Whi Specify: White TRY Ode) y or Yown, S MD Sters.	INSIDE CITY LIMITS? YES 2 [X] COUNTRY? merican Indite, sic. 21136
TO BE COMPLETED BY FUNERAL DIRECTOR 10° 10° 10° 10° 10° 10° 10° 10° 10° 10°	A 18-03-4860 FACILITY NAME (If not institution Baltimore Country Name (If not institution Baltimore Country Name (If not institution Baltimore Country Name (If not institution Name Name (If not institution Name (If not i	n, give street and num Inty Gene SINT COUNTY LITT COUNT	Count. Count.	OSP. ER IN U.S. ARMEYES 2 X NO PR DATES 16a. DECE (Give life. D. Carr.) 19b. 1 20b. PLACE Are of cometary, comet	PROBLEM AND DENT'S USE AND ON OF USE	DAY TOWN OR LO TO	TO OR LOCATION CATION OWN 101. ZIP CODE 2 113 DECENDENT O. specify Cuba WES 2 X NO ATION 18. MOTH EMM THE STORM	DN OF DEATH DN OF DEATH DN E 36 OF HISPANIC O IN, Maxicen, Pr Specify: OF OF OF OF OF OF OF OF OF O	PRIGIN? (Specify Yuero Rican, etc.) 16b. KIND OF BU 16b. KIND OF BU 16b. KIND OF BU 17 Number, City or To 18 Reiste 21 - 9 Li 17 118	9c. COUNTY Balt 10g. CITIZEN US/ 18 OF NO- 14. (US	Country) MD OF DEATH Ind. 10d. 1 I N OF WHAT A RACE — A Black, Whi Specify: White TRY Ode) y or Yown, S MD Sters.	Country? INSIDE CITY LIMITS? I YES 2 XI COUNTRY? merican indite, etc.
TO BE COMPLETED BY FUNERAL DIRECTOR 10e 11. W 11. V 10e 10e 10e 11. V 10e 10e 11. V 10e 10e 11. V 10e 10e 10e 10e 10e 10e 10e 10	FACILITY NAME (If not institution Baltimore Cou ESIDENCE OF DECEDE IN STATE IDE. MD BC B. STREET AND NUMBER 11711 Reister MARITAL STATUS Never Merried 15. DECEDENT (Specify only highe Elementary/Secondary (0-12) 8th grade FATHER'S NAME (First, Middle, L NOAh Sellers INFORMANT'S NAME (Type/Pri Lola M. Selle B. METHOD OF DISPOSITION MBuriel 2 Cremetion 3 Donation 5 Other (Specific County) B. Signature of Funeral Services AMEDIATE CAUSE (Final Sease or condition MEDIATE CAUSE (Final Sease or condition	n, give street and nun unty Gene int county altimore its town Ro 12. was D FORCE IF YES T'S EDUCATION set grade completed) College (Last) Removal from S In) Removal from S In) NICE LICENSEE	Count Co	ER IN U.S. ARMEYES 2 IZINO OR DATES 16a. DECE (Give life. D. Carr.) 19b. 1 20b. PLACE At of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary of cemetary of cemetary of cemetary of cemetary of cemetary, critical company of cemetary of c	DENT'S USE AND AND DATE COMMAND DATE COMMAND COMMON	Randa TOWN OR LO STEPS TI 13. WAS I I I I I I I I I I I I I I I I I I I	CATION OWN 101. ZIP CODE 2 1 1 3 DECENDENT O specify Cuba YES 2 X NO ATION IIB. MOTH Emm not and Number exstow IDN (Name Y E AND ADDRE	DN OF DEATH DN E 36 OF HISPANIC On, Mexican, Prospectly: DO HER'S NAME (NO School Of Rural Route ON Rd., 09-12 SS OF FACILITY	PRIGIN? (Specify Yearto Rican, etc.) 18b. KIND OF BU First, Middle, Meide, 20 Fer. Number, City or To Reiste DATE 20c. L 21-91 Li	PE COUNTY Balt 10g. CITIZEN USA 10g. CITIZEN U	OF DEATH INDOOR 10d. 1 D N OF WHAT A RACE — A. Black, White TRY TRY MD y or Town, S MD Sters.	INSIDE CITY LIMITS? YES 2 [X] COUNTRY? merican Indite, sic. 21136
TO BE COMPLETED BY FUNERAL DIRECTOR	Baltimore Coursider of Decede 1. STATE 106. 1 MD BC 1. STREET AND NUMBER 1. The State of Marrie 10 of Mar	Inty General Trees of Country altimore	Count Co	ER IN U.S. ARMEYES 2 IZINO OR DATES 16a. DECE (Give life. D. Carr.) 19b. 1 20b. PLACE At of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary of cemetary of cemetary of cemetary of cemetary of cemetary, critical company of cemetary of c	DENT'S US kind of wor o NOT use o OCHTE	Randa TOWN OR LO STEPS TI 13. WAS I I I I I I I I I I I I I I I I I I I	CATION OWN 101. ZIP CODE 2 1 1 3 DECENDENT O specify Cuba YES 2 X NO ATION IIB. MOTH Emm not and Number exstow IDN (Name Y E AND ADDRE	DP HISPANIC Con, Maxican, Pusspecify: The Specify: The School or Rural Route On Rd., 199-12	ISB. KIND OF BU First, Middle, Melde. RESSER DATE 20c. L. 21-9 Li	Balt 10g. CITIZEN US/ 10s or No- 14. (US/ 10s or No- 15. (US/ 10s or	imore 10d. 1 III N OF WHAT I A RACE — A Black, Whi Specify: White TRY MD y or Town, S MD Sters.	INSIDE CITY LIMITS? YES 2 [X] COUNTRY? merican Indite, sic. 21136
TO BE COMPLETED BY FUNERAL TO BE COMPLETED BY FU	ESIDENCE OF DECEDE B. STATE DO B. STREET AND NUMBER 11711 Reister MARITAL STATUS Never Merried Vidowed 4 Divorced 15. DECEDENT (Specify only highe Elementary/Secondary (0-12) 8th grade FATHER'S NAME (First, Middle, L. NOAN Sellers B. INFORMANT'S NAME (Type/Fri LOLA M. Seller B. METHOD OF DISPOSITION Burles 2 Cremation 3 Donation 5 Other (Specify of Specify T'S EDUCATION State of the sta	Count L. SECEDENT EVE ST 1 Y GIVE WAR O 1-4 or 5+) State Ona that cau	ER IN U.S. ARMEYES 2 IZINO OR DATES 16a. DECE (Give life. D. Carr.) 19b. 1 20b. PLACE At of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary, critical company of cemetary of cemetary of cemetary of cemetary of cemetary of cemetary, critical company of cemetary of c	DENT'S US kind of wor o NOT use in Dente October 1711	13. WAS IN year 1 IN YEAR OCCUPY IT ODDRESS (Street, Control of the place) 22. NAME TOWN OR LO	CATION OWN 101. ZIP CODE 2 1 1 3 DECENDENT O 18 specify Cuba VES 2 X NO ATION 18. MOTH Emm 18. MOTH Emm 19. ATION 19. ATION 19. MOTH Emm 19. ATION 19. MOTH Emm 19. ATION 19. ATION 19. MOTH Emm 19. ATION 19.	HER'S NAME (AC SCHO OF FILITAL FOLIA OF THE FACILITY OF THE F	ISB. KIND OF BU First, Middle, Melde. RESSER DATE 20c. L. 21-9 Li	USA DE OF NO 14. (USA DE OF NO 14. DE OF NO 14	NOF WHAT A RACE — A Black, White Black, White THY MD y or Town, S MD	INSIDE CIT- LIMITS? YES 2 [X COUNTRY? merican Indi te, sic. 21136	
TO BE COMPLETED BY FUNERAL TO BE COMPLETED BY FU	MD BC STREET AND NUMBER 11711 Reister MARITAL STATUS Never Merried Widowed 4 Divorced 15. DECEDENT (Specify only highe Elementary/Secondary (0-12) 8th grade FATHER'S NAME (First, Middle, L. NOAh Sellers INFORMANT'S NAME (Type/Print Lola M. Seller B. INFORMANT'S NAME (Type/Print Lola M. Seller B. METHOD OF DISPOSITION (Burlet 2 Cremetton 3 Donatton 5 Other (Special Secondary) B. Seller B. METHOD OF FUNERAL SER C. METHOD OF FUNERAL SER B. METHOD OF FUNERAL SER B. METHOD OF GROUP SPOSITION B. SIGNATURE OF FUNERAL SER C. METHOD OF GROUP SPOSITION B. SIGNATURE OF FUNERAL SER C. METHOD OF OUR SPOSITION B. METHOD OF OUR	rstown Ro rstown Ro 12. Was D FORCE IF YES T'S EDUCATION Post grade completed) College (Last) Removal from S If y) NICE LICENSEE es, or complication	Control of the contro	ER IN U.S. ARME YES 2 X NO PR DATES 16a. DECE (Give Interpretation of the company of the compan	Reis COENT'S US kind of wor o NOT use o OENTE MAILING A 1711 ND DATE D OTHER	13. WAS IT year 1 UT SUAL OCCUPY the done during retired.) DDRESS (Street DEPOSITION of the place) 22. NAME 22. NAME	DECENDENT OF SPECIAL S	of Hispanic of Maxicon, Passorily: og HER'S NAME (OA SCHOO or Rural Route ON Rd., 09-12 SS OF FACILITY	ISB. KIND OF BU First, Middle, Melde. RESSER DATE 20c. L. 21-9 Li	USA BE OF NO- 14. (USA USA USA USA USA USA USA US	I I I I I I I I I I I I I I I I I I I	LIMITS? YES 2 X COUNTRY? merican Indite, sic.
TO BE COMPLETED BY FUNERAL TO BE COMPLETED BY FU	MARITAL STATUS MARITAL STATUS Never Merried 2 Merrie Widowed 4 Divorced 15. DECEDENT (Specify only highe Elementary/Secondary (0-12) 8th grade FATHER'S NAME (First, Middle, L. Noah Sellers INFORMANT'S NAME (Type/Frit. Lola M. Sellers METHOD OF DISPOSITION Merried 2 Cremetion 3 Donation 5 Other (Specific Comments) BUTTEL CAUSE (Final Sease or condition	TUS TOWN RC 12. WAS D FORCE IF YES College (Control of the contro	ER IN U.S. ARMEYES 2 X NO DR DATES 164. DECE (Ghe life. D. CATY. 19b. 1 1 20b. PLACE AF of cemetary, or LUNCOC	EDENT'S US kind of wor on NOT use 1 OPENTE	13. WAS IN year I I I I I I I I I I I I I I I I I I I	2 11 3 DECENDENT O a specify Cubar YES 2 12 NO ATION TO MONTH TO MONTH TO MONTH TO MONTH TO MONTH TO MONTH TO MONTH TO MONTH TO MONTH TO MONTH TO MONTH TO MONTH TO MONTH TO MONTH TO MONTH TO MONTH TO MONTH TO MONTH TO MO	of Hispanic of Maxicon, Passorily: og HER'S NAME (OA SCHOO or Rural Route ON Rd., 09-12 SS OF FACILITY	ISB. KIND OF BU First, Middle, Melde. RESSER DATE 20c. L. 21-9 Li	USA BE OF NO- 14. (USA USA USA USA USA USA USA US	N OF WHAT A RACE — A Black, Wh Spegly; White THY MD y or Town, S MD Sters.	country? merican indite, etc. 21136 testes
TO BE COMPLETED BY FUNERA 11. FUNERA 17. E 20e 20e 21. S 10i dis res	MARITAL STATUS Never Merried 2 Marrie Widowed 4 Divorced 1s. DECEDENT (Specify only highe Elementary/Secondary (0-12) 8th grade FATHER'S NAME (First, Middle, L Noah Sellers B. INFORMANT'S NAME (Type/Pri Lola M. Selle B. METHOD OF DISPOSITION (Burlel 2 Cremation 3 Donation 5 Other (Specific Signature) of Funeral Ser	12. WAS D FORCE IF YES T'S EDUCATION set grade completed) College (Last) Removal from S lty) NICE LICENSEE	State	YES 2 X NO R DATES 16a. DECE (Give life. D. CATY. 19b. 1 1 20b. PLACE And of cemetary, cr	MAILING AI NO DENTE	SUAL OCCUP Rk done during retired.) DDRESS (Stre. Reist OF DISPOSIT: rother place) 22. NAMI	2 113 DECENDENT OF STREET	of Hispanic of Maxicon, Passorily: og HER'S NAME (OA SCHOO or Rural Route ON Rd., 09-12 SS OF FACILITY	ISB. KIND OF BU First, Middle, Melde. RESSER DATE 20c. L. 21-9 Li	USA BE OF NO- 14. (USA USA USA USA USA USA USA US	A RACE—A Black, Whi Spegliv, White THY MD y or Town, S MD Sters.	merican indite, etc. 21136 State
17. F 19. 20. 20. 4 = 21. 5 1 Mildis res	MARITAL STATUS Never Merried 2 Merrie Widowed 4 Divorced 15. DECEDENT (Specify only higher learners in the secondary (0-12) 8th grade FATHER'S NAME (First, Middle, L. Noah Sellers INFORMANT'S NAME (Type/Print Lola M. Sellers METHOD OF DISPOSITION Source 2 Cremation 3 Donation 5 Other (Specific Signature of Funeral Service) 3. PART I. Enter the disease ahock, or heart filmediate Cause (Final sease or condition	12. WAS D FORCE IF YES T'S EDUCATION set grade completed) College (Last) Removal from S lty) NICE LICENSEE	State	YES 2 X NO R DATES 16a. DECE (Give life. D. CATY. 19b. 1 1 20b. PLACE And of cemetary, cr	MAILING AI NO DENTE	SUAL OCCUP Rk done during retired.) DDRESS (Stre. Reist OF DISPOSIT: rother place) 22. NAMI	DECENDENT OF A PROPERTY OF A P	HER'S NAME (OR FURTHER'S NAME (OR FURTHER'S OF FACILITY OF THE STATE OF THE STAT	ISB. KIND OF BU First, Middle, Melde. RESSER DATE 20c. L. 21-9 Li	DSINESS/INDUS IN SURPRIME IN STATE, ZIP CO TS TOWN OCATION — City Neboro 24 Reiv.	RACE — AI Black, While Specify: White TTRY Dode) MD MD Sters.	21136 town
17. F 19. 20. 20. 4 = 21. 5 1 Mildis res	Widowed 4 Divorced 15. DECEDENT (Specify only higher the product of the product	IF YES T'S EDUCATION pat grade completed) College (Last) Removal from S If YES VICE LICENSEE es, or complication	1-4 or 5+) State One that cau	16e. DECE (Ghe life. D. Carry. 19b. 1 20b. PLACE At of cemetary, cr	MAILING A 711 ND DATE D Tematory or O'TO C	DDRESS (Street DEPOSITE OF DISPOSITE MOTH Emm To the sum of the su	HER'S NAME (DA School or Flural Route ON Rd. O9-12 SS OF FACILITY	16b. KIND OF BU First, Middle, Melde. Reffer Number, City or To Reiste DATE 20c. L 21-91 Li	n Surname) wn, Stete, Zip Co rstown ocation — City neboro 24 Reij	Spegly: White THY , MD y or Town, S , MD Sters.	21136 town	
17. F 19a. 20a. 20a. 21. 5 21. 5 23. 1Mil die ree	15. DECEDENT (Specify only highe Elementary/Secondary (0-12) 8th grade FATHER'S NAME (First, Middle, L. Noah Sellers B. INFORMANT'S NAME (Type/Fritable) B. METHOD OF DISPOSITION Burles 2 Cremation 3 Donation 5 Other (Specific Signature of Funeral Service) SIGNATURE OF FUNERAL SERVICES 3. PART I. Enter the disease ahock, or heart filmediate CAUSE (Final Sease or condition	College (Last) Removal from S If(y) VICE LICENSEE Les, or complication	State State	19b. I 19b. I 11 20b. PLACE AI of cemetary, cr	MAILING A 711 ND DATE D Tematory or O'TO C	DDRESS (Street Street MOTE Emm et and Number ets tow IDN (Name U	HER'S NAME (DA Scho OF FURB ROUTE OF RUTE ROUTE OF RCL.	First, Middle, Melde, Melde, Deffer Number, City or To Reiste DATE 20c. L 21-9 Li	n Surname) wn, Stete, Zip Co rstown ocation — City neboro 24 Reij	ode) MD or Town, S MD Sters.	town	
17. F 19e. 20e. 20d. 4 = 21. S	(Specify only higher (Specify only higher Elementary/Secondary (0-12) 8th grade FATHER'S NAME (First, Middle, L. NOAh Sellers B. INFORMANT'S NAME (Type/Frit Lola M. Sellers B. METHOD OF DISPOSITION Series 2 Cremation 3 Donation 5 Other (Specific Signature of Funeral Series Abock, or heart in Enter the disease ahock, or heart in MEDIATE CAUSE (Final Sease or condition	College (Last) Removal from S If(y) VICE LICENSEE Les, or complication	State State	19b. I 19b. I 11 20b. PLACE AI of cemetary, cr	MAILING A 711 ND DATE D Tematory or O'TO C	DDRESS (Street Street MOTE Emm et and Number ets tow IDN (Name U	HER'S NAME (DA Scho OF FURB ROUTE OF RUTE ROUTE OF RCL.	First, Middle, Melde, Melde, Deffer Number, City or To Reiste DATE 20c. L 21-9 Li	n Surnama) wn, State, Zip Co YS TOWN, ocation — City Neboro, 24 Reiv.	y or Town, s MD Sters	town	
20e. VCJ 4 = 21. 3	Sth grade FATHER'S NAME (First, Middle, L NOAh Sellers INFORMANT'S NAME (Type/Fri Lola M. Selle INFORMANT'S NAME (Type/Fri Lola M. Selle INFORMANT'S NAME (Type/Fri INFORMANT'S NAME (Type/Fri INFORMANT'S NAME (Type/Fri INFORMANT'S NAME (Type/Fri INFORMANT'S NAME (Type/Fri INFORMANT'S NAME (Final Sease or condition	Lest) (int) 2/LS Removal from \$ (int) VICE LICENSEE es, or complication	State State	19b. 1 11 20b. PLACE At of cometany, critical Community of Community o	MAILING AI	Reist For DISPOSITION other place) Center 22. NAME	Emm erstow IDN (Name y	or School	neffer Number, City or To Reiste DATE 20c. L 21-9 Li	wn. Stere. Zip Co rstown ocation - City neboro 24 Reis	, MD y or Town, S , MD sters.	town
20e. VCJ 4 = 21. 3	FATHER'S NAME (First, Middle, L. NOA'N SELLETS INFORMANT'S NAME (Type-Print Lola M. Selle INFORMANT'S NAME (Type-Print Lola M. Selle INFORMANT'S NAME (Type-Print Lola M. Selle INFORMANT'S NAME (Type-Print Lola M. Selle INFORMANT'S NAME (Type-Print Lola M. Selle INFORMANT'S NAME (First Selle M. Selle INFORMANT'S NAME (First Selle M. MEDIATE CAUSE (Final sease or condition	Removal from S	one that can	19b. 1 11 20b. PLACE At of cometany, critical Community of Community o	MAILING AI	Reist For DISPOSITION other place) Center 22. NAME	Emm erstow IDN (Name y	or School	neffer Number, City or To Reiste DATE 20c. L 21-9 Li	wn. Stere. Zip Co rstown ocation - City neboro 24 Reis	, MD y or Town, S , MD sters.	town
20e. VCJ 4 = 21. 3	LOLA M. Selle a. METHOD OF DISPOSITION Burlel 2 Cremation 3 Donation 5 Other (Special Section 2) Company of Funeral Services of Section 2 Brand I. Enter the disease abock, or heart filesease or condition	Premoval from S	one that can	20b. PLACE AF of cametary, or Line bo	1711 ND DATE D rematory or 070 C	Reist DE DISPOSITION OTHER PLACE) COMMENTE PLACE 22. NAME	et and Number CTSTOW IDN (Name U E AND ADDRES	or Rural Route On Rd. 09-12	Number, City or To Reiste DATE 20c. L 21-9 Li	rstown ocation - cin neboro 24 Reis	, MD y or Town, S , MD sters.	town
20a. VCI 4 = 21. 5 23. IMindia ree	LOLA M. Selle a. METHOD OF DISPOSITION Burlel 2 Cremetton 3 Donation 5 Other (Special Section 2) SIGNATURE OF FUNERAL SER Comp. 3 3. PART I. Enter the disease ahock, or heart filmediate CAUSE (Final sease or condition	Premoval from S	one that can	20b. PLACE AF of cametary, or Line bo	1711 ND DATE D rematory or 070 C	Reist DE DISPOSITION (CONTROL PROPERTY	ENSTOWN (Name) Y E AND ADDRESS	09-12	Reiste DATE 200. L 21-9 Li	rstown ocation - cin neboro 24 Reis	, MD y or Town, S , MD sters.	town
20a. VCI 4 21. S	a. METHOD OF DISPOSITION Mouriel 2 Cremetion 3 Donation 5 Other (Special Control of Funeral Service) SIGNATURE OF FUNERAL SERVICES SIGNATURE OF FUNERAL SERVICE	Removal from S	one that can	20b. PLACE AP of cametary, cr LUNCOC	ND DATE D rematory or OMO C	of DISPOSITI r other place) emter 22. NAMI	U E AND ADDRE	09-2	DATE 20c. L 21-9 Li	neboro 24 Rei	y or Town, s MD sters.	town
21. S	Burlel 2 Cremetion 3 Donation 5 Other (Special Section 2) SIGNATURE OF FUNERAL SER 3. PART I. Enter the disease ahock, or heart filmeDiATE CAUSE (Final sease or condition	NICE LICENSEE	one that can	of cemetary, cr LLNC bo	rematory or DAO C	emter 22. NAMI	U E AND ADDRES	SS OF FACILITY	21-91 Li 118	neboro 24 Rei	MD sters	town
21. 9 23. IMI dis	3. PART I. Enter the disease ahock, or heart f	es, or complicati		Linebo	oro C	22. NAMI	E AND ADDRES	SS OF FACILITY	118	24 Rei	sters.	
23.	3. PART I. Enter the disease ahock, or heart f	School Compiler to			h. Do no	100			118	_		
IMI die ree	3. PART I. Enter the disease ahock, or haert f				h. Do no	Elin	e. Fune	HAP HA		_		
IMI die ree	ahock, or haert fine interest				h. Do no	Loca			imo koz			1110 61
CA tha	equentielly list conditione, any, leading to immediata euse. Enter UNDERLYING AUSE (Disease or injury lat initiated events saulting in death) LAST	d		AS A CONSEQU								
	ART II. Other aignificant co	onditiona contribu	uting to dea	ath but not rea	ulting in	tha under	ying cause	given in Par		N AUTOPSY ORMED?		E AUTOPSY I
- BC	Stroke								1 TYES		COM	IPLETION OF DEATH?
MEDI									1 🗆	YES 2		
					W							
SICIAN SICIAN	WAS CASE REFERRED TO MED EXAMINER?	HOSPI	TAL:			OTHER:	B. PLACE OF D	DEATH (Check	only one)			
×S −	1 NES 2 NO			/Outpetient 3	DOA 4	■ Nursing			Other (Specify)			
<u></u>	MANNER OF DEATH 1 Natural 5 Pendi		Month, Day, Ye		28b. TIME INJUI	RY	WORK?	V	d, DESCRIBE HOW	INJURY OCCUI	RED	
À 2	2 Accident Invest	ligation	PI ACE OF IN.	INJURY — At home, farm, street, factory, office				_	1 LOCATION (Street	t and Mumber or	Drumt Davida	Mumbar
	3 Suicide 8 Could 4 Homicide determ	not be	building, etc.	(Specify)	icity)				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
290	e. CERTIFIER						Abol - See			2575057		
COMPL	conduction of the	EXAMINER: On the b										l menner aa
8	b. SIGNATURE AND TITLE OF C				1	,,						
m 290.	5-16-104	MO	- Ho	ruse P	hysa	•	7	ENSE NUMBE	H (-/	29d. DATE S	SIGNED (MO	Tith, Day, Year
2 30	NAME AND ADDRESS OF PER	SON MHU CUMBI E	TED CALLSE O	E DEATH //TEM	27) (Time 6	Defeat		>6 4	3.0	1 1/	///	,,
C	x Kien On	0 142 1	Zallin		and (idea)	- Be.	. 0	Um	Jof. Ran	Dallot		200
31	DATE FILED (Month, Day, Year)	10-1-	SUITIN	SIGNATURE	Mark	5 CIE	resup	10420	Jof. Kus	ACKECLIST C	ally. P-e	221



an. BALTIMORE, MARYLAND 21215-0020

permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

9

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Francis Grumbine, M.D.

31. DATE FILED (Month, Day, Year)

SFP 1 9

'91

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 3. TIME OF DEATH YEAR Lottie B. Sadosky 09 6:00 a 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 X F 86 213-74-8531 YRS 02/23/1905 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Greater Baltimore Medical Center Towson Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore Randallstown 1 YES 2X NO FUNERAL 10e. STREET AND NUMBER 10t, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY 10708 Merrittsville Road U.S.A. 21133 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, atc. 1 Never Married 2 Married Specify: White BY 3 X Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Domestic notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Geroge B. McClellan BE Rosa Lowman Poole 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Dorothy Snyder 3718 McDonough Road Randallstown, MD 21133 e e 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 1 ☆ Burial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify) Lake View Mem. Park 9/14 Sykesville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Brian HAIGHT FUNERAL HOME (P.O. Box 195) Sykesville, MD 21784 (301)-795-1400 23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata ehock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** me disease or condition Cardiopulmonary Arrest resulting in deeth) Vulvar Cancer CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, lesding to immediate cause. Enter UNDERLYING disease Kena CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS any PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 XNO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 Impatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) marked, or 27 MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Naturel 5 Pending Investigation t YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 6 Could not be 4 Homicide COMPLET 29s. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examin nation and/or investigation, in my opinion, death occured at the time, date and piece, and due to the ceuse(s) and manner as stated, 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) 20637 Mu .

	STING!
13146,	evacerbad within
P.O. BOX	oth cartificate he
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	comiree that the de
OF VITAL	DUNCTONAL! The last
DIVISION	mineral and appreciate paracretain The last compact that the death nearlife he wanted within

	1. DECEDENT'S NAME (First, Middle, Last)	Paul E.	Shelle	ender				2. DATE OF DEATH MONTH ON September	[^] 11,	1991	3. TIME OF DEATH 0422	
	4. SOCIAL SECURITY NUMBER 214-01-0371	5. SEX 6.	AGE (In yrs. last birtho	MONTHS	_	IF UNDER 24 H	RS. J	(Month, Day, Year) (Uly 24, 1	1912	Country	PLACE (State or Foreign) Yland	
OR	9a. FACILITY NAME (If not institution, give Union Hospital of		town or kton	R LOCATION C	OF DEAT	ГН	9c. COUNTY OF DEATH Cecil					
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10s. COUNT Maryland Ceci			city, town o	R LOCATIO	ON					10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 100 Laurle Drive					ZIP CODE 21921	Т		1	S.A.	HAT COUNTRY?	
BY FUN	t1. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 K IF YES, GIVE WAR WO'LD WE	YES 2 NO			city Cuban, M		ORIGIN? (Specify Yar Puarto Rican, atc.)	s or No—		- American Indian, White, etc.	
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	(Give kind	of work done of use retired.)	CCUPATION during mos	N t of working		16b. KINO OF BU				
E COMPLET	17. FATHER'S NAME (First, Middle, Last)	Shellender				16. MOTHER	'S NAMI	E (First, Middle, Meiden Ella Mae		itt		
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rura							of Route Number, City or Town, State, Zip Code) esapeake City, MD 21915				
	20a. METHOD OF DISPOSITION Sept. 13, 1991 20b. PLACE OF DISPOSITION 3 Premoval from State other place) 1 Donation 5 Other (Specify) Cherry H									- City or To	wn, State	
	21. SIGNATURE OF ELINERAL SERVICE L	E. H	ceks		Bow a		cock	Funeral ton Stree		P.A.		
	23. PART I. Entar the diseases, or ahock, or heart failure	complications that of List only one cause	aused the death.	Do not entar	tha mod	da of dying,	, such	an cardiac or reap	olretory a	rreat,	Approximat Interval Bet	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. OUE TO IO	R AS A CONSCIUENC	Ga.	9	Josep	1	esquid	las	an	Opent and	
RTIFICATION	disease or condition	b. DUE TO (O	A	2009	Lan	for the said	A THE	tu The	In	an		
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	R AS A CONSEQUENCE	2 OF)	A au	for all the second seco	en in P	Part I. 24a, WAS AI PERFO	RMED?	and 24b	WEBE AUTOPSY FIT AWAILABLE PRIOR 1 COMPLETION OF C	
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PHO	DUE TO (O	R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE ESTABLE A	Ing in the u	26. PL R: raing Hom	ACE OF DEAT	FH (Chec	PERFO 1 VES	PRMED?	1	WEBE AUTOPSY FINANCIABLE PRIOR TOOMPLETTON OF C	
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WAS CASE REFERRED TO MEDICAL EXAMINER? 2 WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WAS CASE REFERRED TO MEDICAL EXAMINER? 2 WAS CASE REFERRED TO MEDICAL EXAMINER? 3 Suicide 6 Could not be	BUE TO (O DUE TO (O	R AS A CONSEQUENCE R AS A CONSEQ	Ing in the unit of	26. PL R: raing Home 28c. INJI	ACE OF DEAT • 5 Residury AT RK? YES 2 N	TH (Chec	PERFO 1 TYES	INJURY O	CCURED	WEBE AUTOPSY FI	
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Mintural 5 Pending Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only)	DUE TO (O	R AS A CONSEQUENCE R AS A CONSEQ	Ing In the unit of the street, factoring at the	26. PL R: raing Hom 28c. INJ WO 1 U Votory, office	ACE OF DEAT 5	FH (Checkers & Checkers PERFO 1 VES 1 VES Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stell	INJURY O	CCURED wer or Rural I	WEBE AUTOPSY FILE AWALABLE PRIOR COMPLETION OF C OF DEATH 1 YES 2 N		

Elkton, MD

21921



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (4TER 27) (Type,

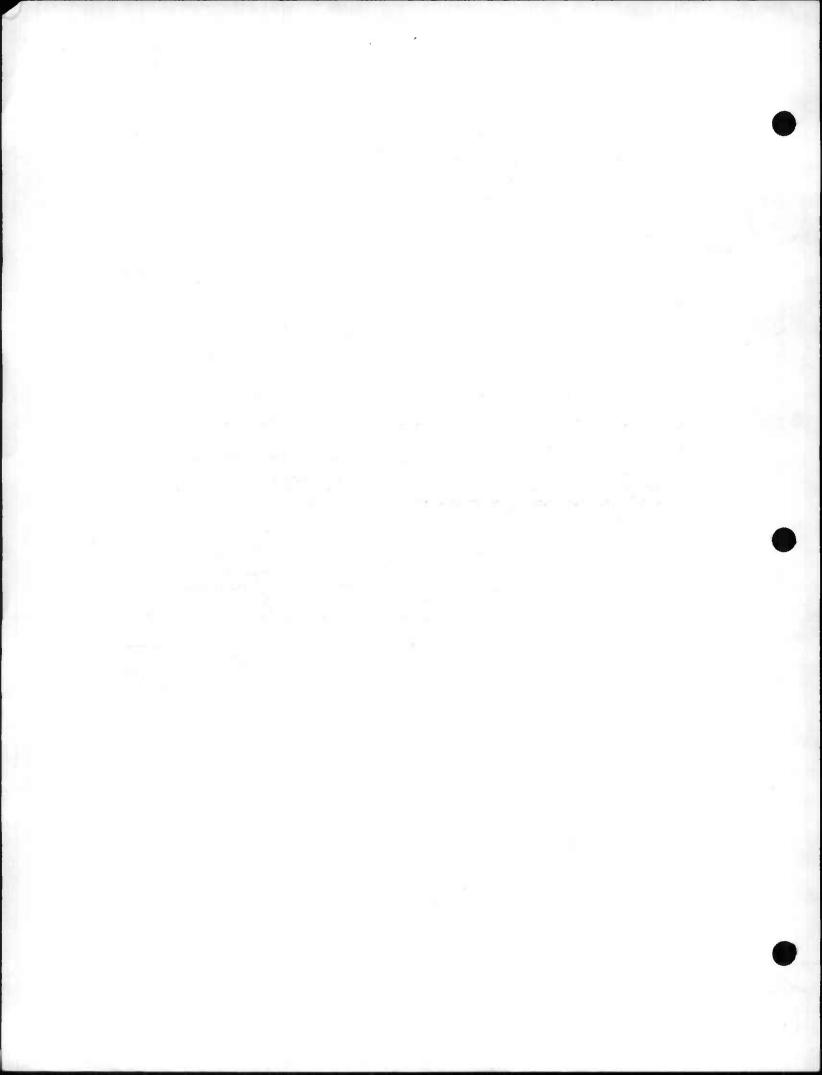
M.D.

721 Bridge

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randell

Street

Joseph G. Lanzi,
31. DATE FILED (MOGIL) DEP 12 '91



- Sept	2
BALTIMORE, MARYLAND 21215-0020	24 mours after death. Page 6 may be retained by the hospital or attending physician. filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit on, or removal. It medical examiner must be notifiled at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burla-transit permit. Page filed within 72 hours after death with the State Dept, or Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (Fil	st, Middle, Last)			-					2. DATE OF DEATH	DAY	YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUI		ACE E.		_ >		VC	7		Septemb	er 12.	1991	1405
	Dec .	5. SEX	6. AGE (In yrs. la		IF UNDE	DAYS	IF UNDE	MIN.	7. DATE OF BIRTH (Month, Day, Year)	/	8. BIRTHPL. Country)	ACE (State or Foreign
9a. FACILITY NAME (If not			88	YRS.				-	11-8-02	2		YORK
		NERAL HOS	TATTAT		9b. CIT		OR LOCATI		EATH	9c. COL	JNTY OF DEAT	
RESIDENCE OF DE		NERAL HOS	PLIAL			SAL	ISBU	RY			WICOM	IICO
10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCA	TION				10	d. INSIDE CITY
MD	WOR	CESTER		P	RING	CESS	ANNE	7				LIMITS?
10e. STREET AND NUMBE	R						, ZIP COD			10a, CI	TIZEN OF WHA	
MANOKIN MA	NOR RE	TIRMENT C	ENTER A	PT. 3	803		218	353			U.S.A	
11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. A	MED	13.	WAS DEC	ENDENT O	OF HISPAN	IIC ORIGIN? (Specify)	fee or No.		-
1 Never Married 2	_	FORCES? 1	YES 2 X	NO		If yes, sp	ecify Cuba	ın, Mexica	n, Puarto Rican, etc.)	-		American Indian, Thite, atc.
3XXWidowed 4 Di						100	I MINO	Specify			Specify: WHIT	Ε
15. DE (Specify o	CEDENT'S EDU	CATION completed)	16a. Di	ECEDENT'S	USUAL O	CCUPATIO	ON of working		16b. KIND OF B	USINESS/IN	DUSTRY	
Elementary/Secondary		College (1-4 or 5		. Do NOT us	e retired.)	during mo	at Of WORM	'U				
12 Years		2 Year	S	SCHO	OL I	FEACE	HER		TEA	CHINO	3	
17. FATHER'S NAME (First,							18, MOT	HER'S NA	ME (First, Middle, Maide	n Sumame)		
HENRY FRA		MARTINEA	J				A	VIS	(UNK) NU	JCOMB		
19a, INFORMANT'S NAME	(Type/Print)		10	b. MAILINO	AODRES	S (Street a	nd Number	or Rural F	loute Number, City or To	wn, State, Zi	p Code)	
JOHN B. ST				3607	FAIF	RWAY	DR.	HAYS	, KANSAS	6710	07	
20a. METHOD OF DISPOSI 1 ☐ Burial XIX Cremat	TION	oval from State	20b. PLACE	AND DATE	OF DISPOS	SITION (Na	me of		OATE 20c. L	OCATION -	City or Town,	State
4 Donation 5 Doth	r (Specify)		SAL	ESBUR			CORY		9-14 SA	LISBU	JRY. MA	ARYLAND
21. SIGNATURE OF FUNER	AL SERVICE LE	PENSEE	egy "	1	22.		O ADDRE		PILITY			
10	1	11.0	11	1	,	HOLI	LOWAY	FUN	ERAL HOME	1		
23. PART I. Enter the	disease or	complications the	Course Hard	4	-	001 8	SNOW	HILL	RD. SAI	TSBOL	RY, MD	21801
eriock, or	neert lanure.	List only one ceu	se on each line	L.	iot enter	r the mo	ae or ayı	ng, aucr	as cerdiec or rea	piratory ar	reat,	Approximeta Interval Between
IMMEDIATE CAUSE (F disease or condition	Inei	_	1.		- /	d						Onset and Deat
resulting in daeth)	→	a. ()	raige		re	n.						
		DUE TO	(OR AS A CONSE	DUENCE OF	7):							
Sequentially list condi		b	(OR AS A CONSE	D.								
If any, leading to immediate. Enter UNDERLY		502 10	TON NO N CONSE	20ENCE OF	·):							
CAUSE (Disease or Inj		c	(OR AS A CONSE	DUENCE OF	n.							
recuiting in death) LA	ST		(ochoc or	,.							
		d										
PART II. Other aignific	ent condition	e contributing to	deeth but not r	eculting I	n the ur	nderlying	ceuee g	given in I	Part I. 24a. WAS A	N AUTOPSY		RE AUTOPSY FINDINGS
	mall)	almi	muli 6	eshe	spile.	1	100)	1 _ YES	RMED?	CO	MILABLE PRIOR TO MPLETION OF CAUSE
				2			11			110		DEATH? YES 2 NO
									_		1 '	J IES 2 NO
25. WAS CASE REFERRED	TO MEDICAL					26. PL	ACE OF D	EATH (Che	ck only one)			
EXAMINER?		HOSPITAL:	ER/Outpatient 3	DOA	OTHER 4 Num	R:			B C Other (Specify)			
27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIME		28c. INJ		arcience (28d. DESCRIBE HOW	INJURY OC	CURED	
	Pending Investigation	(Month, Di	sy, Year)	JUNI	JRY M	WO 1 Y	RK?	ON			CONLO	
2 Accident 3 Suicide		28a. PLACE O	F INJURY — At ho	me, term, a	treet, fact			,	28f LOCATION (Street	and Atomba	on Promit Books	
4 Homicide	Could not be determined	building,	etc. (Specify)		- ci (mot	. J. yı wingi			28f. LOCATION (Street City or Town, State	eriu nyumber e)	or nursi Houte	rvumber,
29a. CERTIFIER	TIEVING TO			020								
(Check only									to the cause(a) and mi			
			amination and/or i	rrveatigation	n, in my o	opinion, de	ath occur	ed at the t	lime, data and place, a	nd due to th	ne cause(a) and	d manner sa stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE			11	1		29c. LICE	NSE NUM	BER	29d. DAT	E SIGNED (Mo.	nth, Day, Year)
-	168	mor		100	1		D	25.	2/7	•	9-12-	4/
Charles	Cland	nau-	E OF OEATH (ITE	-	Print)	Bo	, 2	D.	uncess F	lun.	mol	
31. DATE FILED (Month, A	Year)		P'S SIGNATURE			100		- 1	MICE/VI F	TIVE	11101	
2Fh T >		grande	Many-Novie									

ACCEPTED ACTION

the state	det		5
3	Ę,		7
ned	pno		5
retai	Sh		O
2	90		9
nay	Da		0 15
9	Cto		Ë
age	dire		-
E,	era		퉅
dea	P fur	-	ехэ
after	y th	POVA	Tea
N.	qui	ren	pe
8	pall	1, 0	E
n 24	N A	ation	ŧ
A S	plete	me.	ent,
Pa	mo:	al.	5
acut ecut	pu	pari	atic
8	an a	0	E
te b	Sici	prior	E
ifica	E d	ane	her
Cert	ding	M	10
att.	tten	tal.	0,
e de	he a	Men	F
t t	6	Du	트
th		中	an
uire	Sign	Hea	*
Je G	Heen	10	Sho
MP	as t	Dept	23
The	ite h	ate 1	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at on
SICI	Cer	4	d, a
E	this	With	rke
NG	After	eath	E
END	R: A	er d	50
ATT	6	s aft	1 28
S	DIRE	DOUT	тет
IAL	AL	2	Man Page
SPI	NER	Pin Pin	H
H	己	W	M
F	H	filed	6
2	2	2	Ξ

2

1. DECEDENT'S NAME (First, Middle, LISA	KARIL				STII	ΞR		2. DATE OF	DEATH PAY	MEAG	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF I	ч	A BIRTHS	ACE (State or Foreign	
214-88-5268	1 □ M 2 XXF	25	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De 2-4-	y, Year) 66	MAR MAR	YLAND	
90. FACILITY NAME (If not institution, LEONARD MILL RESIDENCE OF DECEDER	POND - PA	ARK		9b. CITY,		n LOCATIO			9c. CO	I COM	ATH	
DEL	OUNTY SUSSEX		10c. CIT	Y, TOWN O		ION					10d. INSIDE CITY LIMITS? YES 2 NO	
	401 EAST STATE ST.			101. ZIP CODE 19940						10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
1. MARITAL STATUS Never Merried 2 Married FORCES? 1 YES 2 Nover Merried Widowed 4 Divorced IF YES, GIVE WAR OR DATES 15. DECEDENT'S EDUCATION 15e DEC			MED	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify You specify Cuben, Mexican, Puerto Ricen, etc.) 1 YES 2 NO Specify:						fee or No.— 14. RACE — American Indian, Black, White, atc. Specify: WHITE		
(Specify only highest Elementary/Secondary (0-12) 12 Years	College (1-4 or 5+) 3 Years STUDENT NONE							NESS/INDUSTRY				
17. FATHER'S NAME (First, Middle, La												
WILLIAM CLEATUS STIER, SR. CAROL ANN WILGUS 199. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number or Paural Route Number, City or Town, State, Zip Code)												
WILLIAM CLEATU		19										
20e METHOD OF DISPOSITION	9-9-9	20b. PLACE					ILIS.	BURY,	MD 2180 20c. LOCATION -		. 04-4-	
1 ☐ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify)	Removal from State	WICOM	matory or o	ther placel			,	9-9			MARYLAND	
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	/	100 1	22. N	HOLI	LOWAY	S OF FAC	NERAL				
23. PART I. Entar tha diseases ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	Blut A	caused the date on each line	he	ot entar	the mod	le of dyli	ng, auch	n aa cardisc	or reapiratory a	rrest,	Approximata Interval Batwo Onsat and De	
	0			,.	0	60	nud	16 2	neck			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	OR AS A CONSEC		7:				0				
that initiated events reaulting in death) LAST	d.	OR AS A CONSEC	OUENCE OF	ŋ:								
PART II. Other algorificant cond	ditiona contributing to d	eath but not r	eaulting i	n tha und	ierlying	cause g	ivan in i		WAS AN AUTOPSY PERFORMED? YES 2 NO		VERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?	
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1/2 YES 2 NO	HOSPITAL:			OTHER				ck only one)	77.7	DW		
27. MANNER OF DEATH	1 Inpatient 2 I	IJURY	28b. TIMI		ng Home 28c. INJU		ildence	8 Other (Spi	E HOW INJURY OF	RK	HD TDOM	
1 Natural 5 Pending 2 Accident Investiga	(Month, Day	found		URY	WOR	IK?	NO			CUT	UBJECT	
3 Suicide 6 Could no	28e. PLACE OF building, at	INJURY - At ho		treet, facto	ry, office				N (Street and Number	NARD	MTLL PO	

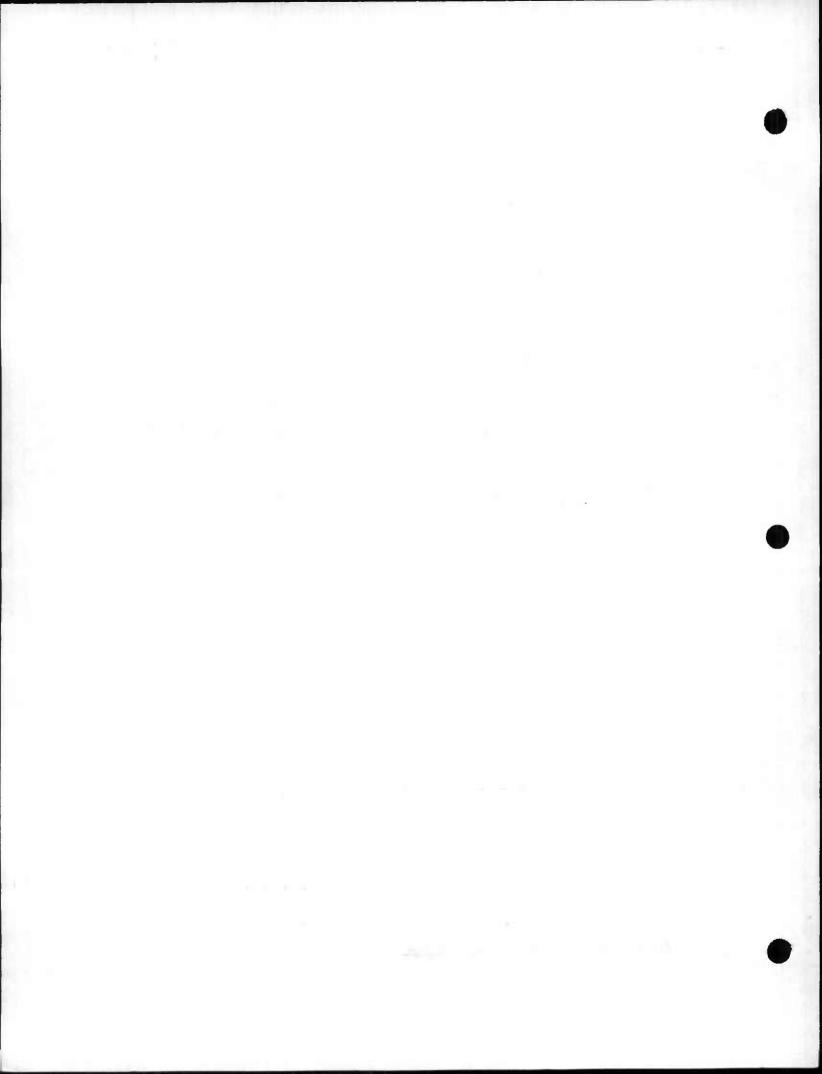
EXAMINER?	reck only one)			
TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 Nur	R: sing Home 5 - Residence	X 8 Other (Specify) PARK
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	289. OATE OF INJURY (Month, Dey, Year) 9-4-91 found	7:45AM	28c. INJURY AT WORK? 1 YES 2 X NO	28d. OESCRIBE HOW INJURY OCCURED SUBJECT BEATEN AND CUT
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, building, etc. (Specify)	ARK	lory, affice	281. LOCATION (Street and Number on Rung Pout Mumber L. POND PARK DELMAR, MARYLAND
29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowledge, death	occurred at the t	lime, date end piece, end due	to the cause(s) and mariner as stated

O.C.M.E. SEPTEMBER 16015, 1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 PENN ST. BALTIMORE, MD. DIXON M.D.

SEP 0 9 91 32. REGISTRAR'S SIGNATURE whia Savidson Random



BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending phys	by the funeral director, page 5 should be detached for use as the buri- moval.	ical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

9 | STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HE	ALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF DEATH
	JOSEPH	LINE NMN SAHN	MOM				15,199	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) IF t	NOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8. E	IRTNPLACE (State or Foreign
1	578 18 8230	1 □ M 2 1 F 86	YRS. MON	THE DAYS	HOURS MIN.	10-7-04		Wash., DC
1	9e. FACILITY NAME (If not institution, give	street and number)	9b.	CITY, TOWN OF	LOCATION OF D		9c. COUNTY	
DIRECTOR	Calvert Memorial	Hospital	Pr	ince F	rederic	k, Md	Calve	ert
R	10s. STATE 10b. COUN	TY	10c. CITY, TO	WN OR LOCATIO	ON			10d. INSIDE CITY LIMITS?
100000	MD C	alvert	Nort	h Beach	1			1 YES 2 NO
M	10e. STREET AND NUMBER			101,	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
4	8919 Erie Ave	nue			20714		US	A
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED	13. WAS DECE	NDENT OF HISPAI	NIC ORIGIN? (Specify Ye	or No- 14.	RACE — American Indian, Black, White, atc.
ВУ	1 Never Married 2 Married	Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES				in, Puerto Rican, etc.) y:		Specify:
								white
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION (e completed)	(Give kind of work of life. Do NOT use retir	AL OCCUPATION tone during most	of working	16b. KIND OF BU	SINESS/INDUST	RY
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)	IITE. DO NOT use retil	red.)				
W	8		journeyw	oman		print		
	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden	Surname)	
BE	Dominik	C	aporratti		Rose	Palmir		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and	Number or Rural	Route Number, City or Tow	m, State, Zip Cod	•)
	Madeline Bynum		same as	#10				
	20s. METNOD OF DISPOSITION 1 ☑ Burlat 2 ☐ Cremetion 3 ☐ Re	moval from State 20b	. PLACE AND DATE OF DIS	SPOSITION (Nami	e of		CATION — City	
	4 Donation 6 Other (Specify) 31. SIGNATURE OF FUNERAL SERVICE-L		ort Lincoln				ntwood	Maryland
	21. SIGNATURE OF FURGINAL SERVICES	Densie		22. NAME AND	ADDRESS OF FA	Raus	ch Fun	eral Home
	111 - Wheel	el tho		P.O. Bo	x 45 Ow	ings Maryl		
	23. PART I. Enter the diseases, or	complications that couse	the death. Do not e	ntar the mod	of dying, suc	h as cerdiac or resp	ratory arrest.	Approximate
	shock, or haert failura IMMEDIATE CAUSE (Final	. List only one cause on a	ach line.					Interval Between Onset and Death
	disease or condition	Inc	maria					1 Day
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF		1	Λ Λ		, ~ ,
z		· Cere	consequence of:	500	lar	Accid	01.	- I mount
CERTIFICATION	Sequentially list conditione, if any, laading to immediate	DUE TO (OR AS A	CONSEQUENCE OF:			1	-0-	11101111
S	Cause. Enter UNDERLYING CAUSE (Disease or Injury	a Cerc	brak	ath	cros	cleros	15	years
E	that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):					
E	resulting in death) LAST	d						
1	PART II. Other significant condition	ne contribution to death b	us met manufalme la sh	a constitution				
SAL	- Harris and and and conduction	to deeth b	ut not resulting in the	e underlying	cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC						1 TYES 2	- NO	COMPLETION OF CAUSE OF DEATH?
X								1 - YES 2 - WO
PHYSICIAN:								
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			CE OF DEATH (Ch	eck only one)		
YSI	1 TES 2 100	1 Impatient 2 ER/Outp		HER: Nursing Nome	5 - Residence	6 Other (Specify)		
H	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJUR	RY AT	28d. DESCRIBE NOW 1	NJURY OCCURE	0
BY	1 Natural 5 Pending 2 Accident Investigation				8 2 NO			
ED	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec	- At home, farm, street,	factory, office		281. LOCATION (Street I	and Number or Ru	rel Route Number,
=	4 Nomicide determined					City or Town, State)		
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PNY	SICIAN: To the best of my know	ledge, death occurred at i	the time, data as	nd place, and due	to the cause(s) and mar	oner no stated	
N	one) 2 MEDICAL EXAMIN	ER: On the basis of examination	and/or investigation, in	my opinion, dea	th occured at the	time, data and place, an	d due to the cau	se(a) and menner se stated
	296 SIGNATURE AND TITLE OF CERTIFIE		01		29c, LICENSE NUA			
BE	(ent	Zo L	1)	ľ	_	6010	29d. OATE SIG	NEO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Force Drive)		0	9010	- >	-16-1/
	Craig Jeschke, M				1.J			/
	31. DATE SHED MOUNT DOWN THAT		rince Frede	er TCK'	ICI			

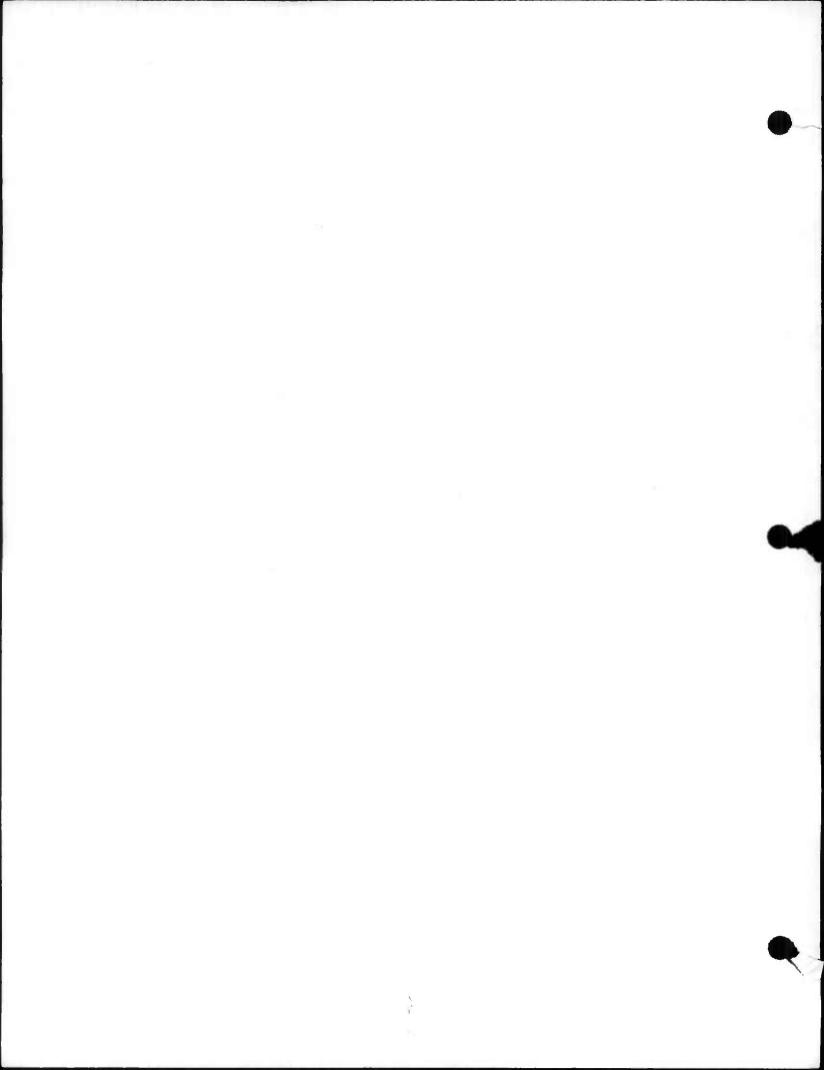
AND THE PROPERTY OF

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writer after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTIVE actificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be start the state Decl. or Health and Mental Hydrele prior to burial, cremation, or emboral.
AND THE PROPERTY OF THE PROPER

	1 - STATE REGISTRAR			ERTIF	ICALE	OF D	EAIN		RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, L	TRUMAN	→ H .	THOM	ASTJ	R.			DATE OF DE	DAY	o eye	R	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		IF UNDER 1		UNDER 24 H	RS. 7.	DATE OF BIR	-/01	-	_	1705 P M CE (State or Foreign
	212-54-6806	1 M 2 □ F	4/1				DURA MI	_	(Month, Day,	4-49	C	ountry)	land
	9a. FACILITY NAME (If not institution,		-1 4	-CD	-	TOWN OR L				90	COUNTY	OF DEATH	
DIRECTOR	Shady Grove I	dventist	Hosp.	WP	Rô	ckvi	11e	-L t	2		Mont	gom	ery
HEC	10a. STATE 10b. CO			10c. CIT	Y, TOWN OF	LOCATION	Ē.					10d	INSIDE CITY
	Maryland Mo	ontgomery			Pool		lle P CODE			100	CITIZEN	X	YES 2 NO
FUNERAL	N. 25.	rusalem Te	arraco	Boy	305		2083	27		10	U.S		COONTAIT
J. O.	11. MARITAL STATUS	12. WAS DECEDEN		ARMED	13, W	AS DECENE	DENT OF HI	SPANIC C	ORIGIN? (Spe	ocify Yea or P	io- 14, 1		American Indian, nite, atc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W		1110		YES 2						Specify: Bla	ck
8	15. DECEDENT'S (Specify only highest		18a. 1	DECEDENT'S	USUAL OC	CUPATION	é unekina		16b. KIND	OF BUSINE			O.V.
	Elementary/Secondary (0-12)	College (1-4 or 5 +	- 6	ife. Do NOT u	se retired.)		Working			37-			
COMPL	17. FATHER'S NAME (First, Middle, Las	2 Yrs		Pal	nter		a. MOTHER	S NAME	(First, Middle.	No Malden Sum			
Ж ш	Truman H		Sr.						lys L				
be notified a	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street and			Number Cit			e.	Md
2 -	Mr Truman H.	Thomas Si	r.		<u>09 J</u>	erus	alen	ı Te	rrac		Box	395	
unst	1 X Burlet 2 Cremation 3 L		other	usal						Pool			
examiner must	21. SIGNATURE OF FUNERAL SERVI	CE LIGHNSEE	,						RAL				
	Searce,	K./buo	wde	U									ille, Md
dica	23. PART I. Enter the diseases			daath. Do	not enter	the mode	of dying,	auch a	s cardiac c	or respirate	ory arreat,		Approximate
9	shock, or heart lai	lure. List only one cau											Interval Batween
the m	IMMEDIATE CAUSE (Final disease or condition						REST	av	rp(+	•		
vent, the medical	IMMEDIATE CAUSE (Final	a. CAI	RDIO-	PULM- PULM- SEQUENCE O	ONAR	y ar							Interval Batween
event,	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CAI	RDIO- CLIO- OR AS A CONS	PULM-PULM SEQUENCE OF C	ONAR	y ar		AN	res.				Interval Batween
event,	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CAI	COR AS A CONS	PULM SEQUENCE OF COMMENCE OF C	ONAR Um Gan	Y AR	-ORG	SAN	FAIL				Interval Batween
event,	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CAI OUE TO DUE TO S. S. C.	COR AS A CONS	PULM- BEOUENCE C - OYC BEOUENCE C	ONAR ONAR M Gan	Y AR	PTIC	SAN CEMI	FAIL A	URE			Interval Batween
or other traumatic event,	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. OUE TO b. DUE TO c. DUE TO	RDIO- COR AS A CONS COR AS A CONS PTIC	PULM- BEOUENCE C - OYC BEOUENCE C	ONAR ONAR M Gan	Y AR	PTIC	SAN CEMI	FAIL	URE			Interval Batween
ry, or other traumatic event, CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CAI OUE TO DUE TO C. DUE TO d. C.	RDIO- COR AS A CONS COR AS A CONS COR AS A CONS COR AS A CONS COR AS A CONS	PULM SEQUENCE OF OF OF OF OF OF OF OF OF OF OF OF OF	ONAR	Y AR ULTI SE	PTIC	CEMI CRO	FAIL A DHN, S	URE	EASE	24b. WE	Interval Batween Onset and Death Death REAUTOPSY FINDINGS ALLABLE PRIOR TO
any injury, or other traumatic event,	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions.	a. CAI OUE TO DUE TO C. DUE TO d. C.	RDIO- COR AS A CONS COR AS A CONS COR AS A CONS COR AS A CONS COR AS A CONS	PULM SEQUENCE OF OF OF OF OF OF OF OF OF OF OF OF OF	ONAR	Y AR ULTI SE	PTIC	CEMI CRO	FAIL OHN, S	URE DIS	EASE	24b. WE AM	Interval Batween Onset and Death Onset and Death ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
hows any Injury, or other traumatic event, MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	a. CAI OUE TO DUE TO C. DUE TO d. C.	RDIO- COR AS A CONS COR AS A CONS COR AS A CONS COR AS A CONS COR AS A CONS	PULM SEQUENCE OF OF OF OF OF OF OF OF OF OF OF OF OF	ONAR	Y AR ULTI SE	PTIC	CEMI CRO	FAIL OHN, S	DIS WAS AN AUTPERFORME	EASE	24b. WE AM	Interval Batween Onset and Death Death ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE
hows any Injury, or other traumatic event, MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	a. CAI OUE TO DUE TO C. DUE TO d. CV ditiona contributing to	RDIO- COR AS A CONS COR AS A CONS COR AS A CONS COR AS A CONS COR AS A CONS	PULM SEQUENCE OF OF OF OF OF OF OF OF OF OF OF OF OF	ONAR	Y AR ULTI SE Ca derlying c	PTIC	CEMI CRC	FAIL DEN, S rt l 244	DIS WAS AN AUTPERFORME	EASE	24b. WE AM	Interval Batween Onset and Death Onset and Death ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
hows any Injury, or other traumatic event, MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	a. DUE TO b. DUE TO c. DUE TO d. V ditiona contributing to	RDIO- (OR AS A CONS (OR AS A CONS	PULM PULM SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C 3 □ DOA	ONAR	Y AR ULTI SE derlying c	EPTIC Cause give	CRC on In Pa	FAIL OEN, S only one)	URE DIS WAS AN AUTH PERFORME YES 2 1	EASE	24b. WE AW CO	Interval Batween Onset and Death Onset and Death ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
or item 23 shows any Injury, or other traumatic event, YSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions in the condition of the conditions of the	a. CAI DUE TO DUE TO C. DUE TO d. V ditiona contributing to CAL HOSPITAL: 1 1 Inpatient 2 (Month, I.	RDIO- (OR AS A CONS (OR AS A CONS	PUI.M. PUI.M. SEOUENCE C SEOUENCE	ONAR	Y AR ULTH SE Ca. PLACE States Home 28c. INJUF WORN	EPTIC CE OF DEAT	CRC CRC CH (Check ance 8 [21	FAIL OEN, S ort I. 24a. conty one)	URE DIS WAS AN AUTH PERFORME YES 2 1	EASE	24b. WE AW CO	Interval Batween Onset and Death Onset and Death ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
is marked, or item 23 shows any injury, or other traumatic event, D BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions in death and investigations are conditions. 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigations are conditions.	B. DUE TO DUE TO C. DUE TO d. CY dittona contributing to CAL HOSPITAL: 1 Inpatient 2 Of (Month, Institute of Month, Institut	RDIO- (OR AS A CONS (OR AS A C	PUI.M. PUI.M. SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C	ONAR OTHER OTHER OTHER OURY M	Y AR ULTI SE derlying c 26. Place 1: Work 1 Yei	CPTIC Cause give	CEMI CRC	FAIL OEN, S only one)	DIS WAS AN AUTH PERFORME YES 2 (3) HOW INJURY	EASE TOPSY D7 TNO	24b. WE AM COOP 1 [Interval Batween Onset and Death ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE T DEATH? YES 2 NO
28 is marked, or item 23 shows any injury, or other traumatic event, TED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in death) LAST PART II. Other algnificant conditions in death) LAST 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investig 2 Accident Investig 3 Suicide 6 Could in distarmined.	B. DUE TO DUE TO C. DUE TO d. CY dittona contributing to CAL HOSPITAL: 1 Inpatient 2 Of (Month, Institute of Month, Institut	RDIO- COR AS A CONS COR AS A C	PUI.M. PUI.M. SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C	ONAR OTHER OTHER OTHER OURY M	Y AR ULTI SE derlying c 26. Place 1: Work 1 Yei	CPTIC Cause give	CEMI CRC	FAIL TA DEN, S rt I. 24a. 1 conly one) Other (Speed ad. DESCRIB	DIS WAS AN AUTH PERFORME YES 2 (3) HOW INJURY	EASE TOPSY D7 TNO	24b. WE AM COOP 1 [Interval Batween Onset and Death ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE T DEATH? YES 2 NO
28 is marked, or item 23 shows any injury, or other traumatic event, TED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in death) LAST PART II. Other algnificant conditions in death) LAST 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investig 2 Accident Investig 3 Suicide 6 Could in distarmined.	B. DUE TO DUE TO C. DUE TO d. CY dittona contributing to CAL HOSPITAL: 1 Inpatient 2 Of (Month, Institute of Month, Institut	RDIO- (OR AS A CONS (OR AS A CONS	PUI.M. PUI.M. SEQUENCE C S SEQUENCE C S S S S S S S S S S S S S S S S S S S	ONAR OTHEF OTHEF A INAM ME OF JURY MI street, factor Tred at the ti	Y AR ULTH SE 26. PLACE 27. String Home 28c. INJUF WORN 1 YE Ory, office	CPTIC Cause give	CRC on In Paris	FAIL OHN, S only one) other (Speed DESCRIB	URE DIS WAS AN AUTOPERFORME YES 2 HOW INJURY N (Street and wannesseed)	FASE TOPSY D? NO Number or I	24b. WE AMM CO OF 1 [Interval Batween Onset and Death Bre Autopsy Findings All ABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO NO NUMber,
8 is marked, or item 23 shows any Injury, or other traumatic event, ED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in death LAST PART II. Other algnificant conditions in death LAST 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 P NO 27. MANNER OF DEATH 1 Natural 5 Pending Investig 3 Suicide 6 Could in determine the death of the death	a. DUE TO DUE TO C. DUE TO C. DUE TO d. V ditiona contributing to Additiona contributing to 28e. DATE Of (Month, Ical) astion 28e. PLACE of building PHYSICIAN: To the best of the basis of the basi	RDIO- (OR AS A CONS (OR AS A CONS	PUI.M PUI.M SEOUENCE C - O Y C - SEOUENCE C - O Y C - SEOUENCE C - O Y C	ONAR OTHEF OTHEF A INAM ME OF JURY MI street, factor Tred at the ti	Y AR ULTI SE Ca. derlying c 28. PLAC 31. sing Home 28c. INJUF WORK 1 YE ory, office	CPTIC Cause give	CRC on In Pai	FAIL TA DEIN, S rt I. 24a. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DIS WAS AN AUTHORITY PERFORME J YES 2 (1) HOW INJUSTED AN (Street and wrn, State) and manner place, and d	EASE TOPSY D7 NO Number or I	24b. WE AM CO OF 1 [Interval Batween Onset and Death Bre Autopsy Findings All ABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO NO NUMber,

32. REGISTRAR'S PIGNATURE PORTER

31. DATE FILED (Morith, Day, Year)
SEP 12 '91



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the financial director name 5 should be described for use as the business and completely filled in by the financial director name 5 should be described.

I STATUS Merried 2 Merried Modern M	Nursing Ho OUNTY ntgomery reet 12. WAS DECEDEN FORCES? 1	Thom a. AGE (in yrs. 73	YRS.	9ь. Сіту, то Wh	DAYS	IF UNDER 2		2. DATE OF DEATH DATE OF SEPT. 12, 7. DATE OF BIRTH (Morith, Day, Year)	, 199	YEAR	12:50 AM
07-3865 IV NAME (If not institution, olph Hills NCE OF DECEDEN 10b. Ct land Mottand Mottand Number 3 Sloan St. Latatus Merried 2 Merried Med 4 Divorced 15 DECEDENT'S	give street and number) Nursing Ho Trounty ntgomery reet 12. WAS DECEDEN FORCES? 1	73	YRS.	9b. CITY, TO Wh	DAYS	-		7. DATE OF BIRTH		- 1	12:30 M
TO NAME (If not institution, Olph Hills NOE OF DECEDEN 10b. Ct Land TAND NUMBER 3 Sloan St: L STATUS Merried 2 Merried wed 4 Divorced 15 DECEDENT'S	give street and number) Nursing Ho Tr OUNTY ntgomery reet 12. WAS DECEDEN FORCES? 1		10c. CITY	9ь. Сіту, то Wh		HOURS		(Month, Day, Year)		R BIRTHPI	ACE (State or Foreign
Olph Hills NCE OF DECEDEN 10b. Ct land Mon T AND NUMBER 3 Sloan St: STATUS Merried 2 Merried wed 4 Divorced 15. DECEDENT'S	Nursing Ho OUNTY ntgomery reet 12. WAS DECEDEN FORCES? 1	ome		Wh	OWN (MIN.	July 8, 19		Country)	ngton, D
I STATUS Merried 2 Merried Modern M	ntgomery reet 12. WAS DECEDEN FORCES? 1	me				OR LOCATION				TY OF DEA	
10b. Ct AND NUMBER 3 Sloan St: L STATUS Merried 2 Merried wed 4 Divorced 15. DECEDENT'S	ntgomery reet 12. WAS DECEDEN FORCES? 1			TOWN OF	eat	ton			Mon	tgome	ry
T AND NUMBER 3 Sloan St: L STATUS Merried 2 Merried wed 4 Divorced 15. DECEDENT'S	reet 12. WAS DECEDEN FORCES? 1				LOCAT	TION					
3 Sloan St: L STATUS Merried 2 Merried wed 4 Divorced	12. WAS DECEDEN FORCES? 1			ockvi							LIMITS?
L STATUS Married 2 Married wed 4 Divorced 15. DECEDENT'S	12. WAS DECEDEN FORCES? 1				101	f. ZIP CODE			10g. CITIZ		T COUNTRY?
Married 2 Married wed 4 Divorced 15. DECEDENT'S	FORCES? 1					20853					tates
15. DECEDENT'S	IF YES, GIVE W	T EVER IN U.S. YES 2 [WAR OR DATES	ARMED NO	If y	es, sp	CENDENT OF ecify Cuban, 2 (XNO	HISPANIC Maxican, Specify:	C ORIGIN? (Specify Yes Puarto Rican, etc.)	or No-	14. RACE — Black, V Specify:	American Indian, Vhite, etc.
	EDUCATION	16a.	DECEDENT'S I	ISUAL OCCI	JPATIC	ON		16b. KIND OF BUS	INFOCUNDI	ICTIN	White
(Specify only highest lary/Secondary (0-12)	grade completed) College (1-4 or 8-		(Give kind of willite. Do NOT use	ork done dud	ng mo	est of working			ed Sta		
12		'	dminis	trati	ve	Assis	stan		nmen		
	st)					18. MOTHE	R'S NAM	E (First, Middle, Maiden :	Sumame)		
	L				_		ockv:				
2 Cremation 3		cemetery.	crematory or oth	er piacal			- 0				
		Gate	от пе	22. NA	ME AN	ID ADDRESS	OF FACIL	ITY			
				Rob Che Bet	ert vy hes	Chase sda, N	Pumple, II	hrey Funer nc., 7557 land 208]	al Ho Wisco 4-350	ome/B onsin	ethesda Avenue
E CAUSE (Final	SEP-	Ticfm	ra.		a mo	da of dyin	g, such	ss cardiac or raspli	atory arre	st,	Approximata interval Betwood Onsat and Da
ding to immediata tar UNDERLYING isease or injury ted events	b. IN AA DUE TO	(OR AS A CONS	OF SECUENCE OF	5£ V&A	4	ALZ	HE	mers de	er Epl7	A	WEEK.
Abor almost and a								- 1 T	UJTOPSY	24b, WE	
thar significant cond	itions contributing to	death but no	t resulting in	tha under	riying	cause giv	en in Pa	PERFORI			
thar significant conc	mions contributing to	death but no	t resulting in	tha under	rlying	g cause giv	en in Pa		MED?	CO OF	AILABLE PRIOR TO
		death but no	t resulting in					PERFORI	MED?	CO OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
SE REFERRED TO MEDICA	AL HOSPITAL:			OTHER:	26. PL	ACE OF DEA	TH (Check	PERFORI	MED?	CO OF	MPLETION OF CAUSE DEATH?
SE REFERRED TO MEDICA	AL HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, De	ER/Outpatient		OTHER: OF 286	Home	ACE OF DEA	TH (Check	PERFORI	MED? 【¥NO	AM CO OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
THE PARTY NAMED IN COLUMN TWO IS NOT THE PARTY N	Y E. Jones Kaibn: Kaibn: Do of Disposition Compation 3 On 5 Other (Specify) URE OF FUNERAL SERVICE I. Enter the diseases, shock, or heart fail or condition in death) Intelligible to immediate the UNDERLYING disease or injury ted events in death) LAST	MANT'S NAME (Type/Print) Kaibni DO OF DISPOSITION 2 Cremation 3 Ramoval from State Ion 5 Other (Specify) URE OF FUNERAL SERVICE UCENSEE I. Enter tha diseasea, or complications the shock, or heart failure. List only one cause of condition in death) I. Enter the diseasea, or complications the shock, or heart failure. List only one cause or condition in death) DUE TO DUE TO DUE TO d. DUE TO d. DUE TO d. DUE TO	S NAME (First, Middle, Lest) Y E. Jones MANT'S NAME (Type/Print) Xaibni DO OF DISPOSITION 2 Cometion 3 Ramoval from Stata cometery. Gate One of Funeral Service Ucense MO08* I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each if condition in death) DUE TO (OR AS A CONSTANT UNDERLYING lisease or injury DUE TO (OR AS A CONSTANT UNDERLYING LISEA UNDERLYING LI	S NAME (First, Middle, Last) Y E . Jones MANT'S NAME (Type/Print) DO OF DISPOSITION 2 Cremation 3 Removal from Stata In Other (Specify) DO OF DISPOSITION 2 Other (Specify) DO OF DISPOSITION 2 Ob. PLACE AND DATE OF Cemetery, crematory or oth Gate of Head Committee of Head Committee of Head MOO 877 I. Enter the diseases, or complications that caused the death. Do not shock, or heart failure. List only one cause on each line. TE CAUSE (Final or condition in death) DUE TO (OR AS A CONSEQUENCE OF). Ally list conditions, diving to immediate that UNDERLYING lisease or injury ted events in death) LAST DUE TO (OR AS A CONSEQUENCE OF). DUE TO (OR AS A CONSEQUENCE OF). DUE TO (OR AS A CONSEQUENCE OF). DUE TO (OR AS A CONSEQUENCE OF). DUE TO (OR AS A CONSEQUENCE OF).	S NAME (First, Middle, Last) Y E. Jones MANT'S NAME (Type/Print) DO OF DISPOSITION 2 Cremation 3 Ramoval from State Ion 5 Other (Specify) DIRE OF FUNERAL SERVICE UCENSEE MO0877 I. Enter the diseases, or complications that caused the death. Do not enter the shock, or heart failure. List only one cause on each line. TE CAUSE (Final or conditions, in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):	S NAME (First, Middle, Last) Y E. Jones MANT'S NAME (Type/Print) TO OF DISPOSITION 2 Cremation 3 Ramoval from Stata In Other (Specify) To Other (Specify) Letter the diseases, or complications that caused the death. Do not enter the most shock, or heart failure. List only one cause on each line. The CAUSE (Final or conditions in death) The Conditions, ding to immediate that conditions, and the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions, ding to immediate the conditions, ding to immediate the conditions, ding to immediate the conditions, ding to immediate the conditions, ding to immediate the conditions, ding to immediate the conditions, ding to immediate the conditions, ding to immediate the conditions, ding to immediate the conditions, ding to immediate the conditions, ding to immediate the conditions, ding to immediate the conditions, ding to immediate the conditions of the conditions	Is NAME (First, Middle, Last) Y. E. Jones MANT'S NAME (Type/Print) DO OF DISPOSITION Corporation 3 Removal from Stata In of ther (Specify) DO OF DISPOSITION (Name of committee) Committee, crematory or other place) Gate of Heaven Cemetery Committee, crematory or other place) Gate of Heaven Cemetery Committee, crematory or other place) For the aven Cemetery Committee, crematory or other place) Com	Is NAME (First, Middle, Last) Y. E. Jones MANT'S NAME (Type/Print) Kaibni DO OF DISPOSITION 2 Of DISPOSITION 2 Other (Specify) DORE OF FUNERAL SERVICE UCENSEE MOO877 I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such shock, or heart failure. Liet only one cause on each line. TE CAUSE (Final or conditions, in death) In the conditions, ding to immediate the current conditions, ding to immediate the runderly in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	Is. MOTHER'S NAME (First, Middle, Last) Y. E. Jones MANT'S NAME (Type/Print) DO OF DISPOSITION 2 Cremation 3 Ramoval from Stata Ion 5 Other (Specify) JIRE OF FUNERAL SERVICE LICENSEE MO0877 I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspir for condition in death) JIR CAUSE (Final recorditions, diagraph of the conditions, and the conditions, diagraph of the conditions, diagraph of the conditions, diagraph of the conditions in death) Last only one as a consequence of: JIN AN ITES DO STANGE AND ADDRESS OF FACILITY ROOP TO CAUSE (Final recorditions, diagraph of the conditions, diagraph of the conditions, diagraph of the conditions, diagraph of the conditions, diagraph of the conditions of the condit	Is. MOTHER'S NAME (First, Middle, Lest) Y. E. Jones Izorah Dodo MANT'S NAME (Type/Print) Kaibni DO of Disposition 2 Cremetten 3 Ramoval from State Ison of Heaven Cametery Received Outer of Funeral Service Ucensee MO0877 I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrespond in death) DUE TO (OR AS A CONSEOUENCE OF): DUE TO (OR AS A CONSEOUENCE OF): Ison of Mant's NAME (First, Middle, Maiden Surname) Izorah Dodo Izorah Dodo Name (First, Middle, Maiden Surname) Izorah Dodo Izorah Izorah Dodo Name And Number or Rural Route Number, City or Town, Stete, Zip or Town, St	Is MAME (First, Middle, Lost) Y E. Jones Izorah Dodge MANT'S NAME (Type/Frint) Kaibni DO OF DISPOSITION 2 Cremation 3 Ramoval from State lon 5 Other (Specify) DRE OF FUNERAL SERVICE LICENSEE MO0877 I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on aach line. TE CAUSE (Final reconditions, diling to immediate that country or (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

I feld the dispose and here are different in the extension permit. Pages 1, 2, 3 should

transit !

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlar has filled within 72 hours after death with the State Deut of Health and Mental Hydiene prior to burlar, cremanion or removal	
fing	the state	
atten	se as	
10	or us	
Spita	hed	_2
he ho	detac	once
3	2	at at
ained	houle	filed
e ret	S	not
nay b	pag	t be
667	ector	E
Pag	al dir	ner
death.	funer	mex
ther i	the the	le:
SULS	in by	nedi
24 hc	filled	hen
ithin	emat	nt, t
M pa	omp	eve
Daccu	and a	natic
pe e	ician ior to	raen
ficate	phys ne or	her t
certi	Hydie	10 7
death	after	7, 0
the	y the	를
that	th ar	any
quire	n sign	OWS
W re	bee or	3 sh
The te	te De	m 2
AN:	tificat e Sta	r 16
YSICI	s cer	d, o
G PH	er thi	Jarke
NON	: After	IS IT
ATTE	CTOR	28
OR	DIRE	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PITAL	ERAL	11 11
HOS	FUN	TAN
품	THE BEST	POR
2	2 3	E

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH HARRY YEAR F. THOMAS ng . 23AM 01 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 046-05-1601 1 X M 2 - F 77 June 14, 1914 Connecticut 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PRINCE GEORGE'S HOSPITAL CENTER PRINCE GEORGE'S CHEVERLY RESIDENCE OF DECEDENT 10a STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Bowie TYYES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15014 Narrows Lane 20716 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yea, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, FORCES? WAR OR DATES WW II 1 Never Married 2 Married 1 TYES 2 NO Specify BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) Geologist/ 15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 5+ Engineer's Technician National Weather Service 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) George Edward Thomas BE Pauline Katherine Shumn 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Aina H. Thomas 15014 Narrows Lane, Bowie, Maryland 20716 20b. PLACE AND DATE OF DISPOSITION (Name of 9/15/91 DATE 20c. LOCATION - City or Town, State Montgomery Crematorium, Inc. Bethesda, Maryland ROBERT AND ADDRESS OF FACILITY PUNE ADDRESS OF FACILITY PUNE ADDRESS OF FACILITY PUNE ADDRESS OF FACILITY PUNE ADDRESS OF FACILITY P 21. SIBNATURE OF FUNERAL SERVICE M00846 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Batween IMMEDIATE CAUSE (Final Onset and Daath disesse or condition Cardionespurgor resulting in death) DUE TO (OR AS A CONSEQUE NCE OF): SOLKI en CERTIFICATION Sequentially list conditions, DUE TO (OR AS A JENCE OF if any, leading to immediate cause. Enter UNDERLYING nic CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in dasth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 X NO me 5 🗌 Realdence 8 🗋 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF 26c. INJURY AT WORK? X Natural 5 Pending Investigation 64 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY --- At home, farm, street, factory, office 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be detarmined 4 Homicide 29a. CERTIFIER

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Moffin, Day, Year) BE ownar D18/80 9 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PG6H

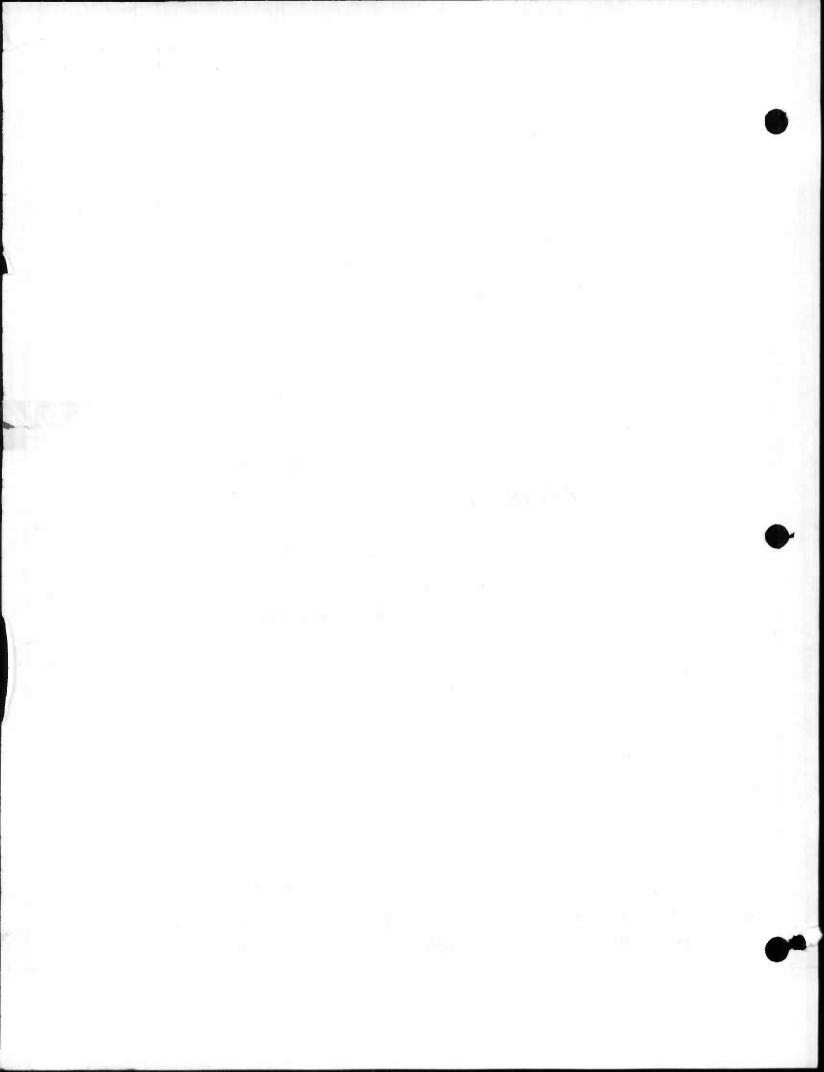
Cheverly, Maryland

BRUCE

SEP 16 91

LOWMAN

32 MEGISTRAR SEIGNATURE



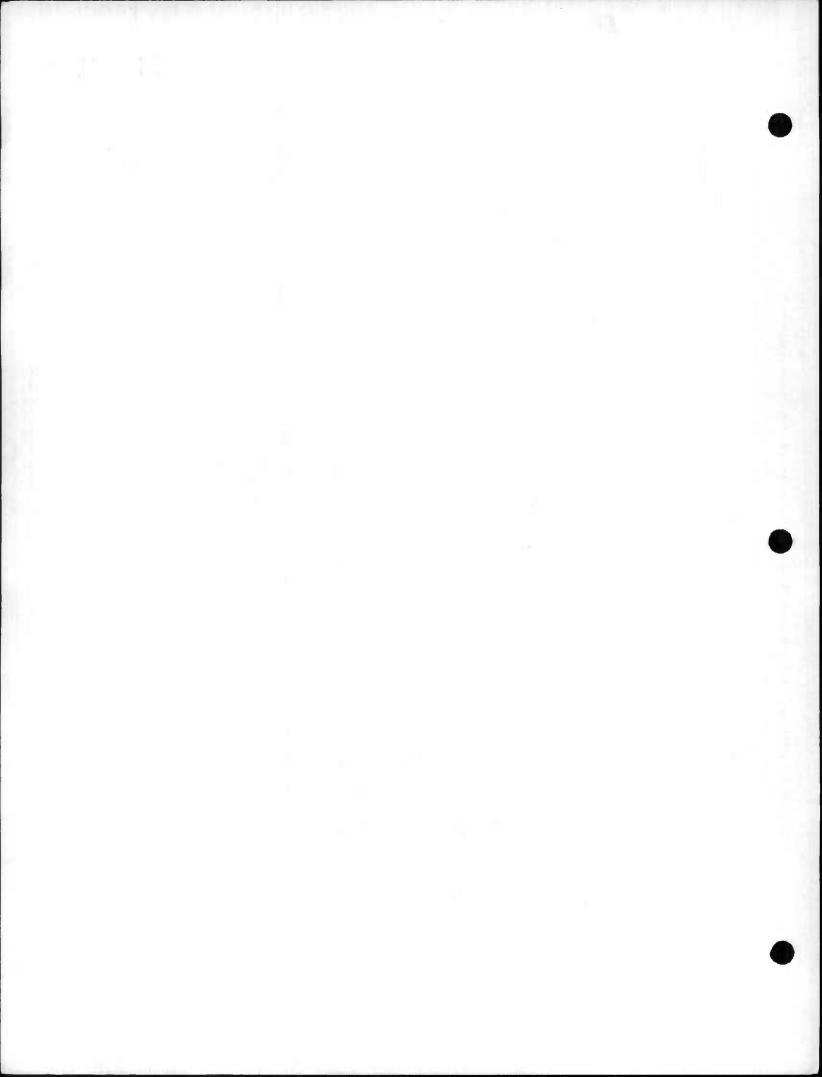
pe

FOR STATE REGISTRAR

BALI	death.
	afte
	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death.
	U C
ń	with
4	petri
2	Desc
X	2
ğ	ficate
o ·	certi
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	eath
Š	the
F	that
8	iires
Ä	requ
	ME!
₹	The state of
>	IAN
L	YSIC
0	표
Š	DING
S	TEN
≥	RA
	10
	SPITA

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 12, 1991 3. TIME OF DEATH Smith 9:48 Margaret Treber PM 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year) JULY 6, 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 235-26-6628 1 M 2 XF 70 YRS 1921 West Virginia Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 11615 Milbern Drive Potomac Montgomery RESIDENCE OF DECEDENT 10c CITY TOWN DR LOCATION 10a STATE 10d. INSIDE CITY Maryland Montgomery Potomac 1 YES 2 X NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? detached for use as the burial-transit 11615 Milbern Drive 20854 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FDRCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR DR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 (X) NO Specify: 14. RACE — American India Black. White, etc. 1 Never Married 2 Married
3 Widowed 4 Divorced white BY COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTED (Specify only high Montgomery County Public Schools Elementary/Secondary (0-12) College (1-4 or 5+) 8 Teacher 17 FATHER'S NAME /First Middle Last 18. MOTHER'S NAME (First, Middle, Maiden Surname) 2 7 Leon Rupert Smith Bess C. Woolwine notified page 5 should 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 19e, INFORMANT'S NAME (Type/Print) 5 Kathryn Lusby-Treber 11615 Milbern Drive, Potomac, MD 20854 3 20b. PLACE DF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must ! director, Suburban Crematory Silver Spring, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES Rapp Funeral Services, P. A. Cileen 933 Gist Avenue, Silver Spring, MD 20910 45 medical 23. PART i. Enter the diseases, or complications that coused the death. Do not sater the mode of dying, such as cardiac or respiratory screet, Approximate Interval Between filled in by 6 **Onset and Death** IMMEDIATE CAUSE (Final completely filled rial, cremation, c the disesse or condition 5 Amo DUE TO (OR AS A CONSEDUENCE OF): resulting in death) 23 shows any Injury, or other traumatic event, and com orcume CERTIFICATION Sequentielly list conditions, signed by the attending physician a Health and Mental Hygiene prior to If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (DR AS A CONSEDUENCE DE) that initieted events resulting in death) LAST PART fi. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i, 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 X NO 1 ☐ YES 2 ☐ NO HOSPITAL OR ATTENDING PROCESSING BEEN HELD CHINERAL DIRECTOR. After this certificate has been within 72 hours after death with the State Dept. of within 72 hours after death with AZS Shy PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one, Item HOSPITAL: OTHER: 1 TES 2 ND 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Residence 6 (Other (Specify) 0 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 28 is marked, 5 Pending Investigation 1 X Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 5 Could not be determined COMPLETED 4 Homicide Hem 29e. CERTIFIER 1XX CERTIFYIND PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as stated. TO THE HOSPITAL OF THE FUNERAL CO TO THE FUNERAL CO TO THE FUNERAL CO TO THE FUNERAL TO THE FUNE 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D04607 30. NAME AND ADDRESS OF PEASON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ▶ September 13,1991 2 10400 Connecticut Avenue cooke mo everne Kensington, MD 20895 0 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE a Davidson Randall SFP 13 91

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		STATE OF M					EALTH AND DEATH	MEN	TAL HYGIEN	_			
	1. DECEDENT'S NAME (First,	, Middle, Last)	- 100							ATE OF DEATH			3. TIME OF DEATH	_
	JOICE	B. TYSON	V							ptember	"16.1	991	2:30 a	М
	4. SOCIAL SECURITY NUME	DER 5.	SEX	6. AGE (In yrs. las	st birthday)	IF UNDER		IF UNDER 24 HRS.	7. D	ATE OF BIRTH Wonth, Day, Year)			IPLACE (State or Foreign	
	212-28-2	005	□ M 2 💢 F	60	YRS.	MONTHS	DAYS	HOURS MIN.		/29/30			ginia	
	9a, FACILITY NAME (If not in		and number)			9b. CITY,	TOWN 0	R LOCATION OF D		,,	9c. COU	NTY OF C		_
DIRECTOR	837 Gilb		<u> </u>			Aberdeen					Harford			
낊	10a. STATE	10b. COUNTY			10c. CIT	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?	
1	Maryland	Há	arford		A	berd	een						1 YES 2 X NO	
A	10e. STREET AND NUMBER				·		101	. ZIP CODE			10g. CIT	IZEN OF	WNAT COUNTRY?	
FUNERAL	837 Gilbert Road					21001 U.					S.A.			
5	11. MARITAL STATUS		. WAS DECEDENT					ENDENT OF HISPA					E — American Indian, ik, White, etc.	
	1 Never Married 2		IF YES, GIVE W	YES 2 X	NO			ecify Cuban, Maxic 2 ☑ NO Spec		arto Hican, atc.)		Spec		
BY	3 Widowed 4 X Divo	erced										Wh	ite	
逆		EDENT'S EDUCATI y highest grade con		(G	live kind of	Work done	cupatio	ON st of working		16b. KIND OF BU	SINESS/IN	DUSTRY		
"	Elementary/Secondary (0	0-12) C	College (1-4 or 5+)		. Do NOT u		. ,		- 1					
COMPLETED	12		0	Nui	rsing	Ass:	ısta			V.A. I		tal		_
8	17. FATHER'S NAME (First, M									irst, Middle, Melder				
BE	Walter B		nines			32.50				atherine				_
2	198. INFORMANT S NAME (Typerring)									21001				
	wesley A. Tyson, Jr. 837 Gilbert Road, Aberdeen, Maryland 21								21001	_				
	I VXBuriei 2 ☐ Cremetion 3 ☐ Removal from State other place)									ice,MD				
	21, SIGNATURE OF FUNERA		SEE	110. 11	.111 C			ND ADDRESS OF F	ACILIT		.e ue	GLO	ICE, PID	_
	* Kust	INA.	1 lx g	lesse	0	Ta Al	arri	ng-Cargo leen, Ma	o F	uneral E and 210	Home,	P.A 399		
	23. PART I. Enter the d	iseasea, or com	plications that	caused the de	eath. Do								Approximate	
	IMMEDIATE CAUSE (Fig.	naart fallure. Lia	t only one cau	se on aach iin	a.								Oneat and Date	
	disease or condition_	→	10	ah 1	ine f								lea	
	resulting in death) a						OF):						many	_
z	lung cansos									15 max	1			
CERTIFICATION	Sequentielly list condit if any, leading to imme		DUE TO	OP AS A CONSE	OUENCE O	F):								
S	cause. Enter UNDERLY CAUSE (Disease or Inju			V										
E	that initiated events		DUE TO	OR AS A CONSE	OUENCE C	F):								
ER	resulting in death) LAS	d				_								_
	PART II. Other algolifica	ant conditions of	contributing to	death but not	reculting	In the un	dariyin	g cause givan i	n Part	I. 24a. WAS A	AUTOPSY	24	b. WERE AUTOPSY FINDING	38
CAL								000000000000000000000000000000000000000		PERFO	RMED?	_	AMILABLE PRIOR TO COMPLETION OF CAUSE	
0										1 - YES	2NO		OF DEATH?	-
Σ													1 TYES 2 TNO	
AN	ay was over personen to demon										_			
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:											_		
175	1 ☐ YES 2 ☑ NO 27. MANNER OF DEATH		28a. DATE OF		28b. TII			DO 6 □ Realderica	-	Other (Specify)	IN HIRV O	CCUBED		_
		Pending	(Month, De		IN	JURY	WC	YES 2 NO	200	. DESCRIBE NOW	inconi or	CONED		
BY	2 Accident	Investigation	28e, PLACE O	F INJURY — At h	ome, ferm.	street, fect			281	LOCATION (Street	and Numb	er or Rural	Route Number	_
딢						Term, street, factory, office 28f. LC				281. LOCATION (Street and Number or Bural Route Number, City or Town, State)				
LE	29a. CERTIFIER 1 CER	TIFYING PHYSICIA	N: To the best of	my knowledge. d	leath occur	red at the t	ima, date	and place, and d	ue to th	e cause(a) and m	nner sa 🕫	ated.		_
COMPLETED	(Oraca brilly		_										(s) and manner as stated	
	29b. SIGNATURE AND TITLE	OF CERTIFIER	7	75				29c. LICENSE N	UMBER		29d. DA	TE BIGNE	D (Month, Day, Year)	
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMB								1		01	- /			

YORK

1134

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Ty

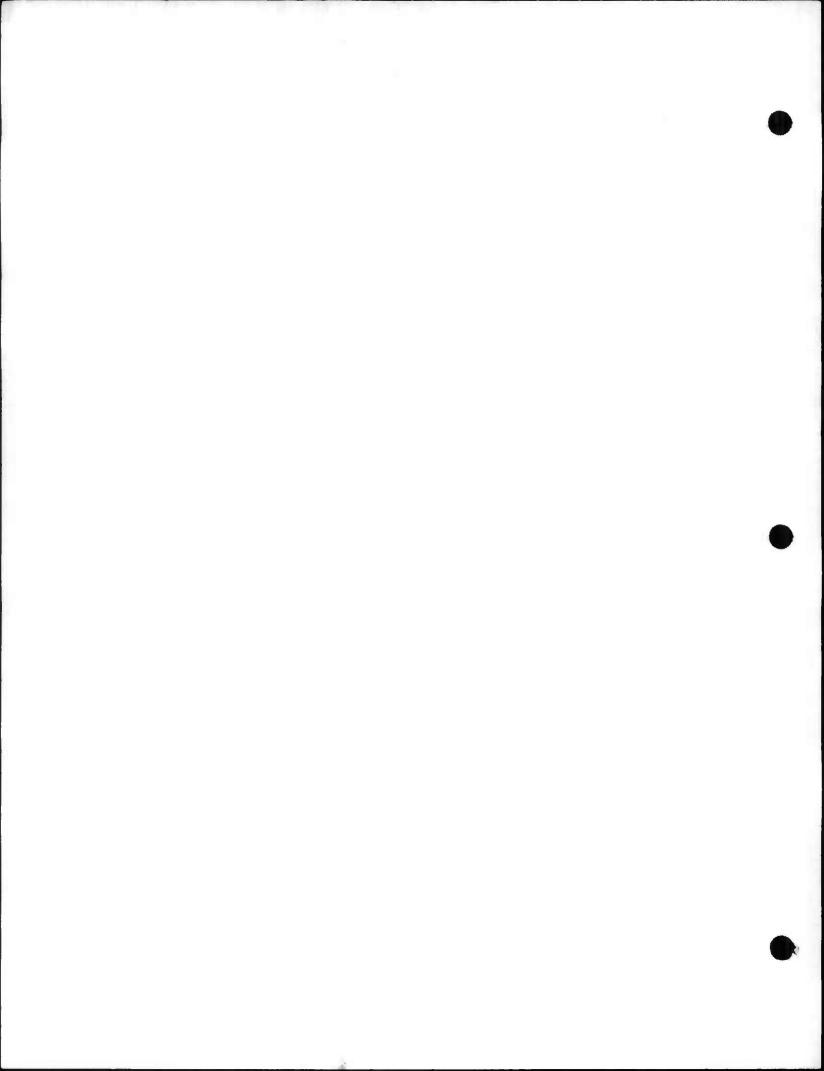
31. DATE FILED (Month, Day, Year) SEP 17'91

ROSENBERLAI

32. BEGISTRAR'S SIGNATURE
Julia Davidson-Randelle

21093

LUTHERVILLE



	8	2	
	豆	9	
)	Spi	hed	_2
	2	tac	2
i	\$	9	0
	3	8	1
	8	용	0
	tain	Sho	=
	9	KO.	2
•	2	30e	9
	nay	D.	=
	9	cto	ě
	96	lie	=
	9	ਰ	9
	₩.	ner	E
	9	2	ex
	fter	# S	7
	53	E E	dic
١	3	5 5	9
	4	illec.	
	2	ly f	5
٠	1	lete	E,
	× P	E S	2
	ag.	2 2	3
	Xec	and	Tat
	60	E of	5
	e D	Sicl	E
	icat	phy se	-
	E	Die Die	5
	0	E S	-
	eat	afte	>
	9	Me	3
	40	30	=
	the state of	bd l	30
	SS	ign	60
	Q.	H	ŏ
	9	bee t. o	-
	50	Dep	23
	E	ate ate	Em
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up to filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	SIC	the ce	-
	Ŧ	his with	e Ke
	6 6	T H	194
	NO.	Aff	-
	EN	Je Je	- 20
	A	E a	2
	BO	Our	E
	7	1 C	=
	PIT	P. P.	-
	8	SE	Z
	H	W 7	E
	王	王書	2
	2	23	Σ

6

SEP 16 91

											91	-	0400
	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND	/ DEPAI	RTMEN	T OF I	HEALTH	AND	MENTA	AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH		3.	TIME OF DEATH
	JEN	NNINGS BE	RYAN		T	AAI	115		MON	et emb	21 13	YEAR	2140 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)		ER 1 YEAR	IF UNDER	24 HRS.	7. DATE	E OF BIRTH		6. BIRTHPLA	CE (State or Foreign
	224-36-9405	1 0 M 2 □ F	62	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	oth, Day, Year) 9/26/28		VIRG]	
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CI1	ry, TOWN	Y, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
R	PENINSULA GE	NERAL HOS	PITAL			SAT	ISBU	PV				LITCON	T.00
DIRECTOR	RESIDENCE OF DECEDENT							KI				WICOM	1700
2	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN	OR LOCA	TION					100	I. INSIDE CITY LIMITS?
		MICO		5	SALI	SBURY	Z					1 [YES 2 NO
FUNERAL	10e. STREET AND NUMBER					10	f. ZIP CODE	E			10g. CITIZ	EN OF WHAT	COUNTRY?
ÿ		YLOR MILI	RD				2180	1			U.	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1 X			13	. WAS DEC	ENDENT C	F HISPAI	NIC ORIGI	N? (Specify Yes	or No-	4. RACE -	American Indian, hita, etc.
ВУ	1 Never Married 2 X Married 3 Wildowed 4 Divorced	IF YES, GIVE WA	R OR DATES	,,,,		1 YES	2 X NO	Specif.	in, Pulito ly:	Rican, atc.)		Specify:	nita, etc.
	15. DECEDENT'S EDU	1										WHI	TE
COMPLETED	(Specify only highest grade	completed)		Give kind of te. Do NOT u	work done	durina me	ON ost of workin	ng	16	b. KIND OF BU	SINESS/INOU	STRY	
1	Elamentary/Secondary (0-12)	College (1-4 or 5+)											.l.
M	17. FATHER'S NAME (First, Middle, Last)	2 Years		SERVI	CE	MAN					IGERAT	TON 1	.ND.
		TDAUTO.								Middle, Malden			
86	WILLIAM JENNINGS	TRAVIS								TER TRA			
2	M. LOIS TRAVIS		,							nber, City or Tow			
			1		_		NAY	LUK		_			MD 21801
	20s. METHOD OF DISPOSITION X. District 2 Commission 5 home 4 Donation 5 Other (Coccy)	evst from State	cemetery co	remetory or o	ther niene	1			OAT		CATION — CI		
	21. SIGNATORE OF FUNERAL SERVICE LIC	ENGER /	SPR	INGHI						-17 HEI	BRON,	MARYI	AND
	61.11	01/10	1		122		OWAY			L HOME			
_	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest.										21801		
	23. PART I. Enter the diseases, or c ehock, or heart feilure.	omplications that	ceused the d	leets. Do r	not ente	r the mo	de of dyi	ng, suc	h as can	diac or respi	ratory arres	it,	Approximate
	IMMEDIATE CAUSE (Finel	4	0 017 00017 1111	1.			,					j	Interval Between Onset and Death
	disease or condition resulting in death)	R	espir	ater	4	for	Iwe	_					
1		DUE TO (C	OR AS & CONST	EQUENCE OF	2		lure						
Z	Sequentielly list conditions.		arcin	una	- C	500	shag	wa					
Ĕ	If any, leeding to immediate	DUE 10 (0	OR AS A CONSE	EQUENCE OF	F):	,	1						
5	cause. Enter UNDERLYING CAUSE (Disease or injury												
ERTIFICATION	that initieted events recuiting in deeth) LAST	DUE 10 (C	M AS A CONSE	EQUENCE OF	7):								
Ü		L											
	PART II. Other significant condition	a contributing to d	eath but not	resulting i	in the u	nderlying	cause g	iven in	Part I.	24s, WAS AN	AUTOPSY	24b. WEF	E AUTOPSY FINDRIGS
MEDICAL										PERFOR		CON	LABLE PRIOR TO PLETION OF CAUSE
Ä										1 T YES 3	Z NO	107.03	DEATH?
	A state of the								_			1 25	YES 2 NO
₹	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DE	IATH (Ch	sak anly or	(m)	_	_	
Signal I	1 YES 3 NO	HOSPITAL:	ER/Outpatient	DOA	OTHE 4 I Nu		s S 🗆 Res	aidenna	6 [] Othe	er /Streetfivi			
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF IN		296. TIM	E OF	28c. (NJ)	TA YEU	T	-	SCHUBE HOW IF	UURY OCCU	MED	
BY	National 5 Pending 2 Accident Investigation	(Month, Day)		100	M	2000	RK7	NO					
_	3 Suitcide & Could not be	28e. PLACE OF I	INJURY — At h	ome, farm, a	treet, fec	tary, office			281. LOC	ATION (Street a	nd Number or	Rural Route	Numbec
	4 Homicide determined	ounding, to	er Laberalli						City	or Xwen, State)			
PLE	290. CERTIFIER Check only	CIAN: To the best of m	y knowledne 4	eath occurre	d at the	time data	and oless	and dec	to the -	una(n) ==:			
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of exam	mination and/or	Investigatio	n, In my	opinion, de	ent piece,	d at the	lime, date	end place en	ner as stated	Councie) and	manner as eteled
	296. SIGNATURE AND THE OF CERTIFIED	7				1				-in piece, att			
BE	Charles V	vel					29c. LICE	_			29d. DATE S	IGNED (Mon	thi, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF OFATH AT	M on /I	0.1.0		VS	08:	2.5		7	1941	71

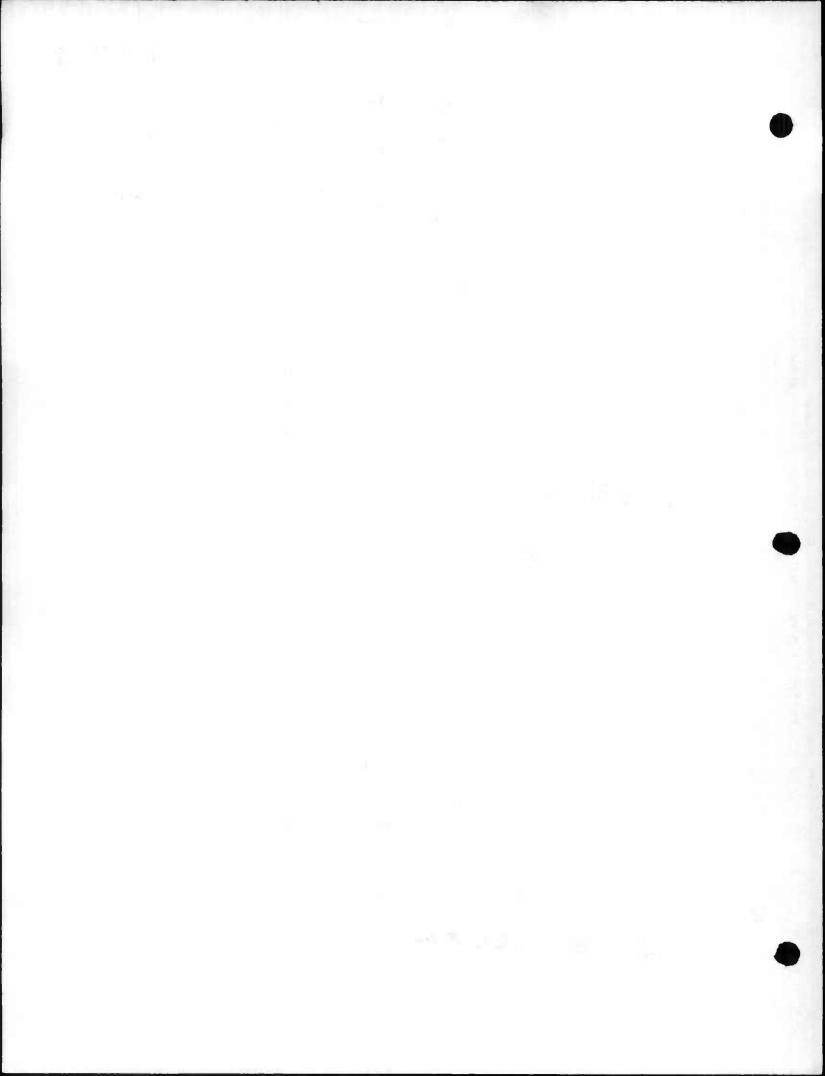
CAUSE OF OEATH (ITEM 27) (Typo, Print)

TO MD PGHMC

with the part to the thing to the said to

1	4	S E	=
	aft	A E	53
	ST	E .	9
1		B 0	E
	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Heatth and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
	ig.	ate ma	팔
)	*	5 5	20
	ted	ial co	60
)	SCL	Eg	亩
	8	5 5	E
	P.	icia	Ē
	cate	S d	-
	Tip.	e p	\$
)	Cel	는 B	2
	ath	tter tal	0
	de	e a	5
	the	t S	三
	Mal	33	2
	S	E H	9
	je je	Signal February	8
	00	o 6	8
	×	P. P.	3
	49	2 2	2
	E	ate	6
	AN	infic S S	Ξ.
	SIC	the Cert	0
	H	高色	ed
	Q.	100	E
	N	Afte	E
-	EN	B.	=
?	E	S #	28
	H	EN SAN	E
)	7	0 %	=
	TA	RA	=
	88	E E	E
	王	E ₹	H
	置	THE	0
	2	2 %	E
	-	2	_

	1 - FOR STATE OF MARYLA	ND / DEPAR CERTIF					NTAL HYGIEI				
	1. DECEDENT'S NAME (First, Middle, Last) Colleen Moore Th	homas	aY.			2	DATE OF DEATN	DAY YE	3. TIME OF DEATN		
9	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In	yrs. lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. 7.	(Month, Day, Year)	6.	BIRTNPLACE (State or Foreign Country)		
1	9a. FACILITY NAME (if not institution, give street and number)		100			ON OF DEAT	<i>yan 29</i>		Maryland OF DEATH		
CTOR	8910 Erie Ave.		N.	ont	h Be	ach		Calvert			
enn i	100. STATE 10b. COUNTY Anne Arundel		10c. CITY, TOWN OR LOCATION Lothian					10d, INSIDE CITY LIMITS? 1 YES 2 NO			
AL C	10e. STREET AND NUMBER		Cricu	_	. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL DIR	Lot 94 Waysons Mobile Home Po		I 40 1		20711	F I HODA NIO	ORIGIN? (Specify Ye		USA		
ВУ	1 Never Merried 2 Merried FORCES? 1 VES. 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DAT	2 NO	i H	f yes, sp	ecify Cube		Puerto Rican, etc.)	14.	RACE — American Indian, Black, White, etc. Specify: white		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	160. DECEDENT'S (Give kind of life. Do NOT u HOUSEW!	work done o	CCUPATIO during mo	ON at of workin	9	16b. KIND OF BU	JSINESS/INDUST	TRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) Benjamin Cambia Clark						(First, Middle, Melde Belinda		4		
TO B	190. INFORMANT'S NAME (ТурьчРгіпі) Наппу А. Thomas	19b. MAILING		1		or Rural Rou	te Number, City or To	wn, State, Zip Co	de)		
	20e. METHOD OF DISPOSITION 1 & Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	PLACE OF DISPO other piece) DUTNERN	Mem.	Gal	notery, crem	natory or	20c. L	nkink (Call MD		
	21. SIGNATURE OF FUNIFIAL SERVICE LICENSEE	,	1			unera		Owings,	MD 20736		
7	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mods of dying, such as cardiac or respiratory arrest, abook, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) S. METASTATIL SATCEL (ARCHORA OF THE LUNE) DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	CONSEQUENCE C	OF):								
ERTIFI	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significant conditions contributing to death bu	it not resulting	in the un	derlyin	g csuse (given in Pa		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpettent 2 ER/Outpa	alone 2 DOS	OTHER	9:		EATH (Check					
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 6 Pending 200. DATE OF INJURY (Month, Day, Year)	26b. TII		28c. INJ WC		2	Other (Specify) 8d. DESCRIBE NOW	INJURY OCCUR	ED		
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined 2ee. PLACE OF INJURY - building, etc. (Specific Could not be determined)	At home, farm,	street, fact	ory, offic	•	2	et. LOCATION (Stree City or Town, State		Rural Route Number,		
COMPLETED	29e. CERTIFIER (Check only orre) 2 MEDICAL EXAMINER: On the basis of examination								suse(e) and menner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER				~	ENSE NUMBI		29d. DATE 9	IGNED (Morith, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	Prince	e, Print) Fred	leni				• ,			
	31. DATE FILED (Month, Dey, Year) CCD 1 2 1001 Auto Javidson				-, -	111					



	1, 2	13	1
	Pages	24	1
:	Dermit.		
e.	ansıt l		
hysicia	ourial-ti		
guipt	s the		
or after	e asn		
spital	hed for		.,
the ho	detac		2000
ned by	onld b	Bad a	001
e retai	e 5 sh	- 40	MOE!
шау р	or, pag	1	DO 150
Page 6	direct		E
death.	funera		хэш
after	by the	STIIOVAL	IIC3II
, iours	fled in	. 0	D III
ithin 4-	letely f	onpula.	ny injury, or other traumatic event, the medical examiner must be
w pain:	Сошр	Indi, C	ic eve
De exec	ian and	JE 100 DE	aumat
ificate	physic	ane price	her tr
th cert	ending	II HYGIE	0r 0t
the dea	the att	Ment	injury,
s that	ned by	arr an	amy
require	seen si	of He	show
The law	e has	te Dept	EZ ==
CIAN: 1	ertificat	he Star	or ite
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction, page 5 should be detached for use as the burnal-transit permit. Pages 1.2.	be filed within 72 hours after death with the State Dept. or Hearth and Mental Hyglene prior to burka, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
NDING	4: After	er death	18 mg
R ATTE	RECTOF	urs afte	E 28
ITAL OI	PAL DI	72 1101	H He
HOSP	FUNE	within	TANT
17 DT	THE CH	be filed	MPO

1	FOR STATE REGISTRAR	STATE OF M		ERTIF	ICATE					REG. NO			
j.	1. DECEDENT'S NAME (First, Middle, Last) Meredith Lere	ov Tode							2. DATE MONTO	E OF DEATH	AV	91	3. TIME OF OEATH 1(0:25 an
	4. SOCIAL SECURITY NUMBER								-	OF BIRTH			HPLACE (State or Foreign
П		5. SEX	6. AGE (In yrs. le		IF UNDER 1	DAYS	HOURS	MIN.	(Mon	th, Day, Year)		Count	try)
	214-12-5943	1 XM 2 - F	69	YRS.					03,	/23/19			Maryland
	9a. FACILITY NAME (If not institution, give a	treet end number)			9b. CITY,	TOWN C	R LOCAT	ION OF DE	EATH		9c. COL	JNTY OF C	DEATH
5	412 Maryland	Avenue		4		Can	bri	dge			Do	rch	ester
3.	10a. STATE 10b. COUNT	Υ		10c. CI	TY, TOWN OF	LOCAT	ION						10d. INSIDE CITY
2	Maryland Dorchester				Cambridge							1 X YES 2 NO	
4	10e. STREET AND NUMBER					101	ZIP COC	E			10g. CIT	TIZEN OF	WHAT COUNTRY?
2	All Manueland	Awanua					2	161	2			TT	S.A.
	412 Maryland	12. WAS DECEOEN	T FUED IN U.S. A	DUEO	I an w	70.050				IN? (Specify Ye	o or No		E - American Indian,
2	11. MARITAL STATUS 1 Never Merried 2 X Merried	FORCES? 1	YES 2 WAH OR DATES	NO	13. W	yes, sp	entent	an, Mexico	an, Puerto	Alcan, etc.)	e or 140 —	Blac	ck, White, atc.
	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES		1	YES	2 NO	Specif	ty:			Spec	clly:
9	3 Wildows 4 Divorced	World W	var II		3							MILL	ite/Cauc.
3	15. DECEDENT'S EDU		18a. D	ECEDENT'S	work done de	CUPATIO	ON at work	lan	16	b. KIND OF BU	ISINESS/IN	PRISTOR	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		fe. Do NOT s	use retired.)		lesi						
		Consider (1-4 of 5		100	ale C						Gro	cerv	7
S	11th		WIIC	res	ire c	FO							
3	17. FATHER'S NAME (First, Middle, Last)						16. MOT			, Middle, Maider			
ú I	Orland Todd							Me	lis	sa M	erec	lith	
	19a. INFORMANT'S NAME (Type/Print)	spouse)	1	96. MAILIN	G AOORESS	(Street a	nd Numbe	er or Rural	Route Nu	mber, City or Tox	vn, State, Z	(ip Code)	
2	Mrs. Avalon J.			412	Mary	lar	nd A	ve.	, C	ambri	dge,	MD	. 21613
- 1			20h BI 40		OSITION (Nan	_							Town, State
	20a, METHOD OF DISPOSITION 1 Description 2 Comments 3 Ren	noval from State	other	place)									
	4 Donation 5 Other (Specify)		MD.V	eter	ansC					re	Hurl	ock	, MD.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	//					ESS OF FA		7 17			
	Man 1	1 /	DE MAN		000	uri	can	Fun	era	1 Hom	e		MD. 21613
_	House Mu	crau-//	DEENK	lle	10	808	нтс	in S	T.,	Camb	riag	je,	MD. 21013
	23 PART L'Enter the diseases, or				not enter	the mo	do of di	vina nu	ah aa aa	adles or room	alretory s	treat	Approximate
	shock, or heart failure.	List only one car				LIIO IIII	ue oi u	ying, so	CII SE CE	irdiec of rest	on alony o	,,,,,,,,	
			Date Off each in	ne.		/	de oi d	, iiig, so	CII SE CE	rdiec or resp	on atory o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	interval Between Onset and Death
	IMMEDIATE CAUSE (Final	10	+	ne.	6.	1	(m)		on sa ca	rdiec or resp	on alony o		Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Coup	estive	H	ear	4	Fa	ila	re	P			Interval Between
	disesse or condition	a. Cour	estive	H	earl	4	Fa	ifa	re	P Test			Interval Between
	disesse or condition	· Cour	estive	H	earl	4	Fa	ifa	re	P			Interval Between
ON	disease or condition resulting in death) Sequentially list conditions,	. Caro	estive	SEQUENCE OF	alle	4	Fa	i/u	re	P			Interval Between
ALION	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	. Caro	estive Lo M	SEQUENCE OF	alle	4	Fa	ifa	re	P			Interval Between
CALION	disease or condition resulting in death) Sequentially list conditions,	DUE TO	O OR AS A CONS	GEOUENCE GOUENCE	OF:	4	Fa	i/u	re	P			Interval Between
IFICALION	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	estive Lo M	GEOUENCE GOUENCE	OF:	4	Fa	i/a	re	P			Interval Between
HILLAHON	Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	O OR AS A CONS	GEOUENCE GOUENCE	OF:	4	Fa	i/u	kl	P			Interval Between
CEMINICALION	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE YO	DIOP AS A CONS O (OR AS A CONS	SEQUENCE	OF):	4	Fa	ifu	re			-	Interval Between Onset and Death
2	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO	O OR AS A CONS	EQUENCE t resulting	OF):	4 derlyin	Fa	ifu	re	24a. WAS A		-	Interval Between Onset and Death
2	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE YO	O OR AS A CONS	EQUENCE t resulting	OF):	4 derlyin	Fa	ifu	re	24a. WAS A PERFC	N AUTOPS	-	Interval Between Onset and Death Onset and Dea
2	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	O OR AS A CONS	EQUENCE t resulting	OF):	4 derlyin	Fa	ifu	re	24a. WAS A	N AUTOPS	-	Interval Between Onset and Death Onset and Dea
2	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	O OR AS A CONS	EQUENCE t resulting	OF):	4 derlyin	Fa	ifu	re	24a. WAS A PERFC	N AUTOPS	-	Interval Between Onset and Death Onset and Dea
2	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	O OR AS A CONS	EQUENCE t resulting	OF):	4 derlyin	Fa	ifu	re	24a. WAS A PERFC	N AUTOPS	-	Interval Between Onset and Death Onset and Dea
2	disease or condition resulting in death) Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are conditions. If the conditions is a condition of the conditions are conditions. If the conditions is a condition of the conditions is a condition of the conditions are conditions. If the conditions is a condition of the conditions is a condition of the conditions in the conditions is a condition of the conditions in the condition	DUE TO C. DUE TO d	O OR AS A CONS	EQUENCE t resulting	OF): OF):	deriyin e	g cause	ifu	AL Part I.	24a. WAS A PERFC 1 YES	N AUTOPS	-	Interval Between Onset and Death Onset and Dea
2	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the cause of	c. DUE TO	O (OR AS A CONS	REQUENCE SEQUENCE	orp: orp:	derlyinie e	g cause	DEATH (C	n Part I.	24a. WAS A PERFC 1 YES	N AUTOPS	-	Interval Between Onset and Death Onset and Dea
2	Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause of the conditions of the cause o	DUE TO c. DUE TO d	O OR AS A CONS O OR AS A CONS O OR AS A CONS O COR AS A CONS O COR AS A CONS O COR AS A CONS O COR AS A CONS	SEQUENCE SEQUENCE To resulting	OF): OF): OF): OTHER A New N	derlyin e	g cause	DEATH (C	n Part I.	24a. WAS A PERFC 1 YES	N AUTOPS PRMED? 2	Y 24	Interval Between Onset and Death Onset and Dea
2	Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the cause of the conditions of the cause	DUE TO c. DUE TO d	O (OR AS A CONS	SEQUENCE SEQUENCE To resulting	orp: orp:	derlyin 26. P 28. IN WW	g cause	Constitution of the seldence	n Part I.	24a. WAS A PERFC 1 YES	N AUTOPS PRMED? 2	Y 24	Interval Between Onset and Death Onset and Dea
PHYSICIAN: MEDICAL CE	Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause of the conditions of the cause o	DUE TO c. DUE TO d	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS D (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	SEQUENCE SEQUENCE To resulting	OF): OF): OF): OTHER A □ Nurry M M	dertylini 26. P	g cause LACE OF the 5 July AT ORK? YES 2	DEATH (C	Part I.	24a. WAS A PERFC 1 YES one) ther (Specify) DESCRIBE HOW	N AUTOPS PRIMED?	Y 24	Interval Between Onset and Death 4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CE	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 00 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO C. DUE TO d	O (OR AS A CONS O (OR AS A CON	SEQUENCE SEQUENCE To resulting	OF): OF): OF): OTHER A □ Nurry M M	dertylini 26. P	g cause LACE OF the 5 July AT ORK? YES 2	CCC Seath (C)	Part I.	24a. WAS A PERFC 1 YES one) ther (Specify) DESCRIBE HOW	N AUTOPS PRIMED? 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Y 24	Interval Between Onset and Death Onset and Dea
BY PHYSICIAN: MEDICAL CE	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the con	DUE TO C. DUE TO d	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS D (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	SEQUENCE SEQUENCE To resulting	OF): OF): OF): OTHER A □ Nurry M M	dertylini 26. P	g cause LACE OF the 5 July AT ORK? YES 2	CCC Seath (C)	Part I.	24a. WAS A PERFC 1 YES one) ther (Specify) DESCRIBE HOW	N AUTOPS PRIMED? 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Y 24	Interval Between Onset and Death 4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CE	disease or condition resulting in death) Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the con	DUE TO c	O (OR AS A CONS O (OR AS A CON	BEQUENCE Tresulting Topological Security of the security of	OF): OF): OF): OTHER A Num IME OF NJURY M In, street, fact	derlyin 26. P 28c. IN W 1 □ oory, office	g cause	DEATH (C)	Check only 26d. C	24a. WAS A PERFC 1 VES one) wher (Specify) DESCRIBE HOW OCATION (Street	N AUTOPS PRIMED? 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Y 24	Interval Between Onset and Death 4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CE	disease or condition resulting in death) Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the con	e. DUE TO c. DUE TO d	O (OR AS A CONS O (OR AS A CON	TEQUENCE SEQUENCE T resulting 3 DOA 28b. T	OF): OF): OF): OTHER 4 Num IMA OF NJURY M In, street, fact	26. P	g cause LACE OF The S A S A S A S A S A S A S A S A S A S	DEATH (C)	n Part I.	24a. WAS A PERFC 1 YES one) wher (Specify) DESCRIBE HOW OCATION (Street Course(e) and re	N AUTOPS PRIMED? 2 NIP 2 NIP CONTROL OF AND NUMBER AND	Y 24 DOCCURED ber or Rura	Ab. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CE	disease or condition resulting in death) Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the con	e. DUE TO c. DUE TO d	O (OR AS A CONS O (OR AS A CON	TEQUENCE SEQUENCE T resulting 3 DOA 28b. T	OF): OF): OF): OTHER 4 Num IMA OF NJURY M In, street, fact	26. P	g cause LACE OF The S A S A S A S A S A S A S A S A S A S	DEATH (C)	n Part I.	24a. WAS A PERFC 1 YES one) wher (Specify) DESCRIBE HOW OCATION (Street Course(e) and re	N AUTOPS PRIMED? 2 NIP 2 NIP CONTROL OF AND NUMBER AND	Y 24 DOCCURED ber or Rura	Interval Between Onset and Death 4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CE	disease or condition resulting in death) Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the con	DUE TO c. DUE TO d	O (OR AS A CONS O (OR AS A CON	TEQUENCE SEQUENCE T resulting 3 DOA 28b. T	OF): OF): OF): OTHER 4 Num IMA OF NJURY M In, street, fact	26. P	g cause g cause LACE OF ne 5 JURY AT ORK? YES 2 ce	DEATH (C)	n Part I.	24a. WAS A PERFC 1 YES one) wher (Specify) DESCRIBE HOW OCATION (Street Course(e) and re	N AUTOPS PRIMED? 2 Artin t and Numition anner se send due to	Y 24 OCCURED ber or Rural stated.	Ab. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 27. MANNER OF DEATH 1 PINSTURE 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) MEDICAL EXAMINERY	DUE TO c. DUE TO d	O (OR AS A CONS O (OR AS A CON	TEQUENCE SEQUENCE T resulting 3 DOA 28b. T	OF): OF): OF): OTHER 4 Num IMA OF NJURY M In, street, fact	26. P	g cause g cause LACE OF ne 5 JURY AT ORK? YES 2 ce	DEATH (C	n Part I.	24a. WAS A PERFC 1 YES one) wher (Specify) DESCRIBE HOW OCATION (Street Course(e) and re	N AUTOPS PRIMED? 2 Artin t and Numition anner se send due to	Y 24 OCCURED ber or Rural stated.	Interval Between Onset and Death 4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 OO 27. MANNER OF DEATH 1 ONstural S Pending Investigation (Check only one) MEDICAL EXAMINED.	DUE TO C. DUE TO d	OF INJURY — At ,, etc. (Specify)	SEQUENCE Tresulting Topic T	OF): OF): OF): OF): OTHER 4 Num NME OF NJURY M a, street, fect	26. P	g cause g cause LACE OF ne 5 JURY AT ORK? YES 2 ce	DEATH (C	n Part I.	24a. WAS A PERFC 1 YES one) wher (Specify) DESCRIBE HOW OCATION (Street Course(e) and re	N AUTOPS PRIMED? 2 Artin t and Numition anner se send due to	Y 24 OCCURED ber or Rural stated.	Interval Between Onset and Death 4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 27. MANNER OF DEATH 1 PINSTURE 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) MEDICAL EXAMINERY	DUE TO C. DUE TO d	OF INJURY — At ,, etc. (Specify)	SEQUENCE Tresulting Topic T	OF): OF): OF): OF): OTHER 4 Num NME OF NJURY M a, street, fect	26. P	g cause g cause LACE OF ne 5 JURY AT ORK? YES 2 ce	DEATH (C	n Part I.	24a. WAS A PERFC 1 YES one) wher (Specify) DESCRIBE HOW OCATION (Street Course(e) and re	N AUTOPS PRIMED? 2 Artin t and Numition anner se send due to	Y 24 OCCURED ber or Rural stated.	Interval Between Onset and Death 4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 OO 27. MANNER OF DEATH 1 ONstural S Pending Investigation (Check only one) MEDICAL EXAMINED.	DUE TO C. DUE TO d	OF INJURY — At ,, etc. (Specify)	SEQUENCE Tresulting 3 DOA 28b. T home, farm death occur for investigate	OF): OF): OF): OTHEF 4 Nur IME OF NJURY M In, street, fect ope, Print) WOYO WOYO OF):	26. P	g cause g cause LACE OF ne 5 JURY AT ORK? YES 2 ce	DEATH (C	n Part I.	24a. WAS A PERFC 1 YES one) wher (Specify) DESCRIBE HOW OCATION (Street Course(e) and re	N AUTOPS PRIMED? 2 Artin t and Numition anner se send due to	Y 24 OCCURED ber or Rural stated.	Interval Between Onset and Death 4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

12

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENTIFIC	ENT OF H	EALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) ROSE SCHLE					2. DATE OF DEATH MONTH	MY	YEAR 3. TIME OF DEATH		
	5 /8-48-6442	8. AGE (in yrs. les	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 1,		BIRTHPLACE (State or Foreign Country) ichmond, VA		
TOR	9a. FACILITY NAME (If not institution, give stree Suburban Hospital RESIDENCE OF DECEDENT	t and number)	96	Bethes	da	DEATH		y of DEATH gomery		
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY Maryland Montgo	omery	Rocky	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
ERAL	100. STREET AND NUMBER 11420 Strand Drive	# 306			20852			ed States		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 Tyes 2 The IF YES, GIVE WAR OR DATES	RMED NO	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)		4. RACE — American Indian, Black, Whita, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	mpleted) (G.	CEDENT'S USU five kind of work Do NOT use ret	done during mos ired.)	N st of working	16b. KIND OF BU		STRY		
OM	17. FATHER'S NAME (First, Middle, Last)		0wne	r	18 MOTHER'S N	Real I				
BEC	Alexander Berman				Rebecca		Sumame)			
10 B	196. INFORMANT'S NAME (Type/Print) Arlene Golub	198 54	09 Til	den La	nd Number or Rural	Acute Number, City or Tox	m, State, Zip Co	20852		
	20s, METHOD OF DISPOSITION 1 \(\subseteq \text{Buriel 2 } \subseteq \text{G-mention 3 } \subsete \text{Remova} \)	rom State cemetery, cree	AND DATE OF DI matory or other p Tfiloh	lacel				y or Town, State		
	21. SIGNATURE OF PUMERAL SERVICE LICENS	Hise		DANZAN	SKY-GOL	DBERG MEMO e Pike. Ro	RIAL C	HAPELS, INC.		
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, shock, or hear fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) S. DUE TO (OR AS A CONSEQUENCE OF):									
EHTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST ASPIRATE DUE TO (OR AS A CONSEQUENCE OF): Certhrovitumh Accident 10 dry									
N: MEDICAL C	PART II. Other significant conditions of	ontributing to death but not re			6m Dvad	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL/	ACE OF DEATH (Ch	eck only one)				
2	1 TYES 2 THO 1	OSPITAL: Inpatient 2 ER/Outpatient 3		HER: Nursing Home	5 Residence	6 Other (Specify)				
BY PH	27. MANNER OF CEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF thJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOR 1 TY	IK?	28d. OESCRIBE HOW t	NJURY OCCUR	NED		
EIED	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — At hor building, etc. (Specify)	ne, farm, street	, factory, office		281. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,		
COMPLEIE	2 MEDICAL EXAMINER: O	i: To the best of my knowledge, des in the basis of axamination and/or in	nth occurred at	the time, data a	and place, and due ath occured at the	to the cause(a) and mar time, data and place, an	ner as stated.	ause(s) and menner as stated.		
	290. BIGNATURE AND TITLE OF CENTIFIER	pepl M			D27		29d. DATE SI	1GNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO CO	ompleted cause of Death (ITEM			burn A	#202 Be	thesda	MD 20814		
	SFP 11 91	32. REGISTRAR'S SIGNATURE						- U U. F		

tax.iii

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTEN TO THE FUNERAL DIRECTOR: be filed within 72 hours after IMPORTANT: If Item 28 is

age b may be retained by the nospital of attending physician.	4: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit.	once.
urs after death. Page 6 may be retain	In by the funeral director, page 5 short removal.	edical examiner must be notifi-
earn certificate be executed within y cours after death. Hag	4: After this certificate has been signed by the attending physician and completely filled in by the first death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
NDING PHYSICIAN: The law requires that the death cert	ertificate has been signed by the at the State Dept. of Health and Ment	or item 23 shows any injury,
NDING PHYS	R: After this o	is marked,

DIRECTOR

FUNERAL

BY

ETED

COMPL

BE

2

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

0

Susan J. Miller, mp

31. DATE FILED (Month, Day, Year)
SFP 1 1 '9

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Mick 2. DATE OF DEATH 11:50P YEAR lise 090 arre 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) Aug 27, 1900 IF UNDER 1 YEAR 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS 6. BIRTHPLACE (State or Foreign 1 - M 2 - F DAYS 91 187-38-5448 Pennsylvania 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hebrew Home of Greater Washington Rockville Montgomery RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Pa. Elkins Park Montgomery 1 X YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Old York Road & Spring Ave. 19117 United States 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 X NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE - American Indian, Black, White, stc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: 3 🕅 Widowed 4 🗌 Divorced White 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade or College (1-4 or 5+) Elementary/Secondary (0-12) 12 Housewife Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Nathan Schwab Lena Frank 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) (daughter) 652 Ashbourne Road Elkins Park, Pa. Nancy Hess 20e. METHOD OF DISPOSITION
1 💢 Burlet 2 🗆 Cremation 3 🗆 Removal from Stata
4 🗆 Donetion 5 🕒 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, Stata Mt. Sinai Cemetery Philadelphia, PA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Danzansky-Goldberg Memorial Chapels 1170 Rockville Pike Rockville, 20852 23. PART I. Enter the diseases, D' complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximats Interval Between Onset and Death **IMMEDIATE CAUSE (Final** Sepsis - Pneumonia disesse or condition resulting in death) -- onset Seizure disorder Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Stroke **CAUSE** (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events Right Cerebrovascular Accident with left hemiparesis resulting in daeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Sict Sinus Syndrome - Pacemaker AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO Atial fibrillation, comany Britary Dieuse with CH.F 1 YES 2 NO Hopothyroidism 25. WAS CASE REFERRED TO MEDICAL COPI 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 WES 2 NO 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY 1 Natural 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner ee stated. 296 BIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D3557 9/8/91

Hebras Home of Gtr. Wash. 6121 Montrose Rd, Pockville MD

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRANS SIGNATURE TRANSLAND

20853

U0711 II

....

.

.

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 5 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Degr. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.		permit. Pages 1, 2, 3 should	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crema imPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event,	24 nours after death. Page 6 may be retained by the hospital or attending physician.	y filled in by the funeral director, page 5 should be detached for use as the burial-transit perion, or removal.	the medical examiner must be notified at once.
_/()	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely if be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, th

1 -	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF I	HEALTH AND	MENTAL HYG				
1. 0	PECEDENT'S NAME (First, Middle, Lest)	WINB	ERG			2. DATE OF DEAT	TH DAY 18	year 2:55 M		
	578-14-7409 FACILITY NAME (If not institution, give si	1 M 2 - F	(In yrs. last birthday) 70 YRS.	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF E	7. DATE OF BIRTY (Month, Day, Ye 14NE 20	1921	D. BIRTHPLACE (State or Foreign Country) Georgia Y OF DEATH		
- 28	Prince Georges G		tal	Chever		ZEATH		Prince Georges		
100	STATE 10b. COUNTY			town or loca	TION		10d. INSIDE CITY LIMITS?			
	STREET AND NUMBER 7009 Millwood R] Beti	10	7. ZIP CODE 20817			1X YES 2 □ NO		
3 2	MARITAL STATUS Never Married 2 🛣 Merried Wildowed 4 🗌 Diverced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	II yes, sp	CENDENT OF HISPA ecity Cuban, Maxic 2 NO Speci	NIC ORIGIN? (Specifican, Puarto Rican, ato	y Yea or No- 1	ed States 4. RACE — American Indian, Black, White, etc. Specify: White		
LEIED L	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	IIIe. Do NOT use	ork done during me retired.)	ist of working		F BUSINESS/INDUS	STRY		
5	FATHER'S NAME (First, Middle, Last)	Winberg	Corporat	e Presi		Mote]	Owners	hip		
194.	INFORMANT'S NAME (Type/Print) Shirley Winburg	VINDELE	19b. MAJLING	ADDRESS (Street t	Mary and Number or Rural	Chery Route Number, City o		ode)		
	METHOD OF DISPOSITION Burial 2 Cremation 3 Remo		PLACE AND DATEO	F DISPOSITION (NO	d Road,	Bethesda	MD. 20			
40	Donation 5 Other (Specify)	B	Nai Isra	el Ceme	tery	9/8 0		l, Maryland		
1	PART I. Entar the diseases, or c	agan		11170	Rockvill	e Pike.	Rockvill'	Chapels, Inc. le, MD.20852		
Sec if s cau CAI that	MEDIATE CAUSE (Final	arteris		tu e	0 /		en di	Interval Between Onset and Death Auditory		
-	RT ii. Other aignificant conditions	s contributing to death be	ut not reaulting in	the underlying	cause givan in	PE	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
	NAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)				
	1 VES 2 NO	1 Inpatient 2 RER/Output		I ☐ Nursing Hom		6 Other (Specify)				
1, 2	Natural 5 Pending Investigation	(Month, Day, Year)	ULM	M 1 1	RK? 'ES 2 NO	26d. DEŞCRIBE HO	W INJURY OCCUP	RED		
4	Suicide 8 Could not be determined	28a. PLACE OF INJURY building, etc. (Speci	— Al homa, farm, ati	reet, factory, office		281. LOCATION (St. City or Town, S	reet and Number or tate)	Rural Route Number,		
- 11	CERTIFIER 1 CERTIFYING PHYSIC prie) 2 MEDICAL EXAMINER	IAN: To the best of my knowle	edge, death occurred	at the time, data	and place, and due	to the cause(a) and	manner eq stated.			
2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner earlies. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)										
4	ufmyval	en, m.D			DIXS	79	Dep	15,1991		
A.	LFONSO VALL	COMPLETED CAUSE OF DEA	0701 7	CAFTON	DR.	CHR60	MD	20772		
31. D	ATE FILED (Month, Day, Year)	32, REGISTRAR'S SIGNA								

and the second second second

L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	thous are bean with the date begin of them any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this of	IMPORTANT: If item 28 is marke

STATE	0F	MARYLAND	/ [DEPARTMEN'	OF	HEALTH	AND	MENTAL	HYGIENE
		C	E	RTIFICATI	E O	F DEA	TH		REG. NO.

1. DECEDENT'S NAME (First, Middle, Last) Louis A.										
					2. DATE OF DI	EATH DAY	YEAR	3. TIME OF DEATH		
	Willi	ams				ber 13,		5:00	A	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day,		8. BIRTH	PLACE (State or Fore	ign	
228-28-5107 9e. FACILITY NAME (If not institution, give street	1 🛣 M 2 □ F 6:	2 YRS.		R LOCATION OF DE	March 2	27, 1929	Vi	rginia		
Shady Grove Advent	tist Hospita	1	Rockv	ille		Мо	ntgon	Jomery		
10e. STATE 10b. COUNTY	omery		tomac	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X N	10		
10e. STREET AND NUMBER				. ZIP CODE		10g. CIT	IZEN OF W	WHAT COUNTRY?		
10306 Norton Road				20854		Uni	ted s	d States		
11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	ENDENT OF HISPAN ecity Cuban, Mexican 2 [X] NO Specify	n, Puerto Ricen,	ecity Yee or No-	14. RACE	— American Indien	,		
15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S US			16b. KINC	OF BUSINESS/IN	DUSTRY			
(Specify only highest grade co	College (1-4 or 5+)	(Give kind of wor. life. Do NOT use r	etired.)	si or working						
10		Optici	lan			Eye Car	e			
17. FATHER'S NAME (First, Middle, Last)			4	18. MOTHER'S NA	ME (First, Middle	Maiden Surname)				
Joseph Gray Willia	ams			Annie	Cleary					
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DRESS (Street a	nd Number or Rural F	Route Number, Ci	ty or Town, Stete, Zi	ip Code)			
Sylvia M. Williams	S	10306 1	Norton	Road, Po	tomac,	Marylan	d 20	0854		
20e. METHOD OF DISPOSITION 1	al from State	PLACE OF DISPOSIT	ION (Name of cer	netery, crematory or	vy or 20c. LOCATION — City or Town, State					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE MACCO 2 01 22. NAME AND ADDRESS OF FACILITY										
Barbara Jo McMullen Lawrence Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wis Avenue, Behtesda, Maryland 20814-35										
immediate cause (Finel disease or condition resulting in death) Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	disease or condition equiting in death) a. Myocardial Infarction DUE TO (OR AS A CONSEQUENCE OF): Coronary Artery Disease DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury) that initiated events DUE TO (OR AS A CONSEQUENCE OF):								es	
PART II. Other eignificent conditions Severe Left Vent Mellitus, Periph	ricular Dysf	unction,	Diabet		1 YES 2 NO			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
Bilateral Leg Am					_			+ + _ ··		
25. WAS CASE REFERRED TO MEDICAL	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
	1 M Inpatient 2 - ER/Outp	atlent 3 DOA 4		Idence 6 Other (Specify)						
27. MANNER OF OEATH 1 X Natural 5 Pending Investigation	(Month, Day, Year)								0	
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, str	et, factory, offic	•	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)					
(Crieck Only	IAN: To the best of my knowl							s) end manner as st	ated.	
296. SIGNATURE AND TITLE OF CERTIFIER	00			29c. LICENSE NU	MBER	29d. DA	TE SIGNED	(Month, Day, Year)		
(meple	4.14	mill		D09680	0	▶ s	epten	mber 13,	19	
30. NAME AND ADDRESS OF PERSON WHO				Daniel Da	. h	Maryla	-	20814		

Pages 1, 2, 3 should

bunial-transit permit.

ysician and completely filled in by the prior to burial, cremation, or removal.

the attending physician i Mental Hygiene prior to

has been signed by the Dept. of Health and

this certificate h

DIRECTOR: After the hours after death v

FUNERAL C

THE H

223

8

executed

8

E20
0
10
-
~
8760,
BOX 68760
10
~
30X
\mathbf{u}
-
m
-
_
α
-
P.O.
limbs .
-
- 50
CO
-0
0
RECORDS
and the same
ш.
-
\sim
0
ш
~
Distance of the last
_1
TAL
es .
-
-
-
-
2 .
-
0
OF VITAL
_
_
DIVISION
U
-
_
(0)
40
-
Section 1
-
_

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH :37 9 4 SALL - 11/2 LOUIS L. WOOD, Sr. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign June 30,1901 1 🔀 M 2 🗌 F 579-10-5698 90 Illinois 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3576 Gleneagles Drive Silver Spring Montgomery RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3576 Gleneagles Drive 20906 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: BY **X**☐ Widowed 4 ☐ Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 4 School Teacher Education once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Louis L. Wood BE Kathleen notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Louis L. Wood, Jr. (Son) 11760 Gainsborough Rd., Rockville, Md. be 20b. PLACE AND DATE OF DISPOSITION (Nama of DATE 20c. LOCATION — City or Town, State must Mt. Comfort Crematory 9-17 Alex. VA. medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Joseph Gawler's Sons, Inc. muc 5130 Wisconsin Ave., Wash. D.C. 20016 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximsta shock, Dr haart faliura. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Fine)** Onset and Dasth the disease or condition Cardiac resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): ter iosalenosis cossava CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Injury, PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS shows any AVAILABLE PRIOR TO 1 YES 2 NO COMPLETION OF CAUSE 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item HOSPITAL:
1 | Inputlant 2 | ER/Outpatlant 3 | DOA YES 2 NO OTHER: ne 5 🗆 Rasidenca 8 🗀 Other (Specify) 4 Nurs 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked. Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Sulcida .00 8 Could not be 28t. LOCATION (Street and Number or Rural Route Number, City or Town. State) COMPLETED 28 4 Homicide Hem 29a. CERTIFIER

(Chack only

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. = 2) MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MPORTANT 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) culu read 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) John Tauber, MD. 2 Betheson ma る 8 218 Wisconsin W as 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE '91 Jedia Davidson SEP 1 6

Randoll.

A standard of the second of th

FOR STATE REGISTRAR

BOX 68760,	
BOX	
, P.O.	
RECORDS,	
OF VITAL F	
DIVISION	

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3.											
-	LOTT			MARGUERITE WF			**,	SEPTEMBER	PTEMBER 18, 1991		12.59 A	
	4. SOCIAL SECURITY NUMBER 577-20-278	5. SEX	5. SEX 6. AGE (In yrs. lest birthde)			IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1	Coun			
	9s. FACILITY NAME (If not ins			1110.	9b. CITY, TOWN	N OR LOCATION OF E	7-22-191.		UNTY OF	Shington OEATH		
OR	PHYSICIANS RESIDENCE OF DEC	MEMO	RIAL HOS	PITAL.		T.Δ	PLATA			CHAF	RLES	
DIRECTOR	RESIDENCE OF DEC	EDENT 10b. COUNT			10c. CITY	, TOWN OR LOC					10d. INSIDE CITY	
	Maryland	Ct	narles			Bryans	Road				LIMITS?	
FUNERAL	100. STREET AND NUMBER 202 Bucknel	l Driv	ve				101. ZIP CODE 20616		10g. CITIZEN OF WHAT COUNTRY? USA			
BY FUN	11. MARITAL STATUS 1 Never Married 2 I I 3 Widowed 4 Divor			NT EVER IN U.S. 1 YES 2 WAR OR DATES		If yes,		ENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. Incide the Country Cuban, Maxican, Puerto Rican, etc.) 2 NO Specify:				
田	15. DECE (Specify only	EDENT'S EDU	CATION completed)	16a.	OECEDENT'S	USUAL OCCUPATION done during in retired.)	TION most of working	16b. KIND OF	BUSINESS/II	NDUSTRY		
COMPLETED	Elementary/Secondary (0-	-12)	College (1-4 or 5	+)	NUI			Heal	th Ca	re		
NOC	17. FATHER'S NAME (First, Mic				14617			AME (First, Middle, Maid	len Sumame)			
BEC	Edward Lee		dington					rah Kyle				
9	Darrel C. We		lr.					Rd., Welc			20693	
	20s. METHOD OF DISPOSITIO	ON		20b. PLA	ACE ANO OATE	OF OISPOSITIO	ON (Name	DATE 20c	LOCATION -	— City or 1	Town, State	
	1X Burial 2 Cremation 4 Donation 5 Other	(Specify)		_ Trin	iity Me		Gardens		Waldo	rf,	Md.	
	22. NAME AND ADDRESS OF FACILITY HUNTT FUNETAL HOME											
	Michael Bla	Ikansi	nin I	400857		10 0	Day 15/	Woldenf	Md	206	0/1	
Z	23. PART i. Enter the disense, or he IMMEDIATE CAUSE (Findiseese or condition resulting in death)	+ +	complications the List only one can a.	at caused the	Res	ot enter the n		1			Approximal Interval Be Onset and	
RTIFICATION	iMMEDIATE CAUSE (Findiseese or condition	dions, diete NG ry	a. Due To	at caused the	Res	ot enter the n	mode of dying, su	ch as cardiec or re	epiratory a	errest,	Approximation interval Between	
CAL CERTIFICATION	IMMEDIATE CAUSE (Findiseese or condition resulting in death) Sequentielly list condition if any, leeding to immediate. Senter UNDERLYII CAUSE (Disease or injurthet initiated events resulting in deeth) LAST	done, dilete NG ry	b. Due To	at caused that use on each of the control of the co	NSEQUENCE OF WISEQUENCE OF WARE OF PREMIÉTRE DE LA PROPERTIE D	ot enter the n	Trail	n Part I. 24a. WAS	AN AUTOPS	errest,	Approxime Interval Be Onset and Onse	
MEDICAL	IMMEDIATE CAUSE (Findiseese or condition reaulting in death) Sequentielly list condition if any, leeding to immedicause. Enter UNDERLYII CAUSE (Disease or injuithet initiated events resulting in deeth) LAST	diete NG ry T mt conditio	a. DUE TO DUE DUE DUE DUE DUE DUE DUE DUE DUE DUE	at caused that use on each to come as a come of the co	NSEQUENCE OF	in the underly	ring sause given i	n Part I. 24a. WAS	apiratory a	errest,	Approximation interval Between	
MEDICAL	IMMEDIATE CAUSE (Findiseese or condition resulting in death) Sequentielly list condition if any, leeding to immediate. Senter UNDERLYII CAUSE (Disease or injurthet initiated events resulting in deeth) LAST	diete NG ry T T T T T T T T T T T T T T T T T T	a. Due To	at caused that use on each to come as a come of the co	NSEQUENCE OF MANAGEMENT OF TRANSPORT OF TRAN	in the underly Lense October 20 20 20 20 20 20 20 20 20 2	ring sause given i	in Part I. 24a. WAS PERI	AN AUTOPS	errest,	Approxime Interval Be Onset and Onse	
MEDICAL	IMMEDIATE CAUSE (Findiseese or condition reaulting in death) Sequentielly list condition if amy, leeding to immediate. Enter UNDERLYII CAUSE (Disease or injuithet initiated events resulting in death) LAST PART II. Other algnifications of the condition of the	diete NG ry T T T T T T T T T T T T T T T T T T	b. DUE TO DUE DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	o (on AS A COM	NSEQUENCE OF USEQUENCE the underly Contact Conta	ring pause given in PLACE OF DEATH (closer 5 - Residence	in Part I. 24a. WAS PERI 1 YES Check only one)	AN AUTOPS FORMEO?	Y 24	Approxime Interval Be Onset and Onse		
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Findiseese or condition reaulting in death) Sequentielly list condition if any, leeding to immediate. Enter UNDERLYII CAUSE (Disease or injuit that initiated events resulting in death) LAST PART II. Other algnifications of the condition of th	diete NG ry T T T D D D D D D D D D D D D D D D D	a. Due To b. Due To d. Due	o (on AS A COM	NSEQUENCE OF INSEQUENCE OF INS	ot enter the n	ring pause given i	in Part I. 24a. WAS PERI 1 YES	AN AUTOPS FORMEO?	Y 24	Approxime Interval Be Onset and Onse	
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Findiseese or condition reaulting in death) Sequentielly list condition if any, leeding to immediate cause. Enter UNDERLYII CAUSE (Disease or injuithet initiated events reculting in deeth) LAST PART II. Other algnificate cause. Cause Reference or cause. Cause and cau	one, diete NG ny T	a. DUE TO DUE	o death but n	NSEQUENCE OF SECUENCE t enter the n	ring sause given in place of Death (to lower 5 Residence in jury at WORK?	in Part I. 24a. WAS PERI 1 YES Check only one)	AN AUTOPS ORMEO? 3 2 NO	Y 24	Approxime Interval Be Onset and Onse		
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Findiseese or condition reaulting in death) Sequentielly list condition if amy, leeding to immediate. Enter UNDERLYII CAUSE (Disease or injuit that initiated events resulting in death) LAST PART II. Other algnificate with the initiated events resulting in death) LAST PART II. Other algnificate with the initiated events resulting in death) LAST PART II. Other algnificate with the initiated events resulting in death and initiated events resulting in death and initiated events are all initiated events and initiated events are all initiated events and initiated events are all initiated events and initiated events are all initiated events and initiated events are all init	ons, diete NG ry T T T T T T T T T T T T T T T T T T	a. DUE TO DUE	o (OR AS A COM O (OR	NSEQUENCE OF SECUENCE t enter the n	ring sause given in place of Death (to lower 5 Residence in jury at WORK?	in Part I. 24a. WAS PERI 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Sin	AN AUTOPS ORMEO? 3 2 NO	Y 24	Approxime Interval Be Onset and Onse		
PLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Findiseese or condition reaulting in death) Sequentielly list condition if any, leeding to immediate cause. Enter UNDERLYII CAUSE (Disease or injuithet initiated events resulting in deeth) LAST PART II. Other algnificate cause. Sequentiate c	one, diete NG ry T	b. DUE TO c. DUE TO d. PLACE building HOSPITAL: 1 \$2 Inpatient 2 28e. PLACE building SICIAN: To the best of	at caused the use on each to contact the caused of the contact to contact the contact the caused of the caused	NSEQUENCE OF USEQUENCE enter the n	ring pause given in place of DEATH (statement). PLACE OF DEATH (statement). PLACE OF DEATH (statement). PLACE OF DEATH (statement). PLACE OF DEATH (statement). PLACE OF DEATH (statement).	n Part I. 24a. WAS PERI 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HO 20f. LOCATION (Str. City or Town, St	AN AUTOPS FORMEO? 3 2 NO W INJURY Control and Number	Y 24 DCCUREO ber or Rura	Approxime Interval Be Onset and Onse		
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Findiseese or condition reaulting in death) Sequentielly list condition if any, leeding to immediate cause. Enter UNDERLYII CAUSE (Disease or injuithet initieted events resulting in deeth) LAST PART II. Other algnification of the cause of injuithet initieted events resulting in deeth) LAST PART II. Other algnification of the cause of injuithet initieted events resulting in deeth) LAST 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 1	ons, diete NG ry T T T T T T T T T T T T T T T T T T	a. DUE TO b. DUE TO c. DUE TO d. PLACE DIAGRAPH 228. PLACE SICIAN: To the best of	at caused the use on each to contact the caused of the contact to contact the contact the caused of the caused	NSEQUENCE OF USEQUENCE enter the n	ring sause given in PLACE OF DEATH (clome 5 Residence INJURY AT WORK? YES 2 NO office	In Part I. 24a, WAS PERI 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Sin City or Town, St	AN AUTOPS ORMEO? 3 2 NO W INJURY C	Y 24 OCCUREO ber or Rura stated.	Approxime Interval Be Onset and Onse		
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Findiseese or condition reaulting in death) Sequentielly list condition if any, leeding to immediate cause. Enter UNDERLYII CAUSE (Disease or injuithet initiated events resulting in deeth) LAST PART II. Other algnificate cause. Sequentiate c	ons, diete NG ry T T T T T T T T T T T T T T T T T T	a. DUE TO b. DUE TO c. DUE TO d. PLACE DIAGRAPH 228. PLACE SICIAN: To the best of	at caused the use on each to one as a control of the control of th	NSEQUENCE OF USEQUENCE enter the n	ring pause given in place of DEATH (statement). PLACE OF DEATH (statement). PLACE OF DEATH (statement). PLACE OF DEATH (statement). PLACE OF DEATH (statement). PLACE OF DEATH (statement).	In Part I. 24a, WAS PERI 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Str. City or Town, St. City or Town,	AN AUTOPS ORMEO? 3 2 NO W INJURY C	Y 24 OCCUREO ber or Rura stated.	Approximatinterval Be Onset and Onse		
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Findiseese or condition reaulting in death) Sequentielly list condition if any, leeding to immediate cause. Enter UNDERLYII CAUSE (Disease or injuithet initieted events resulting in deeth) LAST PART II. Other algnification of the cause of injuithet initieted events resulting in deeth) LAST PART II. Other algnification of the cause of injuithet initieted events resulting in deeth) LAST 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 1	one, diete NG ry T T T T T T T T T T T T T T T T T T	a. DUE TO b. DUE TO c. DUE TO d. PLACE building 28e. PLACE building SICIAN: To the best of ER: On the basis of ER	at caused the use on each the use on each to open as a control of the control of	NSEQUENCE OF ASSECUENCE OF ASS	ot enter the n	ring sause given in PLACE OF DEATH (clome 5 Residence INJURY AT WORK? YES 2 NO office	In Part I. 24a, WAS PERI 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Sin City or Town, St	AN AUTOPS ORMEO? 3 2 NO W INJURY C	Y 24 OCCUREO ber or Rura stated.	Approxime Interval Be Onset and Onse	
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Findiseese or condition reaulting in death) Sequentielly list condition if any, leeding to immediate cause. Enter UNDERLYII CAUSE (Disease or injuithet initiated events resulting in deeth) LAST PART II. Other algnificate cause. Sequentiate in the initiated events resulting in deeth) LAST PART II. Other algnificate cause. Sequentiate	one, diete NG ry T I I I I I I I I I I I I I I I I I I	a. DUE TO b. DUE TO c. DUE TO d. PLACE DIATE O (Month). 28e. PLACE DUENT DUE TO DUE T	at caused the use on each to consider the consideration of the considera	NSEQUENCE OF HISEOUENCE OF HIS	ot enter the n	PLACE OF DEATH (I) PLACE OF DEATH (I) INJURY AT WORK? YES 2 NO Office Late and place, and din, death occured at till 29c. LICENSE N	In Part I. 24a, WAS PERI 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Str. City or Town, St. City or Town,	AN AUTOPS FORMEO? 2 NO W INJURY C	Y 24 OCCUREO ber or Rura stated. o the cause ATE SIGNE	Approxime Interval Be Onset and Onse	
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Findiseese or condition reaulting in death) Sequentielly list condition in any leeding to immediate cause. Enter UNDERLYII CAUSE (Disease or injuit that initiated events reculting in deeth) LAST PART II. Other algnificate cause. Cause Reference or injuit that initiated events reculting in deeth) LAST PART II. Other algnificate cause of the cause o	one, diete NG ry T I I I I I I I I I I I I I I I I I I	b. DUE TO C. DUE TO d. PLACE building to ER: On the basis of ER: On the basis of ER: On the basis of ER: On the basis of ER: On the basis of ER: On the basis of ER: On the basis of ER: On the basis of ER: On the basis of ER: On the basis of	of injury — Ag, etc. (Specify)	NSEQUENCE OF ASSECUENCE OF ASS	ot enter the n	PLACE OF DEATH (I) PLACE OF DEATH (I) INJURY AT WORK? YES 2 NO Office Late and place, and din, death occured at till 29c. LICENSE N	n Part I. 24a. WAS PERI 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Str. City or Town, St	AN AUTOPS FORMEO? 2 NO W INJURY C	Y 24 OCCUREO ber or Rura stated. o the cause ATE SIGNE	Approxime Interval Be Onset and Onse	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

put comme against the the state of the s

		A STATE OF THE STA		- Contraction
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within L. Nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Figure within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR										1	204/4	
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	STATE OF M			ICATE				MENTAL HYGIE REG. N			3. TIME OF OEATH	
	1. DEGLOCITY S NAME (7 851, MILLOW, COST)	Elzy	Walter	s					Septembe	DAY 17,	1991	0425 M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	l birthday)					7. DATE OF BIRTH (Month, Day, Year)			PLACE (State or Foreign	
	214-01-0396	1 ⊠ M 2 □ F 87			MONTHS	DAYS HOURS MIN.			Dec. 11,	1903			
	9a. FACILITY NAME (If not institution, give s				96. CITY	, TOWN C	R LOCATI	ON OF DI	EATH	9c. COU	NTY OF DE	EATH	
DIRECTOR	Union Hospital o	E Cecil C	Ell	kton				Ce	cil				
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c. CIT	HTY, TOWN OR LOCATION							10d. INSIDE CITY		
DIR	Maryland Cec	11			kton							LIMITS?	
	10e. STREET AND NUMBER					101	ZIP COD	E				HAT COUNTRY?	
ER	301 King Street						2192	1		U.	S.A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X	ES 2 X NO			ENDENT Cooling Cuba	n, Mexica	NIC ORIGIN? (Specify) in, Puarto Rican, atc.) y:	es or No-	14. RACE Black Specif	- American Indian, , White, atc. /y: White	
ED	15. OECEOENT'S EOU (Specify only highest grade				USUAL O				16b. KIND OF E	USINESS/IN	DUSTRY		
E	Elementary/Secondary (0-12)	College (1-4 or 5+) life.	. Do NOT u	ise retired.)								
COMPLETED	7		Me	chan	ic/T	ruck	_				Deve:	lopment	
	17. FATHER'S NAME (First, Middle, Last) William Wa	alters					16. MOT	HER'S NA	Me (First, Middle, Maid Margaret		voar		
BE	19a. INFORMANT'S NAME (Type/Print)	AT CCT 3	100	h MAII INI	ADDRES	E (Street a	and Mumba	e or Burnt					
2	198. INFORMANT'S NAME (Type/Frint) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Marion L. Walters 301 King Street Elkton, MD 21921												
	20a. METHOD OF DISPOSITION Sept. 19, 1991 1X Burlal 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify) Leeds Cemetery 20c. LOCATION - City or Town, State there place) Leeds Cemetery Leeds, Maryland												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HICKS HOME for Funerals, P.A.												
									ockton St		P.A.		
	23. PART I. Enter the diseases, or compilications that caused the death, Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellure. List only one cause on sech line.										Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intitated events resulting in death) LAST												
PHYSICIAN: MEDICAL CI	PART II. Other algnificant condition	na contributing to	death but not	reaulting	in the ò	nderlyln	g cause	given in	PERF	AN AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ä													
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF E	DEATH (C	heck only one)				
YSI	1 YES 2 NO	1) Inpatient 2			4 🗆 Nu	raing Hon		esidence	6 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending Investigation		28s. DATE OF INJURY 20b. TIME OF INJURY				JURY AT ORK? YES 2 (□ NO	28d. DESCRIBE HO	28d. DESCRIBE HOW INJURY OCCUREO			
ETED B	2 Accident investigation 3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — As home, farm, street, factory, office building, etc. (Specify)							28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLE	29a. CERTIFIER / 1 CERTIFYING PHYSICIAN: To the best of my know on a non-course of the time, date and place, and due to the cause(s) and menner as stated. Check only one) 2 MEDICAL EXAMINER: On the selection of the investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.												
BE	296. SIGNATURE AND TITLE OF CERTIFIE	P/X	Ru	v-				2618		29d. DATE SIGNED (Month. Day, Year) Sept. 17, 1991			
5	30. NAME AND ADDRESS DIPPERSON W	HA COMPLETED CALL	SE OFTERN UT	M 277 /2	an Albelow)						-		

Bridge Street, Elkton, Maryland 21921

OHMH-16 Rev 1/89

Joseph

G.

Lanzi,

M.D.

721

REGISTRAT'S SIGNATURE

9

- 45 4 4

Phosp	stache	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
#	9	0
D.	P	9
etaine	shou	otifie
9	ge 5	6.3
тау	r, pa	st b
9	ecto	Ē
Page	-	Je.
eath.	unera	Ime:
er d	the i	6
s af	P E	dica
hou	P P	E
24	tion,	the
ithin	ema	H,
₩ pa	omp I, cr	eve
ecut	nd c	atic
9	an a	Ë
ne b	ysici	E
tifica	g ph	the
69	Hyg	0 -0
deat	atte	5
app.	d Me	를
that	h an	E .
ires	signe	828
requ	of t	sho
AM.	as b	23
The	ate h	E
IAN:	rtifica	10
YSIC	s cel	d,
E	ift if	arke
DINC	Afte	E
TEN	TOR:	8
RAI	RECUITS	E
107	T D	f ite
PITA	ERA in 7	T. H
50	P. H.	TAN
置	THE Gled	POR
2	22	=
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache filled within 72 hours after death with the State Deor. of Health and Mental Hygiene prior to burial, cremation, or removal.

				OF DEATH	1	G. NO.		
. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	DAY	YEAR	3. TIME OF DEATN
Grace E. West						-1 3-91		8:25 P.M
. SOCIAL SECURITY NUMBER 164 03 5743 In. FACILITY NAME (If not Institution, give st	1 🗌 M 2 💢 F	AGE (In yrs. lest birtho	RS. MONTHS	DAYS HOURS MIN.	7. DATE OF BII (Month, Day, 11/12	705	Ma	ryland
Salisbury Nursin				rown or location of the lisbury	DEATN		COMi	
0a. STATE 10b. COUNTY		10c	Salis					10d, INSIDE CITY LIMITS? 1 XX YES 2 NO
0e. STREET AND NUMBER				101. ZIP CODE		10g. Cl	TIZEN OF	WHAT COUNTRY?
304 Glen Ave.				2180	01		USA	
1. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2200	11	AS DECENDENT OF NISP/ yes, specify Cuban, Maxk YES 2 NO Spec	an, Puerto Rican,		14. RAC Blac Spec	E - American Indian, ck, White, atc. city: White
16. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a, DECEDE	NT'S USUAL OCC	CUPATION uring most of working	16b. KIND	OF BUSINESS/IN	NOUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)			ring most of working		ጥልን ፡	no C	10
12			Secreta			Telepho		
7. FATHER'S NAME (First, Middle, Last)	+				AME (First, Middle, 1foliar			
William B. Wes		, m. m						
Clyde West				od Rd., Ba.				21222
Donation S Other (Specify)	oval from State	206. PLACE AND of cemetary, crem Bates	OATE OF DISPO	SITION (Name	OATE	20c. LOCATION -	- City or T	own, State Maryland
23 PART Enter the diseases and	7	*		0 Franklin			_	
shock, or heart feiture. IMMEDIATE CAUSE (Final		on sech line.	Do not enter t	tha mode of dying, su	ch es cardiac c	r respiratory s	_	Approximate Interval Betw
shock, or heart feiture. IMMEDIATE CAUSE (Final	a. DUE TO (OF	on sech line.	CE OF):		ch es cardiac c	r respiratory s	_	Approximate Interval Betw
shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OF DUE TO (OF d.	A AS A CONSEQUENCE	Do not enter to	Piece	n Part I. 24a.	r respiratory s	T)	Approximate Interval Betw Onset and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest a
shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OF DUE TO (OF d.	AS A CONSEQUENCE AS A C	CE OF): CE OF): CE OF): OTHER	darfying cause given it	n Part I. 24a.	WAS AN AUTOPS' PERFORMEO? YES 2 \(\text{NO} \)	T)	Approximate Interval Betwo Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OF DUE TO (OF	R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE RAS A CONSEQUENCE RICOLOGICAL STATES AS A CON	CE OF): CE OF): CE OF): CE OF): CE OF): CE OF): CE OF): CE OF):	iarlying cause given if 28. PLACE OF DEATH (0: ing Nome 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	n Part I. 24a. Check only one) 6 Other (Spe 28d. DESCRIB	WAS AN AUTOPS' PERFORMEO? YES 2 NO	Y 24	Approximate Interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 1	DUE TO (OF DUE TO (OF	R AS A CONSEQUENCE R AS A CONSEQ	CE OF): CE OF): CE OF): CE OF): CE OF): CE OF): CE OF): CE OF):	iarlying cause given if 28. PLACE OF DEATH (0: ing Nome 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	n Part I. 24a. Check only one) 6 Other (Spe 28d. DESCRIB	WAS AN AUTOPS' PERFORMEO? YES 2 NO	Y 24	Approximate Interval Betw Onset and D. Onset
shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 12. Manner OF DEATH 12. Maural 5 Pending Investigation 3 Suicide 6 Could not be determined 13. Suicide 6 Could not be determined 14. Nomicide 15. CERTIFFIER 1. CERTIFFIER PHYS	DUE TO (OF DUE TO (OF	R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE RAS A CON	CE OF): CE	iarlying cause given if 28. PLACE OF DEATH (0: ing Nome 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	n Part I. 24a. 1 □ Check only one) 6 □ Other (Spe 28d. DESCRIB 28f. LOCATION Chy or Row	WAS AN AUTOPS' PERFORMEO? YES 2 NO (Street and Numb. n, State)	Y 24 OCCUREO Der or Rural	Approximate Interval Betw Onset and D. Onset

ç •

68760,
BOX
P.0.
TAL RECORDS,
OF VITAL
OF
DIVISION

	Pages	
	TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. A hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	
ی	nsit p	
Sician	ial-tra	
of phy	e bur	
tendin	as #	
or at	or use	
Spital	hed fe	-1
the ho	detac	once
9	ld be	d at
etaine	shou	otifie
y be	age 5	De n
6 ma	ctor, p	nust
Page	ul dire	ner n
leath.	funera	хаші
after (y the noval.	caie
SUDOL	d in b	medi
1 24 I	ly fille ation,	the
MAN AND AND AND AND AND AND AND AND AND A	crem	vent,
cuted	od cor	rtic e
20	or to	auma a
ncate	physic ne pric	er tr
Certi	Hygie	r oth
оеаш	e atter	July, C
ar me	by the	y inj
res m	igned	rs an
Leda	of H	show
Je Idw	has b	n 23
4N: 12	ficate State	I Item
TSICE	s cert	0 'pc
20 71	ter thi ath wi	marke
ENDIN	DR: Aft	SIS
LONING THE INDING PHYSICIANS THE LAW EQUITES THAT THE GEATH CENTRICATE DE EXECUTED WITHIN 24 HOURS After GEATH. PAGE 6 May be retained by the hospital or attending physician.	TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the function to burial, cremation, or removal.	DRTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IAL DI	AL DI	If Ite
200	INER	NT.
-	8 2	E

1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPART	MENT OF I	HEALTH AND !	MENTAL HYGIEN REG. NO		1 2047
1. DECEDENT'S NAME (First, Middle, Last				DEATH	2. DATE OF DEATH		3. TIME OF DEATH
JURGIS 4. SOCIAL SECURITY NUMBER	BUCEVIO				SEPT. 28,	1991	12:05 P.
220-30-6809	1 XM 2 - F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-03-07	(SIRTHPLACE (State or Foreign Country) THUANIA
99. FACILITY NAME (If not institution, give 1245 VOGT AVENU	· ·	g	ARBUT	US	ATH	BALTI	
100. STATE 10b. COUNT MARYLAND BAI	TIMORE		RBUTUS	marc a			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
1245 VOGT AVENU	E		10	21227		10g. CITIZEN USA	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 IF YES, GIVE WAR	YES 2 X NO	If yes, sp			or No — 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 4TH GRADE 17. FATHER'S NAME (First, Middle, Last)	UCATION fe completed) College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of wor life. Do NOT use r CABINET)	k done during mo etired.)	st of working	16b. KIND OF BUS FURNIT	URE MA	
MARTIN BUCEVIO	CIUS				IA GODELIA		
19a. INFORMANT'S NAME (Type/Print) ZIGMAS BUCEV	ICIUS				Oute Number, City or Town		0)
20a METHOD OF DISPOSITION 1 ABurlet 2 Cremetton 3 Ref 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DATE OF	DISPOSITION (NA	me of	DATE 20c. LO	CATION - City	or Town, State MARYLAND
21. SIGNATURE OF FUNERAL SERVICE L	H. Miles			D FUNERA	ILITY		, MD. 21229
23. PART I. Enter the diseases, or abock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	s. Called DUE TO (OR b. DUE TO (OR c.	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	u				Approximate Interval Betwee Onset and Da
PART II. Other algnificant condition	ns contributing to das	th but not resulting in	the underlying	g causa givan in f	Part I. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 \(\text{YES} \) YES 2 \(\text{NO} \) NO	HOSPITAL:	Outpitlent 3 DOA 4	THER:	ACE OF DEATH (Chee			1 YES 2 NO
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJE (Month, Day, Ye	JRY 28b. TIME O	/ Wo	JRY AT RK? ES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURE	D
3 Suicide 6 Could not be determined	28e. PLACE OF IN. building, etc.	JURY — At home, ferm, atre- (Specify)	et, fectory, office		281. LOCATION (Street in City or Town, Stete)	nd Number or Ru	irel Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	BICIAN: To the best of my I	mowledge, death occurred a	t the time, date	end place, end due t	o the cause(e) end mendime, date and place, and	ner ee stated.	se(e) end manner es atated.
29b. SIGNATURE AND TITLE OF CERTIFIE LOCALIA	Mosen	_,20		29c, LICENSE NUMI 0198			NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WE 31. DATE FILED (Month, Day, Year)	32. REQUITRAD'S		nt)				

	1. DECEDENT'S NAME (First, Middle		252	1.101			DEAT		REG. I		3.	TIME OF DE
	Nicholas 4. SOCIAL SECURITY NUMBER	George	BRO						Septembe	27,	1991	9:24
	217–38–3377	5. SEX	6. AGE (In yrs. le 50	st birthday) YRS.	IF UNDER	DAYS	IF UNDER HOURS	24 HRS. MIN,	7. DATE OF BIRTH (Month, Day, Year $3-3-41$,	B. BIRTHPLA Country)	MD (Stete or I
N.	90. FACILITY NAME (If not institution Franklin Sq.	n, give atreet and number) ware Hospita	1			TOWN O		ON OF DEA		9c. COUR	timor	Н
5	RESIDENCE OF DECEDE	NT									CIIIIOI	
DIRECTOR	MD	Baltimore		10c. C/1	Rose	dale	5 10N					I. INSIDE CIT LIMITS? YES 2
FUNERAL	100. STREET AND NUMBER 1217 rusti	c Ave.				10f.	ZIP CODE 212	237		10g. CITIZ	ZEN OF WHAT	COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merrie 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	RMED NO	19	yes, spe	NDENT O	OF HISPANI II, Mexicen Specify:	C ORIGIN? (Specify , Puerto Rican, etc.)	Yes or No-	14. RACE — Black, W Specify:	Americen Ind hite, etc. White
TED	15. DECEDENT (Specify only highe	I'S EDUCATION at grade completed)	(6	ive kind of	USUAL OC	CUPATION uring mos	N t of workin	ıa	16b. KIND OF	BUSINESS/IND	USTRY	
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+) Iffe	Fore	se retired.)				Gree	n Cont	ractin	ng
BE CO	17. FATHER'S NAME (First, Middle, L Martin Brown	n Sr.					I.	.eona	Janowia	k		
10	190. INFORMANT'S NAME (Type/Prin		19	b. MAILING	ADDRESS 217 R	(Street en USti	d Mumber C Av	or Rural Ro 7e.;	Balto. M	Town, State, Zip. 212	37	
	20a METHOD OF DISPOSITION t	☐ Removel from State	20b. PLACE cornetory, car	AND DATE	OF DISPOSI	non (Nen	ne of	10-1		LOCATION — C		
	21. SIGNATURE OF FUNERAL SERV		-11	/	22. N	AME AND	Appres	S OF FACE	LITY	Daltin	ore, r	11)
	23. PART I. Enter the disease	or s. V	elly			Balt	imor	e, M	D 21237			
Z		Pulm				Ede	ema v	vith	failure			
TIFICATION	Sequentially list conditions, if any, isading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	_ Card	iac Arr or as a consec	est	F):	Luc						
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	c. Card	iac Arr	est QUENCE OF	F):							
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. Card	iac Arr	est QUENCE OF	F):			ivan in Pa	art I. 24a, WAS	AN AUTOPSY ORMED? 2 X NO	CON DF I	LABLE PRIOR IPLETION OF DEATH?
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART tl. Other algnificant cor 25. WAS CASE REFERRED TO MEDIEXAMINER?	c. Card DUE TO (iac Arr	est DUENCE OF	F):	arlying 26. PLA	cause g	ivan in Pi	art I. 24a. WAS. PERF	ORMED?	CON DF I	LABLE PRIOR IPLETION OF DEATH?
HYSICIAN: MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART ti. Other algnificant cor	c. Card DUE TO (d	iac Arr OR AS A CONSEC	est DUENCE OF	OTHER:	arlying 26. PLA	Cause g CE OF DE 5 □ Red	ATH (Checi	art I. 24a, WAS, PERF 1	ORMED? 2 X NO	AVAI CON DF I	NE AUTOPSY F LABLE PRIOR PRICETION OF DEATH? YES 2
SICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART tl. Other algnificant cores. The c	c. Card DUE TO (d	iac Arr OR AS A CONSEC death but not r ER/Outpetient 3 NJURY (, 'ber)	est puence of equiting (OTHER:	26. PLA ig Home WOR t YE	CE OF DE	EATH (Checi	art I. 24a, WAS PERF	ORMED? 2 X NO	AVAI CON DF I	LABLE PRIOR IPLETION OF DEATH?
ED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART tl. Other algnificant cores. The core in th	c. Card DUE TO (d	iac Arr OR AS A CONSECT death but not r ER/Outpetient 3 NJURY	est puence of equiting (OTHER:	26. PLA ig Home WOR t YE	CE OF DE	EATH (Check	art I. 24a, WAS, PERF 1	ORMED? 2 X NO V INJURY OCCU	AVA CON DF I 1	RABLE PRIOR PPLETION OF DEATH? YES 2
ETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART tl. Other algnificant cor 25. WAS CASE REFERRED TO MEDIEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendin investig 3 Suicide 6 Could referred to the control of th	CAL HOSPITAL: HOSPITAL: Month, De	iac Arr OR AS A CONSECT death but not r ER/Outpetient 3 NJURY V, Year) INJURY — At hor itc. (Specify)	est DUENCE OF	OTHER: 4 Nursing E OF Murror	26. PLA ag Home 8c. INJU WOR t YE y, office	CE OF DE 5 Res RY AT K? S 2	NO 2	art I. 24a. WAS PERF 1 YES Other (Specify) Red. DESCRIBE HOW City or Town, Ste	ORMED? 2 X NO V INJURY OCCU et end Number c	AMA COM DF I 1 URED URED	Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART ti. Other algnificant cor 25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investig 3 Suicide 6 Could reference (Check only one) 2 MEDICAL EX	CAL HOSPITAL: Month De Control	iac Arr OR AS A CONSECT death but not r ER/Outpetient 3 NJURY (, 'ber') INJURY — At horite. (Specify) my knowledge, deamination and/or i	DOA 28b. TIM INJ	OTHER: OTHER: 4 Nursh Hursh intreet, factor d at the lim	26. PLA 19 Home 18c. INJUI WOR 1 YE y, office	CE OF DE 5 Ret RY AT K? S 2 nd place, with occure	ATH (Checi sidence 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	art I. 24a, WAS PERF 1 YES Nonly one) Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street, Street, ED? 2 X NO V INJURY Occupate and Number of the ord Number of the order of the	AMA COM DF I 1 URED URED	Number,	
E COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART ti. Other algnificant cor 25. WAS CASE REFERRED TO MEDIEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investig 3 Suicide 6 Could redetermine Check only 0ne) 2 MEDICAL EX	CAL HOSPITAL: Month De Control	iac Arr OR AS A CONSECT death but not r ER/Outpetient 3 NJURY	est DUENCE OF DOA DOA 28b. TIMM INJ me, term, a	OTHER: 4 Numble OF URY M Intreet, factor	26. PLA 19 Home 18c. INJUI WOR 1 YE 19c, office 19c, dete a 10c, des	CE OF DE 5 Res RY AT K? S 2 nd place, with occure	ATH (Check sidence 6 2 NO 2 and due to d at the tir	art I. 24a. WAS PERF 1 YES Nonly one) Other (Specify) Red. DESCRIBE HOW City or Town, Ste	ORMED? 2 X NO V INJURY Occupate and Number of the ord Number of the order of the	JURED URED Or Rural Route d. couse(e) end	Number,



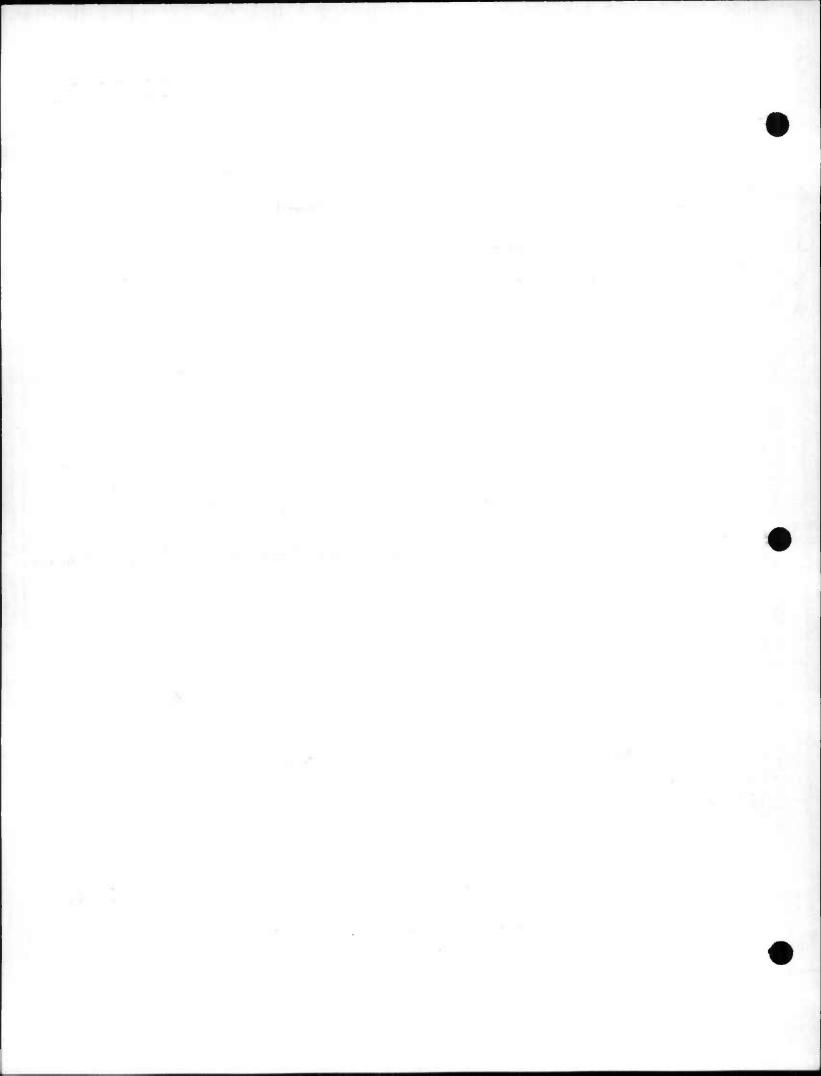
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

sit permit. Pages 1, 2, 3 should

Š	96	rec	E
=	E	ald	6
1	ath.	Jue	E
DALLIM	r de	- Se	. S
-	afte	2 4	2
	ars	in it	9
	50	led	E
	124	y fi	5
5	iğ.	etel	#
5	*	g c	2 2
5	ence	d Co	2
2	exe.	an an	nat
,	2	ian i	3
á	ate	JySi(=
	華	d B	#
	9	di di	0
9	ag	after	
)	e d	Mer	3
3	4	9.5	=
5	tha	pe 4	an
)	ires	Sign	8
4	regu	De Jo	9
	SA.	S be	2
ζ	2	200	E
	-	Cate	ie ie
•	CA	artiff and	0
THE COURT OF THE C	S	SC	Ď.
,	F	日本	Te le
5	NG NG	Afte	E
	EN	B.	- 50
-	A	5	28
	OR	JIR O	E
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct by filed within 72 hours after death with the State Deat of Health and Mental Horizon principle, no purish or second	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner m
	PIT	ER.	E
	F	F. F.	A
	뿦	出	8
	LQ	T O	4
	-	F 2	=

REGISTRAR		CERTIFIC	CATE OF	DEATH	MENTAL HYGIE REG. N		26478
	asi) Barron				2. DATE OF DEATH MONTH	DAY .	3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER 212-20-4086	1 □ M 2 🖾 F 6		IF UNDER 1 YEAR RONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 4,1		BIRTHPLACE (State or Foreign Country) [aryland
9a. FACILITY NAME (If not institution, gi	a Road	9	ь. сту, тоwn ог Timoniu	R LOCATION OF DI	EATH	9c. COUNT Balti	more
260 East Padoni RESIDENCE OF DECEDENT 10a. STATE 10b. COL Maryland 10c. STREET AND NUMBER 260 East Padon 11. MARITAL STATUS			TOWN OR LOCATE	ON			10d. INSIDE CITY LIMITS? 1 YES 2 W NO
100. STREET AND NUMBER 260 East Padon				ZIP CODE 21093		U.S.	N OF WHAT COUNTRY?
3x Widowed 4 □ Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 XNO	13. WAS DECE If yes, spec	city Cuben, Mexica	IIC ORIGIN? (Specify Y n, Puerlo Ricen, etc.)	ea or No — 14	RACE — American Indian, Black, White, etc. Specify: Thite
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)	EDUCATION rade completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use of Homemake	rk done during most retired.)	N t of working	16b. KIND OF B	USINESS/INDUS	
		Homemake			Own I ME (First, Middle, Maide arroll		
100mas Wiley 19a. INFORMANT'S NAME (Type/Print) Robert F. Barro	n, Jr.	19b. MAILING AI			Route Number, City or To	wn, State, Zip Co	ode)
20a. METHOD OF DISPOSITION 130 Burlel 2 Cremetion 3 R 4 Donation 5 Other (Specify)	20	Db. PLACE AND DATE OF I	DISPOSITION / Nam	Cemeter	DATE 20c. L	ocation - ch Parky	y or Town, State
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	L. Ar.	22. NAME AND	ADDRESS OF FA	CILITY	ork Rd	. 21204
23. PART I. Entar the diseases, a shock, or heart failured in the shock of the shoc	s. Metc	asch lina.			as cardiac or real		interval Betw
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	A CONSEQUENCE OF):					
PART II. Other algnificant condit	tions contributing to death	but not resulting in	the undarlying	cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS
					1 TYES	2 NO	DF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER:	CE OF DEATH (Che	ock only one) 6 Other (Specify)		<u> </u>
27. MANNER OF DEATN 1 N Netural 5 Pending 2 Accident Investigation		28b. TIME O	OF 28c. INJUF WORK M 1 YE	RY AT	28d. DEŞCRIBE NOW	INJURY OCCUR	ED
3 Suicide 8 Could not I	building, atc., (Spe				261. LOCATION (Street City or Town, State)	Rural Route Number,
29a. CERTIFIER	YSICIAN: To the best of my know	wladge, death occurred a	nt the time, data as	nd place, and dua	to the cause(s) and ma	nner as stated.	
(Check only one) 2 MEDICAL EXAM	INER: On the basis of examination	on and/or investigation, i	In my opinion, dea	th occured at the	lime, date and place, a	nd due to the c	ause(s) and manner as stated
(Check only	FIER Paget	Class &	2	occured at the second section of the second			ause(s) and manner as stated GNED (<i>Month, Dey, Year</i>) 2-23-9

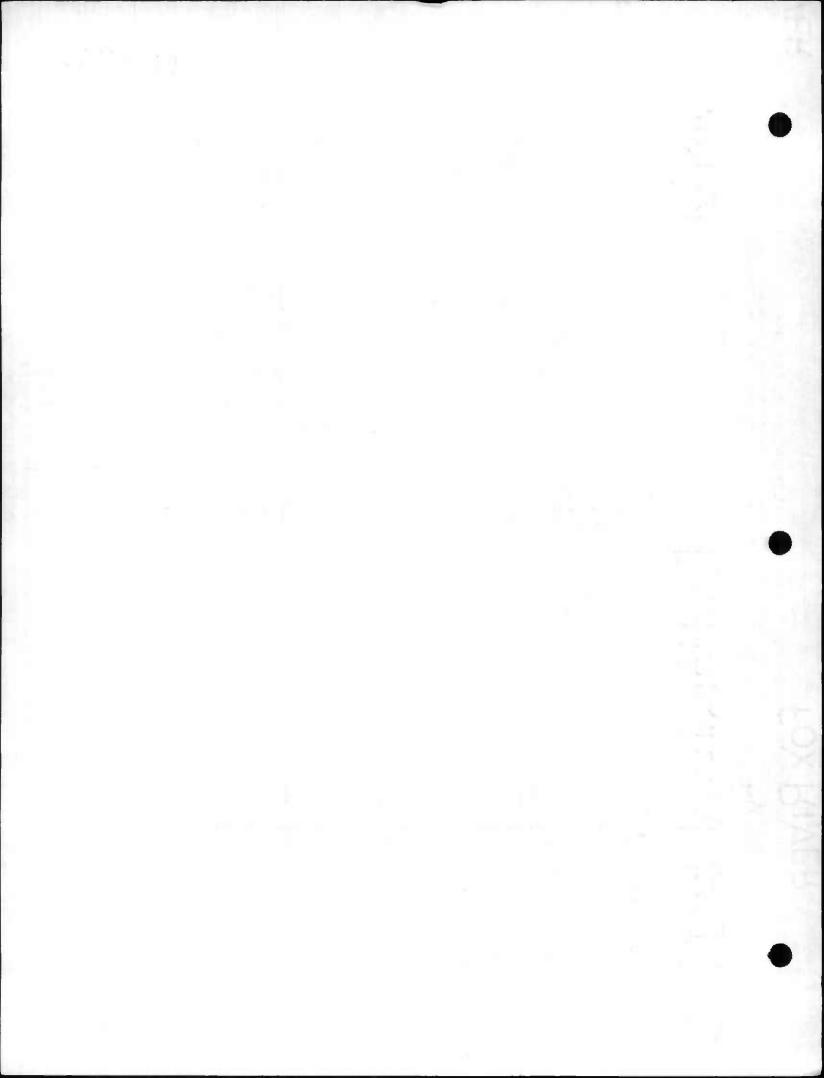


1 - FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF			3. 7	IME OF DEATH
	MILLRED	CA	DE						НТН	2 04	7 9	EAR //	100 A M
yΔ	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	last birthday)	IF UNDER		IF UNDER		7. DATE OF				CE (State or Foreign
	132-09-8567	1 M 2 X F	89	YRS.	MONTHS	DAYS	HOURS	MIN.		/02	-	Country)	son, Ga.
	9a. FACILITY NAME (If not institution, give a	street and number)			9b. CITY	, TOWN	OR LOCATIO	ON OF DE			9c. COUNTY		
RO	Good Samaritar	Hospi	tal		Ba	lti	more	е					
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v		100 017	Y, TOWN	001004	TION					104	. INSIDE CITY
DIRECTOR				2.12				_					LIMITS?
	Maryland			Ball	LIMC		City				10a CITIZEA		YES 2 NO
RA	1803 E. Belved	loro A	venue		101. ZIP CODE 21212					10g. CITIZEN OF			COONTRIT
FUNERAL	11. MARITAL STATUS	CIC	NT EVER IN U.S. A	ABMED	13.	WAS DEC	ENDENT C	F HISPANI	IC ORIGIN?	Specify Yes			American Indian,
R	1 Never Married 2 Married 3 N Widowed 4 Divorced	χio		If yes, sp 1 YES	2 PNO	Specify:	, Puerto Ric	an, atc.)	4	Specify:	Black		
	15. DECEDENT'S EDU (Specify only highest grade			DECEDENT'S				na	16b. K	IND OF BUS	INESS/INDUS	TRY	
	Elementary/Secondary (0-12)	+)	We. Do NOT us	se retired.)									
MP		7											
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						1 5			Idle, Maiden	Surname)		
BE	James Baldwin	21.30				_			Grif				
2	Otis Allen										, State, Zip Co		
								ere					21212
		DD OF DISPOSITION 2							DATE	DATE 20c. LOCATION — City or Town, Stata			
	4 Donation 5 Other (Specify)	CENSEE _	wes	tern			ND ADDRE			Ba	TTIMO	re,	Marylan
	La l	1 ()	271			ero	у О.	. Dy	ett				L Home
	23. PART I. Enter the diseases, or	· reco			4	600	Lit	pert	y He	ight:	s Ave	nue	21207
	ahock, or héart fallure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a.	OOR AS A CONS	ne.									Intarval Between Onset and Daath
RTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING												
ERTIFIC	CAUSE (Disease or Injury that Initiated events rasulting in death) LAST												
AL CE	PART II. Other algnificant condition	_/ '/	/	_			g cause	given in	Part I. 2	4a. WAS AN PERFOR		AVA	RE AUTOPSY FINDINGS IILABLE PRIOR TO
MEDICAL	Janesea	le C	ulu	COL	K	2			- 1	YES 2	NO		MPLETION OF CAUSE DEATH?
-									- 1			1 [YES 2 NO
SICIAN:												L	
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	- Lord Community		OTHE	R:			ack only one)				
14S	1 TYES 2 NO 27. MANNER OF DEATH	1#2 inpatient 2	ER/Outpatient	3 DOA			ne 5 R	esidence	6 Other		NJURY OCCU	DED	
PHY	Natural 5 Pending		Day, Year)	IN	JURY	W	ORK?	¬ NO	200. DE30	NIBE NOW II	NJOH! OCCO	NED	
A	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE	OF INJURY — At	home, farm,	street, fac				28f. LOCAT	ION (Street a	and Number or	Rural Route	Number,
	4 Homicide 6 Could not be determined	building	g, atc. (Specify)					0.7		Town, State)			
	29a. CERTIFIER 1 CERTIFYING PHYS												
MP	orie) 2 MEDICAL EXAMIN	ER: On the basia of	examination and/	or investigati	ross, see city	opinion,	destu occu			rid prince, an	d dull to the t	cause(a) an	d manner as stated.
COMPL	one)		examination and/	or investigati	t /	ориноп,		ENSE NUN		rio piace, un			ogth, Day, Year)
BE	one) 2 MEDICAL EXAMIN		examination and/	PG	4,	ориноп,				rio piace, un			
ш	295. SIGNATURE AND TITLE OF CERTIFIE 295. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	sao	USE OF DEATH (PG-	Y (e, Print)		29c. LIC	ENSE NUN	ABER		29d. DATE 5		

32. REGISTRAR'S SIGNATURE who Davidson-Randell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TIVINE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nn	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be first within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)						DEA		2 04	REG. NO		-	A THE
,		ANTHONY	J	Γ. (COMEGI	NA			MO	PTEMBER		1991	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 214-10-5727	5. SEX	6. AGE (In 84	yrs. last birthda	MONTHS	DAYS	IF UNDE	R 24 HRS.	7. DA	TE OF BIRTH orth, Day, Year) B. 14,1		6. BIRT	HPLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give st	treet end number)			9b. CITY	y, TOWN	OR LOCAT	ION OF DE		D. 14,1		INTY OF D	RYLAND
	ST. AGNES HOSPITA	AL.					MORE					_	JEAN THE STATE OF
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		10c, C	ITY, TOWN O	OR LOCA	TION						10d, INSIDE CITY
	MARYLAND HOWA	ARD		EI	LICOT	TT C	ITY						1 YES 2 NO
	4714 HALE HAVEN	DRIVE				10	f. ZIP COD	_					WHAT COUNTRY?
	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U	J.S. ARMED	13.	WAS DE		1043	IIC ORI	GIN? (Specify Yes		U.S.	A . E — American Indian,
	1 Never Merried 2 Merried 3 Widowed 4XXDivorced	FORCES? 1	YES	2XXNO		If yes, sp	oecify Cube	en, Mexica	n, Puer	to Rican, atc.)	G NO	Spec	ck, White, etc.
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	1	6e. DECEDENT	'S USUAL Or f work done use retired.)	CCUPATI during m	ON ost of worki	ng	1	6b. KIND OF BUS	SINESS/INI	DUSTRY	
	Elementary/Secondery (0-12)	College (1-4 or 5		TAILOR	use retired.)					CLO	THING	G	
	17. FATHER'S NAME (First, Middle, Last) CLAUDINO COMEGNA						RO	OSINA	A ST	t, Middle, Maiden			
	19a. INFORMANT'S NAME (Type/Print) ANTOINETTE SHIVELY		HTER)	196. MAILT 4714	HALE	S (Street : HAV	EN D	r or Rural F	, EL	imber, City or Town	n, State, Zij CITY	, MD.	21043
	20a. METHOD OF DISPOSITION 1 XI Burlel 2 Cremetion 3 Remo 4 Donetion 6 Other (Specify)			LACE AND DATE				7 9			CATION — LTIM(MARYLAND
	21. SIGNATURE OF FUNERAL SERVE IS LICE	1 171	11	0	22. LE	NAME A	M. &	SS OF FAC	SET	I C W	T ጥ フ レ T	e Filh	NERAL HOME
1	23. PART i. Entar the diseases, Dr c	Dinplications the	it caused t	ha daath. Do	16	30	EDMON	NDSON	IA	ENUE. CA	ATONS	SVILI	LE, MD. 2122
	23. PART i. Enter the diseases, Dr ci shock, Dr heart feilure. L IMMEDIATE CAUSE (Finel disease Dr condition resulting in death)	Dinplications that	at causad to	n IIna.	not antar	tha mo	EDMON	NDSON	IA	ENUE. CA	ATONS	SVILI	Approximata interval Between
	iMMEDIATE CAUSE (Final disease or condition	Displications that List Drily one cau	It caused to use Dn saction (OR AS A CO	ha death. Do h line. O() ONSEQUENCE ONSEQUENCE ONSEQUENCE	not antar	tha mo	EDMON	NDSON	IA	ENUE. CA	ATONS	SVILI	LE, MD. 2122
	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	Displications that List Drily one cause Due to Oue to Due	COR AS A CO	ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE	16 not antar	tha mo	EDMON	NDSON ing, such	N AV	ENUE, CA	ATONS ratory and AUTOPSY MED?	SVILI	Approximate interval Between Onset and Da
	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	Displications that List Drily one cause Due to Oue to Due	t causad to use Dn ascider (OR AS A Co (OR AS A CO (OR	ONSEQUENCE TONSEQUENCE ONSEQUENCE ONSEQUENCE TONSEQUENCE TONSEQUENCE TONSEQUENCE TONSEQUENCE	16 not antar	tha mo	g cause of	NDSON ing, such	Part i.	Z4a. WAS AN PERFOR	ATONS ratory and AUTOPSY MED?	SVILI	Approximate interval Betwee Onset and Da Ons
	iMMEDIATE CAUSE (Final disease pr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	Due TO DUE TO	th caused the caused t	ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE	16 not antar	tha mo	g cause q	glven in i	Part i.	24a. WAS AN PERFOR	AUTOPSY MED?	SVILI reat,	Approximate interval Between Onset and Da On
	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	Dupilications that List Drily one caused as List Drily one caused as List Drily one caused as List Drily one to Du	It caused to use on accident to the cause of	ONSEQUENCE ONSEQUENCE	or) or) or) or) or) or) ori ori	tha mo	g cause q	glven in i	Part i.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b	Approximate interval Between Onset and Da On
	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	Dupilications that List Drily one cause of the Country one cause of the Country o	t causad to use Dn ascider (OR AS A CO) (OR	ONSEQUENCE ONSEQUENCE	OF): OF): OF): OTHER 4 Nurs ME OF JURY M streat, facte	tha mo	g cause of Garage Ace of O	IDSON ing, such	Part i.	Z4a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b CURED To or Rural F	Approximate interval Betwo Onset and Da Onse
	iMMEDIATE CAUSE (Final disease pr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	Displications that last only one cause of th	the causad to use on account of the causad to use on account of the causad to use on account of the causad to use	ONSEQUENCE ONSEQUENCE	OF): OF):	tha mo	g cause (IDSON ing, such	Part i.	Z4a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? UNION OCCUPATION OC	24b CURED Or Rural F	Approximate interval Betwo Onset and Da Onse

O Wing OWNER OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be consistent death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. IN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

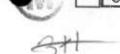
	1 - STATE REGISTRAR	OIAIL OI N	CE	ERTIF	CAT	E OF	DEA	TH	MENI	REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)		T. LA		P				2. DAT	TE OF DEATH		- MEARY	3. TIME OF DEATH
	Anthony 4. SOCIAL SECURITY NUMBER	W.			_	Ch1u			_	tember	~29,		
	The second of th	5. SEX	6. AGE (In yrs. las		IF UNDE	DAYS	IF UNDER	R 24 HRS.	7. DAT	E OF BIRTH		S. BIRTH	HPLACE (State or Foreign
	213-05-6779 90. FACILITY NAME (If not institution, give :	1 🔀 M 2 🗆 F	79	YRS.						0971912			To., Md.
DIRECTOR	1923 New Haven D				96. CITY, TOWN OR LOCATION OF DEATH ESSEX, Md.						Balto. Co.		
EC	10e. STATE 10b. COUNT	ſΥ		10c. CIT	TY, TOWN	OR LOCAT	TION						10d, INSIDE CITY
DIR	Maryland Balt	imore Cou	intv		Esse								LIMITS?
	10e. STREET AND NUMBER	Inore occ	incy		LOCC		. ZIP COD	E			10g. CIT	IZEN OF Y	WHAT COUNTRY?
ER	1923 New Haven D	rive					212	21				S.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT			13.	. WAS DEC	ENDENT C	OF HISPAN	NIC ORIG	HN? (Specify Ye		14. RACI	E — American Indien,
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WI		10		If yea, spe	ecify Cube 2 NO	en, Mexica	an, Puerto	o Rican, etc.)		Speci	k, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	(GA	ive kind of v	work done	OCCUPATIO	ON worki		10	Sb. KIND OF BU	SINESS/IN(DUSTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	·)	. Do NOT us	ise retired.)	Quiling	St Of Works.	19					
MP	8 Years -		Pr	inte	r					Publish			<u> </u>
	17. FATHER'S NAME (First, Middle, Last)								ME (First	, Middle, Maiden			
BE	Antony Ch 190. INFORMANT'S NAME (Type/Print)	lumsky						nes			ourek		
10	Helen A. Chlumsk	cy (Wife)								mber Chy or Tow ex, Mar			221
	20e. METHOD OF DISPOSITION 1 Burlel 2 □ Cremetion 3 □ Rem	accel from State	20b. PLACEA	AND DATE	OF DISPO	SITION (Na	me of		OA	TE 20c. LC	CATION -	City or To	own, State
	4 Donation 5 Other (Specify)		Holy	Red	eeme	r Ce	mete	ry 1	0/2	/1991	Balt	imor	e, Maryland
	21. BIGNATURE OF PUNERAL SERVICE LIC	mafle			22.	Bruz	dzin	ss of fa	Fune	eral Ho	ome P	A	Md. 21221
	23. PART I. Enter the diseases, or a	commications that	caused the de-	eth. Do r	not enter	r the mor	de of dy	ing, suc	h as ca	rdiec or resp	Iratory an	mest.	Approximate
	IMMEDIATE CAUSE (Finel	a. Due to (se on eech line.		,								Interval Between Onset and Death
		DUE TO (OR AS A CONSEO	UENCE OF	F):								
ON	Sequentially list conditions,	b	OR AS A CONSEO	MIENCE O									
AT	If any, leading to immediate cause. Enter UNDERLYING		All the traces	DENGE G.	-):								
CERTIFICATION	CAUSE (Diseese or Injury thet Initiated events	c. DUE TO (OR AS A CONSEO	UENCE OF	F):								
F	resulting in deeth) LAST	d											
	DART II Other cignificant condition	u.											
PHYSICIAN: MEDICAL	PART II. Other significent condition	s contributing to c	leeth but not re	sulting (in the un	nderlying	ceuee g	jiven in	Part I.	24e. WAS AN PERFOR	RMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ													1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					On Di	- 05 OF 0	7.77.404					
Sic	EXAMINER?	HOSPITAL:	CD/O-tentiont 2	7204	OTHER	R:	ACE OF OE	_					
H	27. MANNER OF OEATH	28a. OATE OF II	INJURY	26b. TIME	E OF	28c, INJU	-	aldenca	_	er (Specify)	THIRV OC	-usen	
	1 Natural 5 Pending	(Month, Day		INJ	M	WOR	RK?	NO	20u. D.	SCHIBE NON I	NJUHT OCC	CURED	
9 8	2 Accident Investigation 3 Suicide e Could not be	28e. PLACE OF	INJURY — At hom	ne, farm, r	strant, fact	_		1	28t. LO	CATION (Street e	and Number	or Rural R	In de Alumber
COMPLETED	4 Homicide determined	building, e	tc. (Specify)						City	y or Town, State)	The Francisco	Or Fine	CONTRACT,
P.	29a. CERTIFIER (Check only one)	CIAN: To the beat of a	ny knowledge, des	ith occurre	ad at the t	ime, date i	end place,	end due	to the ca	luse(a) end mar	nner se stat	ed.	
Ö	2 MEDICAL EXAMINE	R: On the beele of exa	imination end/or in	weatigation	n, In my o	pinion, de	ath occur	ed at the	time, det	e end place, en	d due to th	e ceuse(e)) and menner ee stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	a O					29c. LICE	ENSE NUM	ABER		29d. DATI	E SIGNED	(Month, Day, Year)
108	7 8	mare	12				DZ	06	7 -	5	19	13	-101
F	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)		1	_	-	1		100	7
	(100mg	Lowe!	do	3	810	0 9	019	11	Ro	1 2	515	06	
i	31. DATE SIEP BOND DO 1991	Julia Dav	s signature	1.02									

BALTIMORE, MARYLAND 21215-0020

les 1, 2, 3 should

	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag filled within 72 hours after death with the State Deot, of Heath and Mental Hydiene prior to burial, cremation, or removal.	
an.	transit p	
physici	-pnujal-	
thending	e as th	
Hital or a	d for us	
the hos	detache	once.
ned by	onid be	fled at
be retai	ge 5 sh	e notif
6 may	ector, pa	must b
th. Page	neral din	miner
after dea	y the fur	cal exa
hours	led in b	med!
within 24	pletely fi	ent, the
ecuted v	nd comp	atic ev
te be ex	sician a	traum
certifica	ding phy	r other
ne death	the atten Mental	Jury, o
s that th	of by and	any Ir
require	been sig	shows
The law	ate Depl	ет 23
SICIAN:	certifica	1, or It
NG PHY	fter this eath with	marke
ATTENDI	CTOR: A	28 Is
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	AL DIRE	PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPIT	FUNERA Within 7	TANT
품	THE PIE	POR

91-5535-510 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 26482 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN YEAR Elizabeth 09 24 1991 Carson 7:40 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 12/02/25 IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 F 65 215-22-2117 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 339 S. Monroe Street Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 339 S. Monroe Street 21223 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or NoIf yee, specify Cuben, Mexicen, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried BY Specify 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph Nixon Unknown BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Barbara A. Quoss 1219 Weddell Ave., Balto., Md. DATE 9 20. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Removal from State
4 Donation I A Styr (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 2 Zion Cemetery Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Home 5695 Main St., Elkridge, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onsat and Death IMMEDIATE CAUSE (Final disease or condition Advanced Renal Failure
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) Diabetes Mellitus CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse Dr Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2X NO Inquiry 1 YES 2 X NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 □ Nursing Home 5 Pesidence 8 □ Other (Specify) 1 XYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, streat, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated. MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner ea stated. TO THE HOSPIT TO THE FUNER De filed within 7 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) C.M.E 09 2 25 1991 10. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



Mario

F

3 0 1991

Golle

MD

32. REGISTRAR'S SIGNATURE

Dandson-Randale

111 Penn Street, Baltimore Maryland

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached as fined within 72 hours after death with the State Dent, of Health and Mental Horlere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
4	o de	10
P	P	D
taine	shou	THE STATE OF
92	2	100
N P	page	2
B m	tor,	nest
90e	direc	-
9	100	a la
leat	fune	ХЭП
ter	the the	al e
38	rem rem	e de
MOU	D o	E
S	tion.	the
ithi	ema	F.
* D	L C.	5
cute	od co	die.
8	to t	E
2	sicla	Ta.
ficat	phy of	Nec
certi	ding vaie	5
att	tal H	0
e de	Nen a	3
#	Po Po	Ë
the s	Ded th	all
rine	Sig	DWS
De l	peen	4
- SA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the file within 72 burns after hearth with the State Debt. of Hearth and Mental Hydiene prior to burlal, cremation, or removal.	23
Ē	tate late	tem
MA	rriffo he S	-
YSIC	S Ce	ď,
PH	th th	ark
SING	Afte	E
ENC	DR.	80
A	ECT	1 2
8	PIR	10
A	至至	=
Sp	UNE	Z
出	中国	E
T O	TO T	F
F	F 2	=

FOR STATE REGISTRAR	STATE OF MARYL		T OF HEALTH AND M E OF DEATH	ENTAL HYGIENI REG. NO.	E	
1. OECEOENT'S NAME (First, Middle, Last WILLIAM D.	COOK Sr.			2. DATE OF OEATH MONTH Septe, ber	28'91	3. TIME OF DEATH
4. SOCIAL SECURITY N'IMBER 165 20 5405 9a. FACILITY NAME (If not institution, give	1√2 M 2 □ F 63	YRS. MONTHS	DAVE MOINE MIN	7. OATE OF BIRTH (Month, Day, Year) October 24	Count	ennsylvania
Howard County G			Columbia		Howa	
10a. STATE 10b. COUN	ward.	10c. CITY, TOWN	OR LOCATION esville			10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
10e. STREET AND NUMBER 830 River Road			10f. ZIP COOE		1.0	WHAT COUNTRY?
830 River Road 11. MARITAL STATUS 1 Geographic Morried 3 Vinaphyla 4 G phylogol	12. WAS DECEOENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	21784 WAS DECENDENT OF HISPANIC If yes, specify Cuben, Mexican, 1 ☐ YES 2/ NO Specify:		U.S.A or No— 14. RAC Blac Spec	E — American Indian, ik, White, etc.
15. OECEDENT'S EE (Specify only highest gra Elementary/Secondary (0-12)		16a. OECEOENT'S USUAL ((GNe kind of work done kins. Do NOT use retired.) Police De	during most of working	166. KIND OF BUS		City
17. FATHER'S NAME (First, Middle, Last) Albert Cook			16. MOTHER'S NAME	George	Sumame)	
19a. INFORMANT'S NAME (Type/Print) Mrs Dorothy Cook			Road Sykesvi		The state of the s	
20a. METHOO OF OISPOSITION 10 Buriel 2 Cremetion 3 Re 4 Donation 6 Other (Specify)	200		lame of cemetery, crematory or	20c. LO	cation - city or to	
21. SIGNATURE OF FUNERAL SERVICE		P Ha	NAME AND ADDRESS OF FACE Arry H Witzke 112 Old Colum	Funeral H	Home Inc	•
immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a June TO JOR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	meeles	to is a dem	Sme	Interval Betwee Onset and Deat
PART II. Other algnificant condition	one contributing to death b	out not resulting in the u	inderlying couse given in P	24e. WAS AN PERFOR	HMED?	b. WERE AUTOPSY FINDING: MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:	ОТНЕ				
27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	1 Inpatient 2 ER/Out	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED	
3 Suicide 6 Could not be determined	28e PLACE OF INJURY	f — At home, farm, street, fa clly)	ctory, office	261. LOCATION (Street a City or Town, State)	and Number or Flural	Route Number,
anal and	(SICIAN: To the best of my know NER: On the basis of examination					(e) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF	Alun To	EATH (ITEM 27) (Type, Print)	DO (T)	96		O (Month, Day, Year)

THE MENT JOH . .

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

NUMBER ICKS SCHOO S 2 Married Divorced 15. DECEDENT'S EDI Boothy only highest grad condary (0-12) Life (First, Middle, Last) DUVALL, NAME (Type/Print) HUGH ISPOSITION Cremation 3 Ren Other (Specify) Diversity of the diseases, or	ALTIMORE OL HOUSE RO 12. WAS DECEDENT E FORCES? 1 FORCES? 1 FORCES? 1 FORCES? 1 FORCES? 1 FORCES? 1 FORCES? 1 FORCES? 1 FORCES? 1 FORCES? 1 FORCES? 1 FORCES? 1 FORCES? 1 FORCES? 1 FORCES? 1 FORCES. FORCES	OAD VER IN U.S. YES 2 X OR DATES 16a. (DECEDENT'S I Give kind of was UNKNOW 19b. MAILING 425 G EAND DATEO remetory or off	IS. WAS C. II yee, 1 USUAL OCCUPATION OF DISPOSITIO	IN OR LOCATION OF BALTIMORE CATION MORE 101. ZIP CODE 21237 DECEMBENT OF HIS specify Cuben, Men YES 2 X NO Specific Cuben, Men TO Working 18. MOTHER'S SHIR et and Number or Run ON FOREST (Name of INC. AND ADDRESS OF	PANIC ORIGIN? Ican, Puerlo Ri city: 18b. I LEY GR al Route Numbe RD., OATE	CSpecify Yes or Can, etc.) (Specify Yes or Can, etc.) COSS (City or Town, Si OWINGS	BAI Dg. CITIZEN U. NO— 14. NOWN Tame) tete, Zip Coc MILL ION — City	MARY OF DEATH TIMO 100 10F WHAT S.A. RACE — / Black, Wr Specify: (FRY) 789 789 780 780 780 780 780 780	RE I. INSIGE CITY LIMITS? YES 2 X NO COUNTRY? American Indian, site, etc. WHITE D 21117		
JCKS SCHOO DF DECEDENT 10b. COUN BA NUMBER ICKS SCHOO IS 2	ALTIMORE OL HOUSE RO 12. WAS DECEDENT E FORCES? 1 FORCES. 1 FORC	OAD VER IN U.S. YES 2 X OR DATES 16a. (DECEDENT'S I Give kind of was UNKNOW 19b. MAILING 425 G EAND DATEO remetory or off	IS. WAS C. II yee, 1 USUAL OCCUPATION OF DISPOSITIO	BALTIMORI CATION MORE 101. ZIP CODE 21237 DECEMBENT OF HISS . specify Cuben, Men res 2 X NO Spec ATION most of working 18. MOTHER'S SHIR et and Number or Rut [Name of INC. AND ADDRESS OF	PANIC ORIGIN? Ican, Puerto Ri city: 16b. I LEY GR al Route Numbe RD., OATE	(Specify Yes or carn, etc.) KIND OF BUSINE UNKN ddie, Maiden Surr OSS x, City or Town, St OWINGS 20c. LOCATI	BAI Dg. CITIZEN U . NO 14. NOWN Teste, Zip Coc MILL ION — City	OF DEATH TIMO 10d 1 [OF WHAT S.A. RACE — A Black, wf Specify: TRY TRY	RE I. INSIGE CITY LIMITS? YES 2 X NO COUNTRY? American Indian, site, etc. WHITE D 21117		
NUMBER ICKS SCHOO SS I 2	ALTIMORE OL HOUSE RO 12. WAS OCCEDENT E FORCES? 1 [FYES, GIVE WARE OCCURRENCE (1-4 or 5+) NA JR. (NEPHEW MOVED TO THE STATE OCCURRENCE (1-4 or 5+) NA COMPLETE (1-4 or 5+) OCCURRENCE (1-4	OAD VER IN U.S. YES 2 X OR DATES 16a. (DECEDENT'S I Give kind of was UNKNOW 19b. MAILING 425 G EAND DATEO remetory or off	IS. WAS C. II yee, 1 USUAL OCCUPATION OF DISPOSITIO	BALTIMORI CATION MORE 101. ZIP CODE 21237 DECEMBENT OF HISS . specify Cuben, Men res 2 X NO Spec ATION most of working 18. MOTHER'S SHIR et and Number or Rut [Name of INC. AND ADDRESS OF	PANIC ORIGIN? Ican, Puerto Ri cetty: 16b. I LEY GR at Route Number RD., OATE	(Specify Yes or can, etc.) KIND OF BUSINE UNICE UNICE OSS v, City or Town, St OWINGS 20c. LOCATI	BAI U. NO 14. SSS/INDUST NOWN name) tete, Zip Coc MILL ION — City	TIMO 10d 1 [I OF WHAT S.A. RACE — / Black, Wr Specify: THY 10de) S. M. or Town, S.	I. INSIGE CITY LIMITS? YES 2 X NO COUNTRY? American Indian, site, etc. WHITE D 21117 State		
NUMBER ICKS SCHOO S 1 2 Married Divorced 15. DECEDENT'S ED locally only highest grad ondary (0-12) E (First, Middle, Last) DUVALL, NAME (Type/Print) HUGH ISPOSITION Tremation 3 Ren Other (Specify) Followed between talliure. ISE (Final fillion	ALTIMORE OL HOUSE RO 12. WAS OCCEDENT E FORCES? 1 F YES, GIVE WAR UCATION To completed) College (1-4 or 5+) NA JR. (NEPHEW movel from State	PER IN U.S. YES 2 X OR DATES 16a. I	DECEDENT'S I Give kind of was UNKNOW 19b. MAILING 425 G EAND DATEO remetory or off	BALTIN 13. WAS D 11 yes, 1 yes, 1 yes, 1 or ordinal, 10 yes, 10 yes, 11 yes, 12 yes, 11 yes, 12 yes, 12 yes, 13. WAS D 13. WAS D 14 yes, 14 yes, 15 yes, 16 yes, 16 yes, 16 yes, 16 yes, 17 yes, 18 yes, 19 yes, 19 yes, 19 yes, 10 yes, 11 yes, 11 yes, 12 yes, 11 yes, 12 yes, 12 yes, 12 yes, 12 yes, 12 yes, 12 yes, 12 yes, 12 yes, 12 yes, 12 yes, 12 yes, 12 yes, 12 yes, 12 yes, 12 yes, 12 yes, 13 yes, 14 yes, 15 yes, 16 yes, 16 yes, 16 yes, 16 yes, 16 yes, 16 yes, 16 yes, 16 yes, 16 yes, 16 yes, 16 yes, 17 yes, 18 yes, 19 yes, 19 yes, 10 yes, 1	MORE 101. ZIP CODE 21237 DECENDENT OF HIS , specify Cuben, Men VES 2 X NO Spi ATION 18. MOTHER'S SHIR et and Number or Rue ON FOREST (Name of INC. AND ADDRESS OF	NAME (First, Mi LEY GR al Route Numbe RD., OATE	(Specify Yes or carr, etc.) KIND OF BUSINE UNKN OSS v, City or Town, Si OWINGS	U. NO 14. NOWN NOWN tete, Zip Coc MILL ION — City	I OF WHAT S.A. RACE — / Black, Wr Specify: THY Jee Try Try Try Try Try Try Try T	LIMITS? YES 2 X NO COUNTRY? American Indian, wite, etc. WHITE D 21117		
NUMBER ICKS SCHOO IS 2	DL HOUSE RO 12. WAS OCCEDENT E FORCES? 1 IF YES, GIVE WAR OCCUPATION To completed) College (1-4 or 5+) NA JR. (NEPHEW movel from State	PER IN U.S. YES 2 X OR DATES 16a. I	DECEDENT'S (Give kind of with Do NOT use UNKNOW) 19b. MAILING 425 G EAND DATEO crematory or off RO CRE	USUAL OCCUPATOR done during a retired.) AODRESS (Street GARRISO F DISPOSITION her place) TMATORY 22. NAME S	101. ZIP CODE 21237 DECENDENT OF HIS specify Cuben, Mea ves 2 K NO Specific Cuben, Mea ves 2	NAME (First, Mi LEY GR al Route Numbe RD., OATE	(Specify Yes or carr, etc.) KIND OF BUSINE UNKN OSS v, City or Town, Si OWINGS	U. NO 14. NOWN NOWN tete, Zip Coc MILL ION — City	I OF WHAT S.A. RACE — / Black, Wr Specify: THY Jee Try Try Try Try Try Try Try T	LIMITS? YES 2 X NO COUNTRY? American Indian, wite, etc. WHITE D 21117		
CKS SCHOO 2 Married 2 Married 2 Married 2 Married 2 Married 3 Experiment 4 Experiment 5 DECEDENT'S ED 5 DECEDENT'S ED 6 First, Middle, Last 5 DUVALL NAME (Type/Print) HUGH 1 SPOSITION Cher (Specify) Cher (Specif	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR UCATION To completed) College (1-4 or 5+) NA JR . (NEPHEW movel from State	PER IN U.S. YES 2 X OR DATES 16a. I	DECEDENT'S (Give kind of with Do NOT use UNKNOW) 19b. MAILING 425 G EAND DATEO crematory or off RO CRE	USUAL OCCUPATOR done during a retired.) AODRESS (Street GARRISO F DISPOSITION her place) TMATORY 22. NAME S	101. ZIP CODE 21237 DECENDENT OF HIS specify Cuben, Mea ves 2 K NO Specific Cuben, Mea ves 2	NAME (First, Mi LEY GR al Route Numbe RD., OATE	(Specify Yes or carr, etc.) KIND OF BUSINE UNKN OSS v, City or Town, Si OWINGS	U. NO 14. NOWN NOWN tete, Zip Coc MILL ION — City	S.A. RACE — // Specify: TRY de) S. M or Town, S.	American Indian, itte, etc. WHITE D 21117		
S 2	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR UCATION To completed) College (1-4 or 5+) NA JR . (NEPHEW movel from State	PER IN U.S. YES 2 X OR DATES 16a. I	DECEDENT'S (Give kind of with Do NOT use UNKNOW) 19b. MAILING 425 G EAND DATEO crematory or off RO CRE	USUAL OCCUPA OR done during or redred.) AOORESS (Street CARRISO DESTRUCTION OF DISPOSITION OF	ATION 18. MOTHER'S SHIR et and Number or Run [No FOREST] [Name of INC. AND ADDRESS OF	NAME (First, Mi LEY GR al Route Numbe RD., OATE	UNICE UNICE UNICE UNICE OSS v, City or Town, St OWINGS	NOWN Teste, Zip Cook MILL ION — City	RACE — A Black, Wh Specify: TRY Specify: TRY Specify: TRY TRY	WHITE D 21117		
2 Married Divorced 15. DECEDENT'S EDIPOCHY only highest grace and any (0-12) 16. (First, Middle, Last) DUVALL, NAME (hype/Print) HUGH INDUSTION Premation 3 Remainder of the (Specify) The the diseases, or it, or heart failure. ISE (Final fillon) ISE (Final fillon)	FORCES? 1 IF YES, GIVE WAR UCATION To completed) College (1-4 or 5+) NA JR. (NEPHEW movel from State	OR DATES 16a. (20b. PLAC cemetery, c MET	DECEDENT'S (Give kind of with Do NOT use UNKNOW) 19b. MAILING 425 G EAND DATEO crematory or off RO CRE	USUAL OCCUPA OR done during or redred.) AOORESS (Street CARRISO DESTRUCTION OF DISPOSITION OF	AND ADDRESS OF	NAME (First, Mi LEY GR al Route Numbe RD., OATE	UNICE UNICE UNICE UNICE OSS v, City or Town, St OWINGS	NOWN Teste, Zip Cook MILL ION — City	RACE — A Black, Wh Specify: TRY Specify: TRY Specify: TRY TRY	WHITE D 21117		
ondary (0-12) E (First, Middle, Last) DUVALL, NAME (Type/Print) HUGH ISPOSITION Tremation 3 Ren Other (Specify) Pulled a service to the control of	College (1-4 or 5+) NA JR . (NEPHEW movel from State	20b. PLAC	(Ghe kind of with Do NOT use UNKNOW 19b. MAILING 425 G EAND DATEO crematory or oft RO CRE	AODRESS (Street CARRISO FOR POPULATION ATORY 22. NAME S	18. MOTHER'S SHIR et and Number or Run N FOREST (Name of	NAME (First, Mi LEY GR al Route Numbe RD.,	UNKN oddle, Meiden Surr OSS v, City or Town, St OWINGS 20c. LOCATI	NOWN name) tate, Zip Coo	s, M	D 21117		
DUVALL, NAME (Type/Print) HUGH SPOSITION DEPARTMENT SPOSITION TERMINE (Specify) The diseases, or the diseases, diseases	JR. (NEPHEW movel from State)	20b. PLAC	UNKNOW 19b. MAILING 425 G EAND DATEO rematory or off RO CRE	ACORESS (Streets) ACORESS (Streets) GARRISO FDISPOSITION ther place) MATORY 22. NAME S	18. MOTHER'S SHIR SHIR ON FOREST (Name of	RD.,	OSS City or Town, St OWINGS 20c. LOCATI	name) tate, Zip Coo MILL ION — City	S, M	State		
DUVALL, NAME (Type/Print) HUGH ISPOSITION Tremation 3 Ren Other (Specify) The diseases, or rethe diseases, or rethe diseases, or rethe failure. ISE (Final ition	JR. (NEPHEW	20b. PLAC cemetery, c	425 GEANDDATEO	ACORESS (Street GARRISO F DISPOSITION her place) MATORY 22. NAME S	SHIR ON FOREST (Name of INC. AND ADDRESS OF	RD.,	OSS City or Town, St OWINGS 20c. LOCATI	name) tate, Zip Coo MILL ION — City	S, M	State		
NAME (Npe/Print) HUGH ISPOSITION Premation 3 Ren Other (Specify) The disasses, or the d	(NEPHEW	20b. PLAC cometery, C	425 G EAND DATEO Cremetory or off RO CRE	EARRISO OF DISPOSITION THE PIACE OF DISPOSITIO	SHIR ON FOREST (Name of INC. AND ADDRESS OF	RD.,	OSS 7, City or Town, St OWINGS 20c. LOCATO	MILL ION — City	S, M	State		
NAME (Npe/Print) HUGH ISPOSITION Premation 3 Ren Other (Specify) The disasses, or the d	(NEPHEW	20b. PLAC cometery, C	425 G EAND DATEO Cremetory or off RO CRE	EARRISO OF DISPOSITION THE PIACE OF DISPOSITIO	N FOREST (Name of INC.	RD.,	OWINGS	MILL ION — City	S, M	State		
HUCH ISPOSITION Fremation 3 Ren Other (Specify) From the diagnates, or the diagnat	novel from State	20b. PLAC cometery, C	425 G EAND DATEO Cremetory or off RO CRE	EARRISO OF DISPOSITION THE PIACE OF DISPOSITIO	ON FOREST	RD.,	OWINGS 20c. LOCATI	MILL ION — City	S, M	State		
other (Specify) of the diseases, or the diseases, or the tillium. Ist (Final itton	novel from State	20b. PLAC cemetery, of MET	EAND DATEO crematory or off RO CRE	PF DISPOSITION ther place) MATORY 22. NAME S	INC.	OATE	20c. LOCATI	ION — City	or Town, S	State		
other (Specify) of the diseases, or the diseases, or the tillium. Ist (Final itton	complications that c	MET	RO CRE	MATORY 22. NAME	INC.							
r the diaaases, or k, or heart fallure. ISE (Final	complications that co	aused tha		22. NAME	AND ADDRESS OF	FACILITY	I Print I	TIOIT	, ITIAL	VIIANII		
r the diseases, or k, or heart failure. ISE (Final ition	complications that co. List only one cause	aused tha c		S	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					VITAND		
r the diseases, or k, or heart failure. ISE (Final ition	complications that co. List only one cause	aused tha c		_ ^	CHIMUNEK	FUNER	AL HOME	ES, I	NC.			
ISE (Final	. List only one cause	On each iii	9705 BELATR ROAD, BALTIMORE, MD 23. PARTI. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,									
conditions, o immediata DERLYING or Injury enta	DUE TO (OF	AS A CONS	EOUENCE OF		ASE							
h) LAST	d											
gnificant condition	na contributing to de	ath but not	reaulting in	the underly	ing cause given	n Part i. 2			24b. WER	E AUTOPSY FINO		
ULT ONSE	T DIAGEN	S M	ELLITU	'5					COM	PLETION OF CAL		
RONIC 60	BSTRUCTIV	E P	ULMON	ARY F	DISEASE		. — тез 2 Д			EATH? YES 2 NO		
RRED TO MEDICAL				26	PLACE OF DEATH 4	hack onto next						
NO	HOSPITAL:	VOulgationt		OTHER:								
8 Pending	28e. OATE OF INJ	URY	28b. TIME	OF 28c. II	NJURY AT WORK?			RY OCCURE	D			
8 Could not be determined	26e. PLACE OF IN building, etc.	IJURY — At h	nome, lerm, st			YES 2 NO 28f. LOCATION (Street		lumber or R	ural Route	Number,		
	Ignificant condition Ignificant condition	ignificant conditions contributing to de OULT ONSET DIAGET FRONTC OBSTRUCTIV RRED TO MEDICAL HOSPITAL: 1 Inpettent 2 ER Worth, Dey, 1 Investigation 8 Could not be determined 28e. PLACE OF IN building, etc.	ignificant conditions contributing to death but not only on the property of th	ignificant conditions contributing to death but not resulting in the contribution of t	d	ignificant conditions contributing to death but not resulting in the underlying cause given in t	ignificant conditions contributing to death but not resulting in the underlying cause given in Part i. Control	ignificant conditions contributing to death but not resulting in the underlying cause given in Part i. Ignificant conditions contributing to death but not resulting in the underlying cause given in Part i. Ignificant conditions contributing to death but not resulting in the underlying cause given in Part i. Ignificant conditions contributing to death but not resulting in the underlying cause given in Part i. Ignificant conditions contributing to death but not resulting in the underlying cause given in Part i. Ignificant conditions contributing to death but not resulting in the underlying cause given in Part i. Ignificant conditions contributing to death but not resulting in the underlying cause given in Part i. Ignificant conditions contributing to death out the cause given in Part i. Ignificant conditions contributing in the underlying cause given in Part i. Ignificant conditions contributing in the underlying cause given in Part i. Ignificant conditions in Part i. Ignificant conditions in Part i. Ignificant conditions in Part i. Ignificant conditions in Part i. Ignificant conditions in Part i. Ignificant conditions in Part i. Ignificant conditions in Part i. Ignificant conditions in Part i. Ignificant conditions in Part i. Ignificant conditions in Part i. Ignificant conditions in Part i. Ignificant conditions in Part i. Ignificant conditions in Part i. Ignificant conditions in Part i. Ignificant conditions in Part i. Ignificant conditions in Part in	ignificant conditions contributing to death but not resulting in the underlying cause given in Part i. Interpretation	ignificant conditions contributing to death but not resulting in the underlying cause given in Part i. Interpretation		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

SHIRLEY NANCY DUVALL

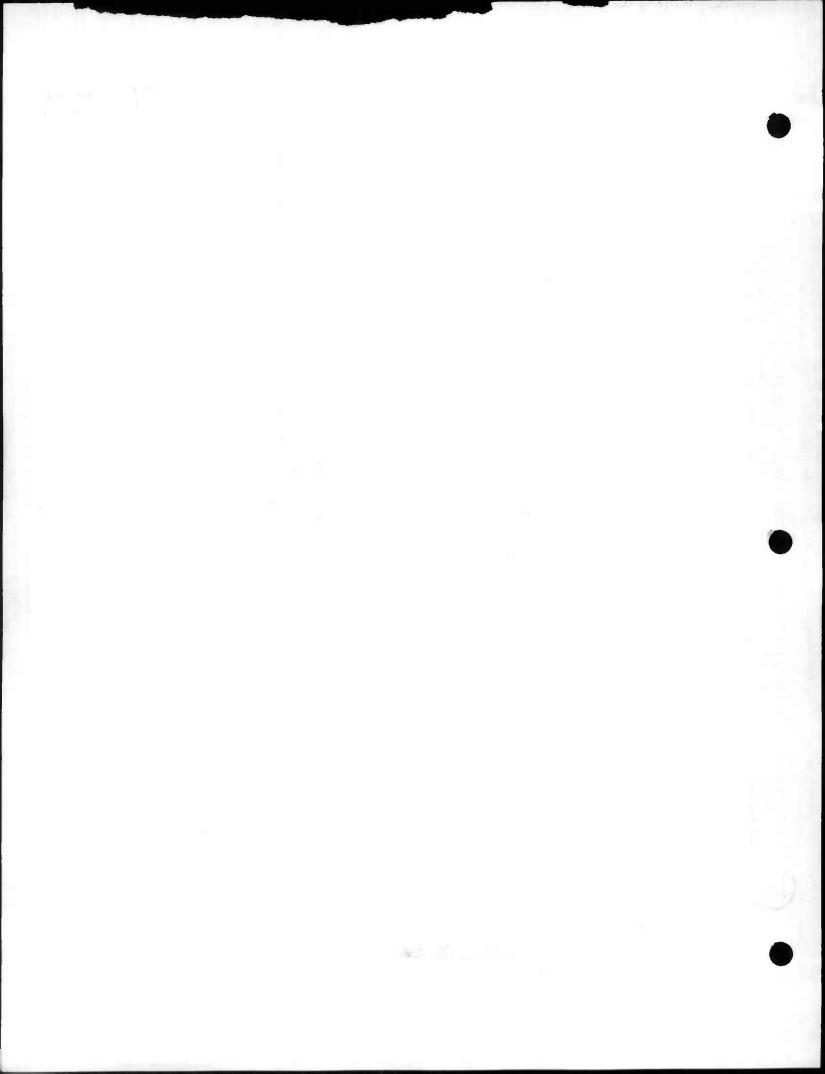
2. DATE OF DEATH DAY SEPT. 24,

YEAR

2:00

1991

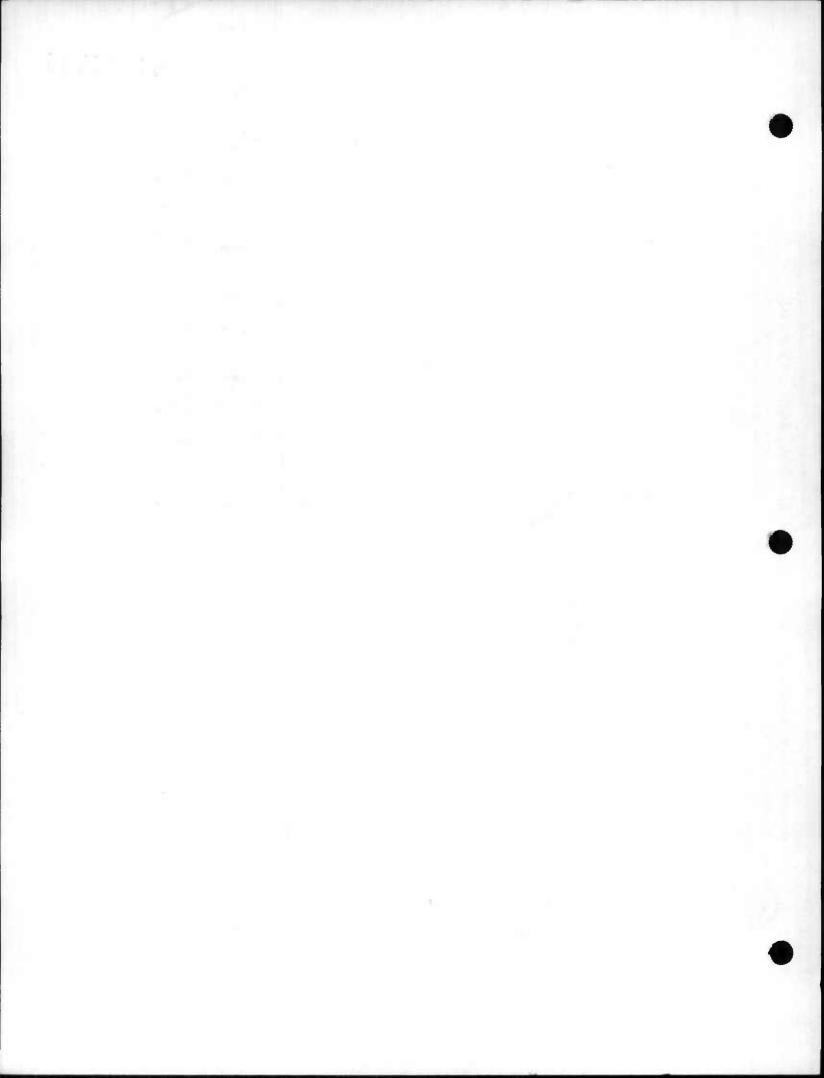
DHMH-18 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
•	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

REGISTR	AR		CERTIF	ICATE OF	DEATH	REG. N	Ю.	
	NAME (First, Middle, Last RRAINE DAV					2. DATE OF DEATH	6 9"	1. TIME OF DEATH
4. SOCIAL SECTION 236-36	7994		6. AGE (In yrs. lest birthday) 64 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) SEPT. 7, 1		INTHPLACE (State or Foreign country) KENTUCKY
	AME (If not institution, give ECOURS HOS				OR LOCATION OF D		9c. COUNTY	
RESIDENCE	OF DECEDENT				•			
BON STATE MARYL	AND 10b. COUN	TY		ALTIMOR				10d. INSIDE CITY LIMITS? 1 X YES 2 ND
2413 11. MARITAL ST.	HERKIMER S	TREET		1	21230			of what country?
I	ATUS ried 2 Married 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes, s		NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify: WHITE
	15. DECEDENT'S ED (Specify only highest gra-	de completed)	16a. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPAT work done during n	ION poet of working	18b. KIND OF I	BUSINESS/INDUST	
Elementaryn	Secondary (0-12)	College (1-4 or 5+)	HOUSEWI					
	AME (First, Middle, Last)				200	ME (First, Middle, Maid		
SAMU.	EL TAYLOR					ABETH JAC		
198. INFORMAN	T'S NAME (Type/Print)					Route Number, City or 1	4151	
DEDKA	L. HOWARD					ALTIMORE,		
1 X Burial 2	F DISPOSITION Cremation 3 Re 5 Other (Specify)	moval from State	20b. PLACE OF DISPO- other place) BALTIMORE				LOCATION — City ALTIMORE	
21. SIGNATURE	OF FUNERAL SERVICE	ICENSEE	^	HUBBA		AL HOME I		
	J WUT CA	-Clow	7	4107	WILKENS A	AVENUE . BAT	LTIMORE.	MD. 21229
If any, leading cause. Enter		b. CO	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF	relan of	Accidory			
resulting in t	Jeaning Excel	d						
PART II. Other			leath but not resulting	in the underlyi	ng cause given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE ! EXAMINER! 1 YES	REFERRED TO MEDICAL	1						
EXAMINER:	4	HOSPITAL:	ER/Outpetient 3 🗆 DOA	OTHER:	PLACE OF DEATH (C			
27, MANNER OF	7	28a. DATE OF I			JURY AT	5 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCUR	FD
Natural 2 Accide	5 Pending	(Month, Duy	(Your) IN	JURY N	YES 2 NO	200.020.00		
		e 28e. PLACE OF building, e	INJURY — At home, farm, tc. (Specify)	street, factory, of	ice	281. LOCATION (Stre City or Town, St	set and Number or F ste)	Tural Route Number,
3 Suicide 4 Homici 29a. CERTIFIER (Check only one)	1 CERTIFTING PH		ny knowledge, death occur amination and/or investigati					xuse(e) and manner as stated
29b. SIGNATUR	E AND TITLE OF CERTIF	IER			29c. LICENSE NU	- 1 1 ·	29d. DATE SH	GNED (Month, Day, Year)
		7			1125	844	12/	20)
30. NAME AND	ADDRESS OF PERSON	Cohma	OF DEATH (ITEM 27) (Type	n, Print)				
31. DATE FILED	(Month, Day, Year)	July Daydon	- Parital				-	



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	'		1)							117M	E OF DEATH	AY	VEAR	TIME OF DEATH
	4. SOCIAL SECURITY NU	HARDER	I a new		RED S			7			PEMBER	27,19	91 - :	7:10 A.
			5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR DAYS	HOURS	R 24 HRS.	(Mor	E OF BIRTH oth, Day, Year)		8. BIRTHPL. Country)	ACE (State or Fore
	215-05-256 90. FACILITY NAME (II no			92	YRS.						24,18			LAND
Œ	SUMMIT NUR							OR LOCAT		EATH		9c. COUN	TY OF DEAT	Н
ECTOR	RESIDENCE OF D		OME			C.	ATON	ISVII	LE			BA	LTIMO	RE
REC	10e. STATE	10b. COUN	ITY		10c. CI	TY, TOWN O	R LOCA	TION					10	d. INSIDE CITY
DIR	MARYLAND		BALTIMOR	E		WOO	DLAV	٧N					1	LIMITS?
MA	10e. STREET AND NUMB						10	H. ZIP COD	E			10g. CITIZ		T COUNTRY?
UNERAL	1547 LANGE	ORD RO						2120	7			τ	S.A.	
BY F	11. MARITAL STATUS 1 Never Married 2 3 X. Widowed 4 D		12. WAS DECEDEN FORCES? 1	YES 2X	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19					14. RACE -	American India hite, etc.			
9	15. D	DECEDENT'S ED	UCATION	16a. (DECEDENT'S	USUAL OC	CUPATI	ON		16	b. KIND OF BUS	SINESS/INDI	USTRY	
LET	Elementary/Secondary		College (1-4 or 5		(Give kind of life. Do NOT u	work done d se retired.)	luring mo	ost of worki	ing					
COMPL	11			SE	WING	MACH:	NE	OPER	ATOR	c	.R.DAN	IELS		
00	17. FATHER'S NAME (First)							18. MOT	HER'S NA	ME (First,	Middle, Meiden	Sumeme)		
BE		AMMOND							RAH					
2	19e. INFORMANT'S NAME		(001)								nber, City or Tow			
	JACOB FRANC		, /						ALTI	MORE	, MARYL		21207	
	20a METHOD OF DISPOS	SITION etion 3 - Res	moval from State		E AND DATE				**	1			aty or Town,	
	4 Donation 5 Ott		ICENICES	GOOD	SHEP					9/30/	91 ELL	ICOTT	CITY	, MARYL
	12	MAC SERVICE E	N. A.	100		LE	ROY	M .	& RU	SSEL	L C. W	ITZKE	FUNE	RAL HO
	28 PART I Enter the	WILL	11/16/1/	XWIS		16	30	EDMO	NDSO	N AV	ENUE, C	ATONS	VILLE	
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
IFICAT	cause. Enter UNDERI CAUSE (Disease or In	njury	DUE TO	(OH NO A CORO	LAOPINOT O	F):								
CERTIFI	cause. Enter UNDERI CAUSE (Disease or in that initiated eventa resulting in death) L/	AST	d				do elector						T	
MEDICAL CERTIFI	cause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) L/	AST	d	death but not		In the und	derlyIn	g cause	given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?	CO OF	MPLETION OF C DEATH?
MEDICAL CERTIFI	CAUSE (Disease or in that initiated eventa resulting in death) L/ PART II. Other significations was case reference EXAMPLED?	AST	d	death but not	rasulting	In the und	20. PI	g cause			PERFOR	MED?	CO OF	MPLETION OF CO DEATH?
SICIAN: MEDICAL CERTIFI	CAUSE (Disease or in that initiated eventa resulting in death) L/PART II. Other significance of the control of	AST	na contributing to	death but not	rasulting	OTHER	28. Pt	LACE OF D	EATH (Ch	nck only o	PERFOR 1 VES 2	MED?	OF 1	RE AUTOPSY FINILABLE PRIOR 1 MPLETION OF C DEATH?
PHYSICIAN: MEDICAL CERTIFI	Cause, Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) L/ PART II. Other signiff WAS CASE REFERED EXAMINER OF DEATH MINUTED 1 NO 27. MANNER OF DEATH	AST	d	death but not	rasulting	OTHER	26. PL: ing Hom 28c, INJ WO	LACE OF D	EATH (Chi	nck only o	PERFOR	MED?	OF 1	MPLETION OF CO DEATH?
TED BY PHYSICIAN: MEDICAL CERTIFI	Cause, Enter UNDERICAUSE (Disease or in that initiated events resulting in death) L./ PART II. Other significations of the control of the co	Icant condition	HOSPITAL: 1 D Impettent 2 D 28s. DATE OF	death but not	resulting	OTHER ALPHURY	28. PL	LACE OF D	EATH (Chi	sch only o	PERFOR 1 VES 2	NO NO	OF 1 [NEABLE PRIOR MPLETION OF COEATH? YES 2 1
TED BY PHYSICIAN: MEDICAL CERTIFI	CAUSE (Disease or it that initiated events resulting in death) L./ PART II. Other signification of the control	Pending investigation Could not be detarmined	HOSPITAL: 1 Impetted: 2 Impett	death but not ERVOurpetient HJURY F HJURY — At It etc. (Specify)	resulting	OTHER AP Rurse	28. Pt	LACE OF D	EATH (Che	sch only o 6 ① Othe 28d. DE 28f. LOC City	PERFOR 1 YES 2 If (Specify) CRIME HOW II ATION (Street a or Town, State)	MED? NO NAURY OCCI	OF PLANT FOUR	MLABLE PRIOR MPLETION OF CODEATH? YES 2 N
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	CAUSE (Disease or it that initiated events resulting in death) L./ PART II. Other signification of the control	Panding Investigation Could not be determined ERTIFYING PHYSIE	HOSPITAL: 1 Dimpettent 2 28s. DATE OF (Month, D) 28s. PLACE Of building. SICIAN: To the best of sier.	death but not ERVOurpetient HJURY F HJURY — At It etc. (Specify)	resulting	OTHER AP Rurse	28. Pt	LACE OF D	EATH (Che	284. LOC City to the ce	PERFOR 1 YES 2 If (Specify) CRIME HOW II ATION (Street a or Town, State)	MED? NO NO NAME OCCUR NO NAME OCCU NO NAME O	AMED THED THED ACCESSES (8) ONLY	MLABLE PRIOR IMPLETION OF CODEATH? YES 2 N
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Cause. Enter UNDERICAUSE (Disease or in that Initiated events resulting in death) L./ PART II. Other signiffs PART II.	Panding Investigation Could not be determined ERTIFYING PHYSIE	HOSPITAL: 1 Dimpettent 2 28s. DATE OF (Month, D) 28s. PLACE Of building. SICIAN: To the best of sier.	ERVOurpetient RAJURY — At hete. (Specify) my knowledge, camination end/or	resulting	OTHER AP Rurse	28. Pt	LACE OF D	NO NO	284. LOC City to the ce	PERFOR 1 YES 2 If (Specify) CRIME HOW II ATION (Street a or Town, State)	MED? NO NO NAME OCCUR NO NAME OCCU NO NAME O	AMED THED THED ACCESSES (8) ONLY	MLABLE PRIOR IMPLETION OF CODEATH? YES 2 N
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Cause. Enter UNDERICAUSE (Disease or in that Initiated events resulting in death) L./ PART II. Other signiffs PART II.	Pending Investigation Could not be determined ERTIFYING PHYSEDICAL EXAMIN	HOSPITAL: 1 Dispettent 2 Dispet	death but not ERVOURPHIENT INJURY — As h exc. (Specify) my knowledge, of camination end/or	resulting 250 DOA 250 TSN IN IN IN IN IN IN IN IN IN IN IN IN IN	OTHER AND AND AND AND AND AND AND AND AND AND	28. Pt	LACE OF D	NO NO	284. LOC City to the ce	PERFOR 1 YES 2 If (Specify) CRIME HOW II ATION (Street a or Town, State)	MED? NO NO NAME OCCUR NO NAME OCCU NO NAME O	AMED THED THED ACCESSES (8) ONLY	MLABLE PRIOR MPLETION OF CODEATH? YES 2 P
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Cause, Enter UNDERICAUSE (Disease or in that Initiated events resulting in death) L./ PART II. Other significations are selected as a selecte	Pending Investigation Could not be determined ERTIFYING PHYSEDICAL EXAMIN	HOSPITAL: 1 Inpettent 2 Inpettent 2 Insert of Month. Date of Dullding, SICIAN: To the best of ER: On the basic of each of the complete of each of the complete of complete of the complete of	death but not ERVOURPHIENT INJURY — As h exc. (Specify) my knowledge, of camination end/or	resulting 2004 2014 2014 Table Table 104 Investigation	OTHER AND AND AND AND AND AND AND AND AND AND	28. Pt	LACE OF D	NO NO	284. LOC City to the ce	PERFOR 1 YES 2 If (Specify) CRIME HOW II ATION (Street a or Town, State)	MED? NO NAMEN OCCU	AMED THED THED ACCESSES (8) ONLY	MLABLE PRIOR IMPLETION OF CODEATH? YES 2 N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

with the means

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHISMACK The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR:	be filed within 72 hours after a time that the Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
	E	Ε.	ă	=	

1. DECEDENT'S NAME (First, Middle, Last,)	CERT			2. DATE	OF DEATH	0.		3. TIME OF DEATN
VICTOR		FRAN	KOVIC		MONT	9 2	DAY	YEAR	8:00 A.
4. SOCIAL SECURITY NUMBER 329-03-1811		AGE (In yrs. last birthd	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTN h, Dey, Year)		8. BIRTN Countr	PLACE (State or Foreig
9e. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF DE		0. 07	9c. COUN		
6000 Glennor Ro	ad		Baltim	ore					N/A
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY	10c	CITY, TOWN OR LOCA	TION					
MD	N/A		Balti						10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER				M. ZIP CODE			10g. CITIZ	ZEN OF W	YES 2 NO
6000 Glennor	Road			21239				USA	
11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS DE	CENDENT OF HISPAN	VIC ORIGIN	1? (Specify Y	-	14. RACE	- American Indian,
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1			pecify Cubsn, Mexice S 2 NO Specify		Ricen, etc.)		Specia	White, etc.
15. DECEDENT'S ED	IICATIONI	La							White
(Specify only highest grad Elementery/Secondery (0-12)	le completed)	(Give kind	T'S USUAL OCCUPATI of work done during m of use retired.)		16b	KIND OF BI	USINESS/IND	USTRY	
8 years	College (1-4 or 5+)		na Instal	lation		Se1	f-emp]	loye	d
17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, I	Middle Maide	n Sumama)		
Unknown					nown		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
19e. INFORMANT'S NAME (Type/Print)		19b. MA/L	ING ADDRESS (Street				wn, State, Zip	Code)	
Lorene T. Franko	vic	6000	Glennor	Road Ba	ltim	ore,	MD 21	239	
20e. METNOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Ren	noval from Stafe	20b. PLACE AND DA	TE OF DISPOSITION (N	ame of	DAT		OCATION — C	afy or To	wn, State
4 Donation 5 Other (Specify)		Green Mo	or other place) Dunt Cemet		9/	28 B	altimo	ore,	MD
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		22. NAME A	ND ADDRESS OF FAC	CILITY				
23. PART I. Enter the diseases, pr shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	on each line.	Johns not enter the mo	SON Funer	al H	ome :	Balto.	, M	Raven B1 21204 Approximete Interval Betw Onset and Do
immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a	on each line.	Johns onter the most enter the most	SON Funer	al H	ome :	Balto.	, M	Approximete Interval Betw
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a DUE TO (OR c DUE TO (OR d	Diabetes As a Consequence As a Consequence	Johns onter the must be of:	son Funer ode of dying, auch	al H	OME diec Dr respilate Dr respil	Balto. Diratory arre	, MI	Approximete Interval Betw
immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a DUE TO (OR c DUE TO (OR d	Diabetes As a Consequence As a Consequence	Johns onter the must be of:	son Funer ode of dying, auch	al H	OME PROPERTY OF THE PROPERTY O	Balto. Diratory arre	24b.	Approximate Interval Betwood Onset and Double Authorst Finding Manualle Prior to Completion of Caus DF DEATH?
immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a DUE TO (OR c DUE TO (OR d	Diabetes As a Consequence As a Consequence	Johns onter the must be of:	son Funer ode of dying, auch	al H	OME diec Dr respilate Dr respil	Balto. Diratory arre	24b.	Approximate Interval Betwood Onset and Double Autopsy Finder Award Award Edward Finder Completion of
immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a DUE TO (OR c DUE TO (OR d	Diabetes As a Consequence As a Consequence	Johns on not enter the most of the corp. FOR: OF: OF: 28. Pi	son Funer ode of dying, auch	Part I.	OME 24a. WAS AI PERFO 1 YES	Balto. Diratory arre	24b.	Approximate Interval Betwood Onset and Double Authorst Finding Manualle Prior to Completion of Caus DF DEATH?
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a DUE TO (OR c DUE TO (OR d	Diabetes As a Consequence As a Consequence As a Consequence As a Consequence As a Consequence As a Consequence	Johns D not enter the me E OF): E OF): The property of the underlying in the underlying of the underly	son Funer ode of dying, auch	Part I.	OME 24a. WAS AI PERFO 1 YES	Balto. Diratory arre	24b.	Approximate Interval Betwood Onset and Double Autopsy Finder AMAILABLE PRIOR TO COMPLETION OF CAUS
immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a DUE TO (OF b DUE TO (OF c DUE TO (OF d HOSPITAL:	Diabetes As a Consequence As a Consequence As a Consequence As a Consequence As a Consequence Outpetlent 3 □ DOA URY 28b. 1	Johns D not enter the mo E OF): E OF): OTHER: 4 □ Nursing Hom INJURY 28c. INJ	g cause givan in i	Part I.	OME 24a. WAS AI PERFO 1 YES	Balto. Diratory arre	24b.	Approximate Interval Betwood Onset and Double Autopsy Finder AMAILABLE PRIOR TO COMPLETION OF CAUS
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Netural 5 Pending	a	Diabetes R AS A CONSEQUENCE R AS A CONSEQUEN	Johns D not enter the mo E OF): E OF): OTHER: 4 Nursing Hon TIME OF INJURY M 1 1	g cause given in I	Part I.	24a. WAS AI PERFO 1 YES e) r (Specify) CRIBE NOW	N AUTOPSY RMEO? 2 NO INJURY OCCU	24b.	Approximete interval Betwood Onset and Double on the interval Betwood Onset and Double on the interval Betwood Onset and Double on the interval of the interva
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant conditions. 125. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 177. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Investigation 2 Investigation 2 Investigation 3 Suicide 5 Could not be determined 1 Certifying PNYS	a	Diabetes R AS A CONSEQUENCE R AS	Johns Do not enter the me E op: E op: OTHER: 4 Nursing Hom TIME of INJURY M 1 The control of the control of	g cause given in I	Part I. Part I. Color only on 6 Other 2sd. DES	24a. WAS AI PERFO 1 YES e) r (Specify) CRIBE NOW ATION (Street	N AUTOPSY RMEO? 2 NO INJURY OCCU	24b.	Approximate interval Betwood Onset and Double of the Compact of th
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant conditions. 125. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 177. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Investigation 2 Investigation 2 Investigation 3 Suicide 5 Could not be determined 1 Certifying PNYS	a	Diabetes R AS A CONSEQUENCE R AS	Johns Do not enter the me E op: E op: OTHER: 4 Nursing Hom TIME of INJURY M 1 The control of the control of	g cause given in I	Part I. Part I. 2sd. DES 2sf. LOC/City of to the cau	24a. WAS AI PERFO 1 YES e) r (Specify) CRIBE NOW ATION (Street	N AUTOPSY RMEO? 2 NO INJURY OCCU	24b. 24b. couse(s)	Approximete Interval Betwood Onset and Done and
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Netural 5 Pending Investigation 1 Suicide 1 Nomicide TO (OR DUE TO	Diabetes R AS A CONSEQUENCE R AS	Johns Do not enter the me E op: E op: OTHER: 4 Nursing Hom TIME of INJURY M 1 The control of the control of	g cause given in i	Part I. Part I. 2st. LOC/City of to the cau	24a. WAS AI PERFO 1 YES (Specify) CRIBE NOW ATION (Street or Town, Stete end place, et	N AUTOPSY RMEO? 2 NO INJURY OCCU	24b. 24b. couse(s)	Approximete interval Betwoonset and Donest a	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 1. Ves 2 NO 1. Manner of Death 1. Netural 5 Pending Investigation 3 Suicide 5 Could not be determined for Certifier (Check only one) 2 MEDICAL EXAMINER.	a	aused the deeth. Don each line. Diabetes As A CONSEQUENCE AS A CONSEQUENC	Johns Do not enter the mo	g cause givan in i	Part I. Part I. 2st. LOC/City of to the cau	24a. WAS AI PERFO 1 YES (Specify) CRIBE NOW ATION (Street or Town, Stete end place, et	N AUTOPSY RMEO? 2 NO INJURY OCCU	24b. 24b. couse(s)	Approximete Interval Betwood Onset and Done and

	1. DECEDENT'S NAME (First, Middle, Lest)	0.				2. DATE OF C	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	0			+			3am
	578-70-7139	1-2 M 2 - F	6. AGE (In yrs. lest birt	YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	_	0,194	4 Na	aples, Italy
TOR	9a. FACILITY NAME (If not institution, give 7526—Westlake RESIDENCE OF DECEDENT		2	Beth	esda	DEATH		ounty of	comery
DIRECTOR	Maryland Mont	tgomery	10	Bethese					10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	7562-Westlake	Terrace	2	1	20817		109. C	nite	ed States
à l	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed Divorced	FORCES? 1	T EVER IN U.S. ARMED B. YES 2 □ NO WAR OR DATES 8-1 May	If yes, a	pecify Cuban, Maxic S 2 NO Spec	an, Puerto Ricar		BI	ACE — American Indian, ack, White, etc. Decily: White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Give k	DENT'S USUAL OCCUPAT bind of work done during in NOT use mitted.)	nost of working		D OF BUSINESS/		
₹		4	Com	puter an					Congress
8	17. FATHER'S NAME (First, Middle, Leet) Vittorio Giu	liano			Raffe	THE RESIDENCE OF	e, Malden Surname	•)	
H	19a, INFORMANT'S NAME (Type/Print)	TTGHU	105 M	AILING ADDRESS (Street			Cerri	The Control	20003
임	Frank J. Bonor	a(per.re							ington, D. C
	20e. METHOD OF DISPOSITION		20b. PLACE OF I	DISPOSITION (Name of o			20c. LOCATION		
	1 Buriel 2 SCremation 3 Rer 4 Donation 5 Other (Specify)	moval from State	Lee	s Cremate	ory		Washi	ngto	on.D.C.
	23. PART I. Enter the diseases, pr		nger	J.W:	illiam	Lee's	Sons	Co. I	Funeral Ho
									Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Concu		of Jun					Approximate Interval Betwee Onset and Dec
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition	a. COLUMN DUE TO	me on each line.	Do not anter the m					Approximate Interval Betwee Onset and De
4: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that intitated events	a. DUE TO b. DUE TO c. DUE TO	(OR AS A CONSEQUE	NCE OF):	ode of dying, su	n Part I. 24		arrest,	Approximate Interval Betwee Onset and Dec i & Mariana
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	b. DUE TO b. DUE TO c. DUE TO d. HOSPITAL:	(OR AS A CONSEQUE	NCE OF): NCE OF): NCE OF): OTHER:	ng cause given in	n Part I. 244	a. WAS AN AUTOP PERFORMED? VES 2 NO	arrest,	Approximate Interval Betwee Onset and Dee in Report and Dee in Report and Dee in Report and Deep Interval and Deep Interval and Deep Interval and Deep Interval and Deep Interval and Deep Interval and Deep Interval Betwee
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	a. Concerned and Due to Due to d. Due to d. Hospital: 1 Inpatient 2 28e. DATE OF	OR AS A CONSEQUE OR AS	NCE OF): NCE OF): NCE OF): OTHER: DOA 4 Nursing Ho Bb. Time OF 28c. IF	ng ceuse given in	n Part I. 244	a. WAS AN AUTOP PERFORMED? VES 2 NO	srest,	Approximate Interval Betwee Onset and Decided Price Autopsy Finding Amiliable Prior to Completion of Cause of Death?
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the cause of the conditions of the cause	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	OR AS A CONSEQUE OR AS	DO not anter the m A J NCE OF): NCE OF): NCE OF): OTHER: A Nursing Ho Bb. TIME OF NUJURY 28. IF	ng cause given in	n Part I. 244	a. WAS AN AUTOP PERFORMED? VES 2 NO	srest,	Approximate Interval Betwee Onset and Decided Price Autopsy Finding Amiliable Prior to Completion of Cause of Death?
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	DUE TO b. DUE TO c. DUE TO d. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, E) 28e. PLACE OF (Month, E)	OR AS A CONSEQUE OR AS	DO not anter the m A J NCE OF): NCE OF): NCE OF): OTHER: A Nursing Ho Bb. TIME OF NUJURY 28. IF	PLACE OF DEATH (Come 5 Residence NJURY AT PORKY	n Part I. 244 1 (theck only one) 6 Other (Sc 28d. DESCRII	a. WAS AN AUTOP PERFORMED? VES 2 NO	SY :	Approximate Interval Betwee Onset and Decision of the Constant
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	DUE TO DUE TO	OR AS A CONSEQUE OR AS	DO not anter the me of the	ng ceuse given in	n Part I. 244 1	A. WAS AN AUTOPPERFORMED? VES 2 NO OBJECT OF THE PROPERTY OF	OCCURED	Approximate Interval Betwee Onset and Dec it Reports to the Report To Completion of Cause OF Death?
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	B. DUE TO B. DUE TO C. DUE TO	OR AS A CONSEQUE OR AS	DO not anter the me of the	ng ceuse given in	n Part I. 244 1 [Check only one) 6 Other (Sp. 28d. DESCRII 26f. LOCATIO City or R. 28d. DESCRII 26f. Locatio Le to the cause(e	a. WAS AN AUTOPPERFORMED? VES 2 NO NO (Street and Nun wm, State) and manner as a place, and due to	OCCURED other or Rui stated. o the caus	Approximate Interval Betwee Onset and Dec i
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the cause of the conditions of the cause	DUE TO DUE TO	OR AS A CONSEQUE OR AS A CONS	Do not anter the management of	ng ceuse given in place of dying, sure place of dying, sure place of DEATH (Come 5 Residence NURY AT (ORKY YES 2 NO lice te and place, and de death occurred at the place of the plac	n Part I. 244 1 [Check only one) 6 Other (Sp. 28d. DESCRII 26f. LOCATIO City or R. 28d. DESCRII 26f. Locatio Le to the cause(e	a. WAS AN AUTOPPERFORMED? VES 2 NO NO (Street and Nun wm, State) and manner as a place, and due to	OCCURED other or Rui stated. o the caus	Approximate Interval Betwee Onset and Decident and Decide

viels, sai pe Ares, Come An a Salveniero Myss Fine destroy gliply and the concerns and from Field

in - the etc., is stilled to the filled

Le comparation (. ev. superior de la constant de l

the burial-transit permit. Pages 1, 2, 3 should

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death contains to a contain the may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physical man completely filled in by the funeral director, page 5 should be detached for use as		
	spital o	hed for		
	the ho	defach		0000
	ned by	ould be		Rad of
	be retai	ne 5 sh		a notif
	6 тау	for, pa		anet b
	Page .	al direc		iner m
	r death.	he funer	al.	exam
	urs afte	in by t	г геттог	ledical
	7 24 ho	ly filled	ation, o	the n
	d within	отпріете	I, стета	event
	Mercute	and or	to buria	matic
١	20 00		prior !	ir trau
	₹	d dulp	Hygiene	r othe
	e death	he after	Mental	iury, o
	that th	ed by t	th and	anv in
	requires	en sign	of Heal	hows
	WE SW	has be	Dept.	n 23 s
	IAN: T	rtificate	le State	or iten
	PHYSIC	this cer	with th	rked.
	NOING	I: After	r death	is ma
	A ATTE	RECTOR	urs after	ш 28
	ITAL OF	PAL DI	72 hot	If ite
	HOSP	FUNE	within	TANT
	TO THE	TO THE	be filed	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examinar must be notified at once

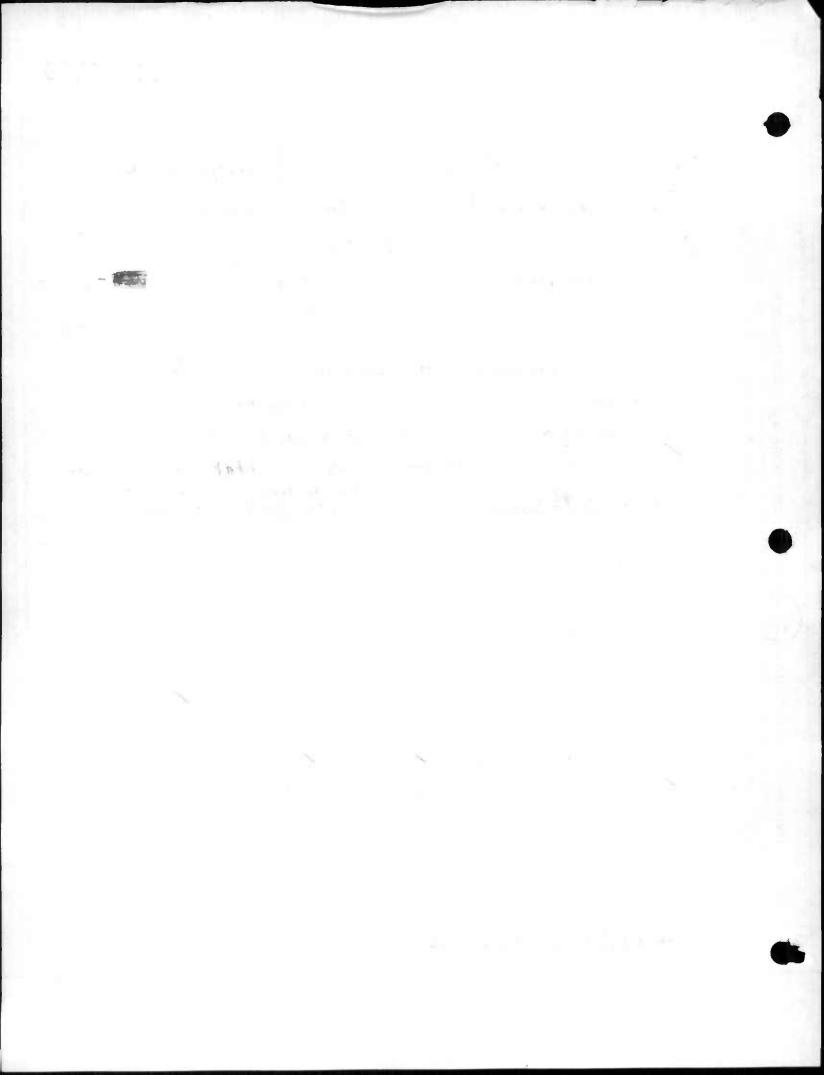
91 26489 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 9 27 3. TIME OF DEATH 91 Pauline Ha 11 27 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 82 1 M 2 2 31-08 9a, FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE MD 21215 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY BALTIMORE MARYLAND 1 PYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 37 10 OVERVIEW 2121 Rd. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Black, White, atc. 1 Never Married 2 Married If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: COMPLETED BY Specify 3 Widowed 4 Divorced Specify BLAC 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) UNKNOWL HOUSEKEEPER UNKNOWN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) UNKNOWN BE UNKNOWN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Moug ON BALTIMORE Md. 20a. METHOD OF DISPOSITION

1 Pariel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City of OATE Town, State other plece) Gemetery, Cremeior, WESTERN 4 Donation 5 Other (Specify) 1019 CATONSVILLE Md 22, NAME AND ADDRESS OF FACILITY WILLIAM C. BROWN 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Conn. F/H 1206-08 W. NORTH 23. PART I. Enter the diseases, or complications that caused tha death. Do not enter tha mode of dying, such as cardiec or respiratory errest, Approximata shock, or heart failure. List only one ceuse on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Final** disesse or condition CHE resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): colon CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? PERFORMED? 1 TES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: 1 | Inpatient 2 | ER/Outpatient 3 DOA rsing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 286. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 8 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MID D31464 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

5hm1

JULE DEN LOCK STRONGE OF



$\overline{}$
~
68760
9
-
∞
9
2.4
×
BOX
0.0
0
~
P.0
_
4.0
S
0
Œ
9
RECORDS
11.1
1000
Œ
_
ed .
L-
-
OF VITAL
Lt.
\overline{a}
O
-
Z,
0
9
10
NOISIAIG
-
0

1X M 2 F 492-36-2700 55 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 8687 HAYSHED LANE COLUMBIA RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MARYLAND HOWARD COLUMBIA permit. FUNERAL 10e. STREET AND NUMBER 101, ZIP COOF burial-transit 8687 HAYSHED LANE within 24 rours after death. Page 6 may be retained by the hospital or attending physician, roleiely filled in by the funeral director, page 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 X YES 2 □ NO IF YES, GIVE WAR OR OATES MARYLAND 21215-0020 1 Never Married 2 Married BY 3 Widowed 4 Olvorced COMPLETED 15. DECEOENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working file. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) ENGINEER once. 17. FATHER'S NAME (First, Middle, Last) HENRY F. HARRINGTON III te BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) PATRICIA HARRINGTON 8687 HAYSHED LANE, COLUMBIA, MARYLAND BALTIMORE. pe 20a. METHOO OF DISPOSITION
1 X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of must ST. JOHN S CEMETERY medicai examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Russe attending physician and completely filled in by the intra Hygiene prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition Respondent event, reaulting in death) OUE TO (OR AS A CONSEQUENCE OF): executed 20 Lung stast IV (R) lung traumatic CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury / the attending phy d Mental Hygiene p or other OUE TO (OR AS A CONSPOUENCE OF) that initiated events resulting in death) LAST PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL ficate has been signed by t State Dept. of Health and shows any Ancrexia - Cachixia animis, PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL this certificate h EXAMINER? 26. PLACE OF OEATH (Check only one) OTHER: ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA g Home 5 Residence 6 - Other (Specify) 0 27. MANNER OF OEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF marked, 28c. INJURY AT 5 Pending Investigation 1 Natural 2 Accident DIRECTOR: After the hours after death v BY 1 YES 2 NO 3 Sulcida 28e. PLACE OF INJURY — At home, farm, streel, lactory, office building, stc. (Specify) 28 Is COMPLETED 6 Could not be 4 Homicide Hem 29a. CERTIFIER
(Check only | CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. FUNERAL (1 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MPORTANT 29b, SIGNATURE AND TITLE OF CERTIFIER 五五万 BE 223 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JON K. MINFORD M.D. 31. DATE FILEO (Month, Day, Year)

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

1 -

91 26490 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2. DATE OF OEATH 3. TIME OF DEATH SEPTEMBER 25, 1991 7:00 A. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign APRIL 10, 1936 MISSOURI 9c. COUNTY OF CEATH HOWARD 10d. INSIDE CITY 1 TYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yae or No—II yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. WHITE 16b. KINO OF BUSINESS/INDUSTRY GTE 18. MOTHER'S NAME (First, Middle, Maiden Surname) SKILLINGTON 21045 20c. LOCATION - City or Town, Sista ELLICOTT CITY, MARYLAND 22. NAME AND ADDRESS OF EACHTY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 5555 TWIN KNOLLS ROAD, COLUMBIA, MD. 21045 Approximata interval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS

24a. WAS AN AUTOPSY PERFORMEO? AMILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO 1 YES 2 NO

28I. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) 19-25-91 030573

28d. OESCRIBE HOW INJURY OCCURED

10632 LITTLE PATUXENT PARKWAY SUITE 424 COLUMBIA, MD. 21044

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

21045

AGNES

OATE

9/28/91

HENRY F. HARRINGTON IV

6. AGE (In yrs. last birthday)

S. SEX

SEP 3 0 1991

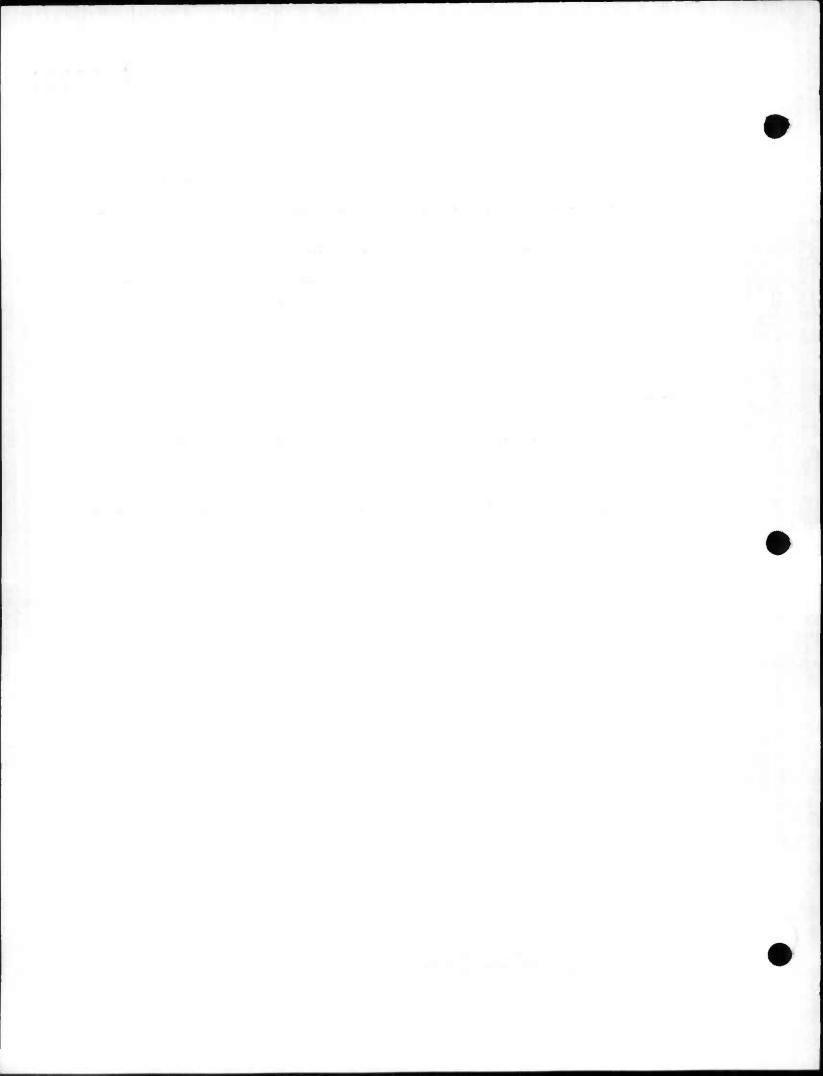
32. REGISTRAR'S SIGNATURE



DHMH-16 Rev 1/89

٦, (
BOX 68760
68
ŏ
P.0
DS,
RECORD
EC
OF VITAL
F <
0
0
DIVISION
5

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									()	
	1. DECEDENT'S NAME (First, Middle, Las Edna G. Hieber		2. DATE OF DEATH DAY SEPT. 27, 1991 9:33 A								
FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 212-01-4012	1 🗆 M 2 🔀 F	NGE (In yrs. lest birthday) 84 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JUNE 1, 1	0.	BIRTHPLA Country)	CE (State or		
	9a. FACILITY NAME (If not institution, given Manor Care Nurs: RESIDENCE OF DECEDENT		ssville		or location of de	EATH	9c. COUNTY Bal	of DEAT			
	10e. STATE 10b. COUN	BALTIMORE	10c. CIT	Perry H				100	1. INSIDE CI LIMITS?		
	100. STREET AND NUMBER 4318 FALLS PARK				OY. ZIP CODE		10g. CITIZE			hat in	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 XXVIdowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 Y IF YES, GIVE WAR O	ES 2XNO	if yes, s	CENDENT OF HISPAN	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)			American In		
LETED	15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)	ON ost of working	16b. KIND OF BUSINESS/INDUSTRY								
COMPLET	NA 17. FATHER'S NAME (First, Middle, Last) William F. Rauc'	NA h	HOMEMA	KER	Mary M.	OWN ME (First, Middle, Meiden Paff					
TO BE	190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) CHARLES F. HIEBER (SON) 4318 Falls Park Road, Perry Hall, Md. 21128										
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)	moval from State	20b. PLACE AND DATE cametary, crematory or C MOST HOLY	OF DISPOSITION /N	eme of	DATE 20c. LO	CATION — City ALTIMO	or Town,	State		
	22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOMES, INC. 9705 BELAIR ROAD, BALTIMORE, MD. 21236										
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Demography Grant										
	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significant condition	g cause given in	Part I. 24a. WAS AN PERFOR		AVA	RE AUTOPSY	R TO				
N: MEDICAL						1 YES 2	□ NO	OF	APLETION OF DEATH? YES 2 [
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 7 OTHER: 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJUI (Month, Day, Yea		E OF 28c. INJ		28d. DESCRIBE HOW IF	JURY OCCUR	ED			
E .	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 26i. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.										
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 9 2 7 9 7 9 7 9 7 9 7 9 7 9 7 9 7 9 7 9)	
	617A Stemmers Run Road. Batimore, MD 21221 31. DATE FILED (Month, Day, Vear) 32. REGISTRAR'S SIGNATURE										
	SEP 3 0 1991	Lucia Davidson	Rendell.								



	- 10	Claude	2 I) Hol	lingsh	read	,
		4. SOCIAL SECURITY NUMB		s. SEX	6. AGE (In yrs.		IF UND
P		213-09-323		1 M 2 F	74	YRS.	
l, 2, 3 should	TOR	Francis Sc	ott F	Key Med:	ical C	ente	96. CI
Pages 1, 2,	DIRECTO	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN
.E.		Maryland				В	alt
it permit.	RAL	10e. STREET AND NUMBER	D 1	din Str			
physician. burial-transit	FUNERAL	712 South	Boul	12. WAS DECEDEN		ARMED	1
the	ВУ	1 Never Married 2 X 3 Widowed 4 Divo	Married road	FORCES? 1 IF YES, GIVE V WW I	YES 2 WAR OR DATES	ONO	
use as	TED		EDENT'S EDUC highest grade			DECEDENT'S (Give kind of	work don
hospital or ached for u ce.	J.E	Elementary/Secondary (0 6th	-12)	College (1-4 or 5	+)	in. Do NOT ui Cold	St
the hospit detached once.	COMPLETED	17. FATHER'S NAME (First, Mi	iddle, Last)				-
क दिन	BE C	Ellwood		Holling	shead		
5 should notified	TO B	19a. INFORMANT'S NAME (7)	ype/Print)			19b. MAILING	
d pe		Edith A. 1		ngshead		712 S	
for,		1 Donation 5 Other	n 3 Rame	tombmen	t Mead	dowri	dae
		21. SIGNATURE OF FUNERAL			2 -	1	2
r death. he funer al. exami		Koney	ch	76.3	aroug	14	4
urs after of in by the or removal.		23. PART I Enter the di shock, or he	seases, or c	complications the	it ceused the use on each l	deuth. Do i	not ent
ion,		IMMEDIATE CAUSE (Fin	el		1.	V	
ed within completely fine al, cremation, event, the		resulting in death)	→		OR AS A CON		
executed within and completely to burial, crematic matic event, the	Z		-	cor	onar	y ar	te
te be execute sician and conforto burial traumatic	ATIO	Sequentially list conditi if any, leading to imme- cause. Enter UNDERLYI	diate	DUE TO	(OR AS A CON	SEQUENCE O	F):
the death certificate be to the attending physician I Mental Hygiene prior to njury, or other traun	FIC	CAUSE (Disease or Inju		DUE TO	(OR AS A CON	SEQUENCE O	F):
th cert ending i Hygie or ot	CERTIFICATION	resulting in deeth) LAS	Т	d			
the deal y the att of Menta Injury,	C	PART II. Other algolitica	nt condition	s contributing to	desth but no	t resulting	in the
that the sed by the the and the and any In	MEDICAL	Chronic					
v requires been sign t, of Heal shows	MED	hyperte					U
	ä	J'					
ate h	ICIA	25. WAS CASE REFERRED TO EXAMINER?	D MEOICAL	HOSPITAL:			отн
Sician: The certificate h the State [PHYSICIA	1 TYES 2 NO		1 6 Inpatient 2		3 DOA	4 🗆 N
NG PHYS fter this o eath with marked,			Pending Investigation	(Month, L	Day, Year)	IN	JURY
TTENDI TOR: A after d	COMPLETED BY	3 Suicide 8	Could not be determined	28a. PLACE C building.	OF INJURY — At , atc. (Specify)	home, farm,	street, f
DIRI Nour	PLE	29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	f my knowledge,	death occurr	ed at th
HOSPITAL FUNERAL WITHIN 72 MANT: II	OM	onel	CAL EXAMINE	R: On the basis of a	xamination and/	or investigation	on, In m
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 I	BE C	296. SIGNATURE AND TITLE	OF CERTIFIER	(()	01=	2/1/	1
T C C C C C C C C C C C C C C C C C C C	TO E	V V		Wind	YIC 1	/ Carre	23
Jack Street		30. NAME AND ADDRESS OF	- PERSON WH	O COMPLETED CAU	SE OF DEATH (TEM 27) (Type	Policy

1. DECEOENT'S NAME (First,	111-111-111	- 11 11		1			2. DATE OF DEAT	TH DAY	YEAR	3. TIME OF DEATH
Claude	2]) Holl	ingst	read	/		09	27	71	915 M
4. SOCIAL SECURITY NUMB		1100	B. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRT (Month, Day, Ye	H ar)	8. BIRTH Countr	IPLACE (State or Foreign
213-09-323	31	1 M 2 □ F	74	YRS.	MONTHS DAY	S HOURS MIN.	2-25-	L917		ryland
9a. FACILITY NAME (If not in:						N OR LOCATION OF	DEATH	9c. COU	INTY OF D	DEATH
Francis Sc		Key Medi	cal C	cente	r Balt	cimore				
RESIDENCE OF DEC	10b. COUNT	ν.		100 CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY
	IOU. COOM	•								LIMITS?
Maryland 100. STREET AND NUMBER				В	altimo					1 XYES 2 NO
	51	71				101. ZIP CODE	204	C-781		WHAT COUNTRY?
712 South	Boul		_				224		J.S.	
11. MARITAL STATUS 1 Never Married 2 X	Married	12. WAS DECEDENT FORCES? 1	YES 2	NO		DECENDENT OF HISP, , specify Cuban, Maxie				E — American Indian, k, White, atc.
3 Widowed 4 Divo		IF YES, GIVE WA			1 🗆	YES 2 NO Spec	elfy:		Speci	White
15. DEC	EDENT'S EDI	=		DECEDENT'S	USUAL OCCUP	ATION	185 KIND O	F BUSINESS/IN		MILLE
(Specify only Elementary/Secondary (0	highest grad	e completed)		(Give kind of a	work done during	most of working	loc time o		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
6th	-12)	College (1-4 or 5 +)		Cold	Strip	Employe	ee Bet	hlehen	n St	991
17. FATHER'S NAME (First, MI	iddle, Last)						IAME (First, Middle, M			CCI
Ellwood		Hollings	hond							
19a. INFORMANT'S NAME (7)	ivpe/Print)	HOTTINGS	nead	19b. MAILING	ADDRESS (Str	et and Number or Rura	al Wi		in Code)	
Edith A.	Holl:	nashead				ldin St				21224
20% METHOD OF DISPOSITI		Lingbirgaa	20b. PLA	CE OF DISPO	SITION (Name o	cometon cometon o	20	C LOCATION -	City of To	own State
1 Donation 5 Other	Specify E	tombment	Mead	dowri	đợe M	emorial	Park Ba	1+ imo	re	Maryland
21. SIGNATURE OF FUNERAL				- 4	22. NAM	E AND ADDRESS OF I	ACILITY		10,1	naryrana
	- 0	12	2	1	Jos	eph N.	Zamnino	Jr. F	une	ral Home
- Kosey	ch	1600	rough	7						to. Md212
23. PART I Enter the di	seases, or	complications that	ceused the	deuth. Do i	not enter the	mode of dying, au	ich sa cerdiac or	respiratory sr	rest,	Approximata Interval Between
IMMEDIATE CAUSE (Fin	1	List only one cade	o on eech i	1/						Onset and Death
disease or condition	→	a. ACU	ne a	nteri	or me	inerdi	al Infa	ortion	1	1 14 hour
								City		
A = 0 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-	a core	nar	y ar	teru	Liseas	-e			YEARR
Sequentielly list conditi if any, leading to immed	diate	DUE TO (OR AS A CON	SEQUENCE O	F):					
Cause. Enter UNDERLYI CAUSE (Disease or Inju		C								
that initiated events resulting in deeth) LAS		DUE TO (OR AS A CON	SEQUENCE O	F):					
resulting in deetil) LAS		d								
PART II. Other algolitica	nt conditio	ns contributing to c	lesth but no	ot reaulting	in the under	ving ceuse given	n Part I. 24a. W	AS AN AUTOPSY	248	. WERE AUTOPSY FINDINGS
							PI	RFORMED?	1 - "	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Chronic			FULL	LONA	LA ON	sease	1 U Y	ES 2 NO		OF DEATH?
hyperte	nsio	n					_			1 TYES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	B. PLACE OF DEATH (Check only one)			
1 TES 2 NO		1 5 Inpatient 2 🗆		-	4 🗌 Nursing	Home 5 🗆 Realdence				
27. MANNER OF DEATH	Pending	28a. DATE OF II (Month, Day		28b. TIN	JURY	INJURY AT WORK?	28d. OESCRIBE I	IOW INJURY OC	CURED	
	Investigation					TYES 2 NO				
	Could not be	28a. PLACE OF building, a	INJURY — At tc. (Specify)	t home, farm,	street, factory,	office	28f. LOCATION (3 City or Town,	Street and Numbe State)	ir or Rural i	Route Number,
4 Homeroe	Getarrinned									
	IFYING PHY	BICIAN: To the best of n	ny knowledge.	, death occurr	red at the time,	deta and place, and d	ue to the cause(a) ar	d manner as str	rted.	
one) 2 MEDI	ICAL EXAMIN	ER: On the basis of axe	mination and	or investigation	on, in my opinio	on, death occured at ti	ne time, data and pla	ce, and due to t	he cause(a) and menner as stated.
296. SIGNATURE AND TITLE	OF CERTIFIE	ER Ch	111-	2/1/	,	29c. LICENSE N	UMBER	29d. DA	TE SIGNE	(Month, Day, Year)
1/2	11	Wus)	LIC 1	Make	et my	D12	2547	100	79	27 91
30. NAME AND ADDRESS OF	F PERSON W	HO COMPLETED CAUSI	E OF DEATH (ITEM 27) (Type	Print		/			- 11
1	one		FX.	ANCK	50077	- KEY LAS	P PAY	THOR	رچ	ani
31. DATE FILED (Month, Day,		32. REGISTRAR					1200		2	V
			0==	0.0.4	001	Lis Kaindre	1- Tendelle			

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

DHMH-16 Rev 1/89

4

CC ... colors and a secretary of the secretary that the colors are a figure . When eg meng se keman kepin elemin. Historien Bir medini

BALTIMORE, MARYLAND 21215-0020	IAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	files has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should State Deor. of Health and Mental Hydiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	IE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fi of within 72 hours after death with the State Deot. of Health and Mental Hydlene prior to burial, cremation

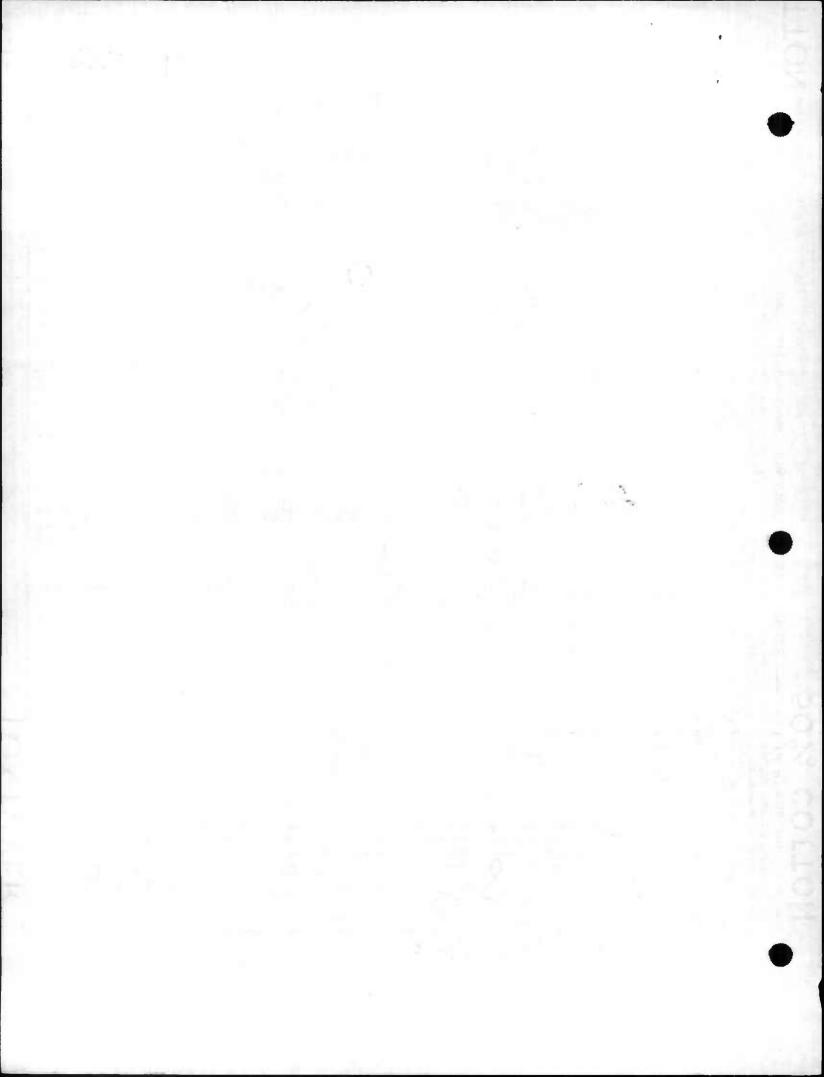
	1. DECEDENT'S NAME (Firs	t, Middle, Lest)	Frederi	.ck	Hain	eswo		,		2. DATE OF	OEATH			TIME OF DEATH
			ORTH		RE	100	RIC	K		SE	37.	29	GAR	1205
	4. SOCIAL SECURITY NUM			8. AGE (In yr		MONTH	DER 1 YEAR	IF UNDER	24 HRS.	7, DATE OF (Month, D		1	8. BIRTHPL Country)	ACE (State or Fore
	216 05 4		1 → M 2 □ F	92	YF	RS.	DATS	HOURS	Miles.		4/18	399		.c.
~	9a. FACILITY NAME (# not) Sinai	nstitution, give :	street and number)			9b. C	TY, TOWN		ON OF DEA			9c. COUNT	TY OF DEA	TH
DIRECTOR							Balto.							
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY 10c C					CITY TOW	TTY, TOWN OR LOCATION 18d INSID							
H													1	Dd. INSIDE CITY LIMITS?
AL C	Md. Baltimore 100. STREET AND NUMBER 101. ZIP CODE 100. CITIZEN OF W									YES 2 N				
RA	4023 Rosecrest Avenue							215	E			177		AT COUNTRY?
FUNER	11. MARITAL STATUS	CCIES				1000						USA		
4	1 Never Married 2	Married	12. WAS DECEDENT FORCES? 1	YES Z	X 300		If yes, sp	ENDENT C	OF HISPANII In, Maxican,	C ORIGIN? (S	Specify Yearn, atc.)	or No- 1	I4. RACE - Black, \	- American Indian White, atc.
BY	3 Widowed 4 Div	proed	IF YES, GIVE W	AR OR DATES	3		1 TYES	2 XNO	Specify:			1	Specify:	-10
8	15, DEC	EDENT'S EDU	CATION	184	DECEDE	I I S'TK	OCCUPATION	NA .		405 1/1	ND OF BUILD	INESS/INDU		J.K.
E	(Specify on Elementary/Secondary (y highest grade			(Give kind	d of work do OT use retire	ne during mo	st of working	ng		_		SIMT	
7	Committee yr Secondary (0-12)	College (1-4 or 5+	,			ndry				Cent Iron			
COMPL	17. FATHER'S NAME (First, A	fiddle, Last)				100	mary			E (First, Midd		An	ound	dry
Ö	Willie		ogriowth.					-						
8	194. INFORMANT'S NAME (esworth		1 400 1401	****	TOO (O)		anch			Kins		
2				1.7-										
	Mrs. Evel		Ineswor						Ave			, Md		
	1X Burlet 2 Cremetic	on 3 🗆 Rem	oval from Stata	cemetery	y, crematory	or other plea	OSITION (Ne	me of		OATE	20c. LOC	CATION — CI	ty or Town	, Stata
	4 Donation 5 Other		Cunce	Md	. Na		lem P			10/4	La	urel	Mo	1
		//	The .			- 1	NAME AN			orto	2 0	Song		
	ame	ecci	Perto	N								alto		1d.212
FICATION	Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- thet initieted eventa	diete ING	с	OR AS A COR			RIA	e,	ARI	RHY	TH	Mi	T	
ERTIFI	resulting in death) LAS	Т	4			C 01).								
O	DART II ON1 -III													+
: MEDICAL	PART II. Other algorificant conditions contributing to death but not reaulting					ng in the	underlying	cause g	ilven in P		e. WAS AN / PERFORI	MED?	CO	ERE AUTOPSY FINI MILABLE PRIOR TO DMPLETION DF CAI F DEATH? YES 2 NO
A	25. WAS CASE REFERRED T	O MEDICAL												
SICIAN:	EXAMINER?	- MEDICIE	HOSPITAL:	8.0		ОТН	ER:		EATH (Chec					
PHYS	1 YES 2 NO		1 Theatlant 2		-		_		sidenca 6	Other (Sc	pecify)			
BY Ph	1 Netural 5	Pending Investigation	28a. DATE OF I (Month, Day		285.	TIME OF INJURY M	28c. INJI WOI 1 Y			26d. DEŞCRI	BE HOW IN	JURY OCCU	RED	
18	3 Sulcide 6 Could not be detarmined 28e. PLACE OF INJURY — A1 home, farm, street, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — A1 home, farm, street, factory, offica City or Town, State)							e Number,						
COMPLETED	29a. CERTIFIER (Check birty one) 2 MEDI	GAL EXAMINE	CTAN: To the best of r	my knowledge	, death occ	curred at th	a Ilme, data y opinion, de	and place, eath occurr	and due to	the cause(s	and menr	ner as stated	ceuse(a) ar	nd manner aa stat
TO BE	286. SHOWATURE AND		GSR		M	6.		29c. LICE	NSE NUMB	ER		29d, DATE S	SIGNED (M	onth, Dey, Year)
	30. NAME AND ADDRESS OF	EGR	ATE.	M.	(ITEM 27) (I	Type Print)	NA-	1 -	Ho	HPI	TA	٤.		
	31. DATE FILED (Month, Day,	Year)	32, REGISTRAR			0.40	24	20.	R	ነበ	2.00		-	

A STATE OF THE PARTY OF THE PAR

Attended to the property of the Control of the Control

חווון ל ווחמוס קופן מפוון אוון הוא משכה האלי היו היו היו היו היו היו היו היו היו הי	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.
Will bie clais bey. Of freatifi and Medical Hygiene prior to oursal, defination, of remover.	this confident has been signed by the attending physician and comprehently filled in by the fire the first physician and comprehently filled in by the fire the first physician and the first physicia

1	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND /		RTMENT					HYGIEN REG. NO.	E	20	4) 4
	1. DECEDENT'S NAME (First, Middle, Last) MARGARET	٧.		Н	отт				2. DATE OF MONTH Sept.	DA	, 199	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 232-02-7951 9a. FACILITY NAME (If not institution, give st	5. BEX 1 M 2 F	6. AGE (In yrs. let		IF UNDER MONTHS 9b, CITY,	DAYS	HOURS	MIN.	7. DATE OF (Month, D Aug.	BIRTH	8	Country) Key	ce (State or Foreign ser, W.Va.
DIRECTOR	Memorial Hospital	& Medic	al Cente	,		Cumb	erla					egany	
	W. Va. Mi	ineral	10c. CI	1	Keyser 101. ZIP CODE				10g. CITIZEN			1. INSIDE CITY LIMITS? YES 2 NO T COUNTRY?	
BY FUNERAL	541 Virginia St 11. MARITAL STATUS XX Nover Merried 2	12. WAS DECEDED FORCES? IF YES, GIVE	i i	267 26 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 No Specify:									
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 7 th	CATION completed) College (1-4 or 5	(C	Sive kind of a. Do NOT u	s usual oc work done o ise retired.) emmak	during mo	st of worki		16b. Ki		0	stry 1 Hom	e
TO BE CC	Clarence J. Ho	ott, Sr.	19	Db. MAILIN	G ADDRESS	(Street s	1	Nancy	y R		Lewis		
T	Clarence J. Hott. 20a. METHOD OF DISPOSITION MXBurlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)			E AND DAT	Virg	OSITION	(Name		Mey 9/20/9	20c. LO	W.Va.	ty or Town,	Btate
	21. SIGNATURE OF FUNERAL SERVICE LICE	Lenser	ith		22.	NAME A	ND ADDRE	SS OF FA	CILITY		85 S.	Main	Street 26726
	23. PART I. Enter the diseases, or shock, or heert feiture. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cs	use on each line	e.	ila	the mo	ide of dy	ing, suc	ch es cerdis	c or reep	iretory erred	et,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. SEPT-	O (OR AS A CONSE	OUENCE	olis	un C	Cont	5	~ s+	spl.	. 01	NG.	s iope,
PHYSICIAN: MEDICAL CI	PART II. Other significant condition	ne contributing t	o deeth but not	resulting	In the un	derlyln	g ceuse	given in		4e. WAS AN PERFOI	RMED?	AM CC OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO DIMPLETION OF CAUSE DEATH? YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF I	DEATH (C	heck only one)				
	1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	1 1 tripatient 2	ER/Outpatient F INJURY Day, Year)	28b, TI	4 🗆 Nun	28c. IN. W	JURY AT DRK?		6 Other (INJURY OCCU	JRED	
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE building	OF INJURY — At h g, atc. (Specify)	iome, farm	, street, fact	iory, offic	20		28f. LOCAT City or	ION (Street Town, State	and Number o	or Aural Aou	Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS												nd menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF GERTIFIE	1)ax		· w	0		354			29d. DATE	SIGNED (M	onth, Day, Year)
	Dr. Mark Sagin,	Memorial	Hospita			lan-	d, M	D 2	1502				
	31. DATE FILED (Month, Day, Year) SEP 3 0 1991	Julia Davi	doon-Rand	182									



-	
(0)	
_	
-	
~	
-	
9	
_	
20	
~	
-	
-	
-	
	-
\circ	
-	
0	
144	
CO	
-	
Bend	
COM	
44	
0	
0.0	
11.1	
-	
0	
-	
-	
4	
lane.	п
_	
Time.	
-	1
ON OF VITAL RECORDS, P.O. BOX 68760,	á
LL	
-	- 1
0	-
0	
	-3
7	
	13
-	į,
U	ı
_	,
46	K
U)	
_	1
-	В
Bert A	1
-	βĺ
0	ø
DIVISION	۹
9 20	The second secon
The same	1

	1. DECEDENT'S HAME (First, Middle, Last) Thomas F.	Henderson /	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 1 MM 2 F 9e. FACILITY NAME (If not institution, give street and number)	E (In yrs. last birthday) F UNDER 1 YEAR F UNDER YRS. MONTHS DAYS HOURS 9b. CITY, TOWN OR LOCATION	1 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 2 -22-48	BIRTHPLACE (State or Foreign Country) Maine
DIRECTOR	64	LHOSPITAL COLUMB.	4	V AID COUNT
AL DIR	MD HOWARD CO	VATY COLURX BI	TA	10d. IHSIDE CITY LIMITS? 1 YES 2 NO
BY FUNER	10. STREET AND NUMBER 5503 Vantage Point 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED 13. WAS DECENDENT O 17 yes, specify Cuba;	F HISPANIC ORIGIN? (Specify Yea or No	4. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of workin lile. Do NOT use retired.) Machine Designer	16b, KIND OF BUSINESS/IHDU	STRY
BE CO	17. FATHER'S NAME (First, Middle, Last) Richard W. Henderson	Katl	HER'S NAME (First, Middle, Maiden Surname) herine Henderson	2.14.
5	190. INFORMANT'S HAME (Type/Print) Katherine Henderson	19b. MAILING ADDRESS (Street and Number 5503 Vantage Pos	or Rural Route Number, City or Town, State, Zip Coint Rd., Columbia, M	d. 21044
		ob. PLACEAND DATE OF DISPOSITION (Name of emetery, cremetary or other piece) Metro Crematory	OATE 200. LOCATION — CE	ty or Town, State
	21. SIGNATURE OF FUHERAL SERVICE LICENSEE Aarra A. With To	22. NAME AND ADDRES HARRY H. V	ss of FACILITY WITZKE FUNERAL HOME Columbia Pike, Ellico	
ERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	A CONSEQUENCE OF: DISTRATORY DISTRIBUTED OF: DISTRATORY DISTRIBUTED OF: DISTRACTORY OF: TE CARCINOMENT	STRES S SYYDI YLOPATHY	
PHYSICIAN: MEDICAL C	PART II. Other significent conditione contributing to deeth LEATHORN COTOMY FELLOLATORY EXAMINER? 1 YES 2 NO PART II. Other significent conditione contributing to deeth ACT THORN CONTRIBUTED THORN CONTRIBUTED HOSPING: PRIME 2 PRIVOR	TILATION OF TETRIF OTOMY FOR HEMOSTY 28. PLACE OF DE OTHER:	PERFORMED? 1 YES 2 NO 1 YES 2 NO ASSESSMENT OF THE PERFORMENT O	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
BY	27. MANNER OF DEATH 1 Haturel	28b. TIME OF 28c. 1HJURY AT	28d. DESCRIBE HOW INJURY OCCU	
COMPLETED	4 Homicide determined	wiedge, death occurred at the time, date end place, on end/or investigation, in my opinion, death occure	ed at the time, date end place, end due to the	
8E	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	MALEICIAN C	19867 191	2691

A Solic summing or m

and the same

Division in the second

and a configuration of special and part of the processing and sections of

TO WE KEEL THE THE PARTY OF THE

and the state of the same of t

n	after
	d house
	0
90,	within
189	maritar
×	2
O. BC	portificate !
7	death
ZYC.	hat the
TIC.	achirae 1
ALF	The law r
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TALL OR ATTENDING DUNCKINAN. The law requires that the death perificate he executed within 24 hours after
ON	SAIDING
17	1
2	8 00
	14

	REGISTRAR 1. DECEGENT'S NAME (F	irst Mirida Lact		CER	TIFICATE OI	FDEATH	2. DATE OF DEATH		3. TIME OF O
	2 1	LEY	HOWF	RD	HARR	115	MONTH Sight makes		/EAR
	4. SOCIAL SECURITY NU 214-56-	7538	5. SEX 1 M 2 F	AGE (In yrs. last birti	RS. MONTHS DAYS	HOURS MIN.	(Month, Day, Year	48	BIRTHPLACE (State of Country)
TOR	9a. FACILITY NAME (If no 2940 SC	LLER		RD.		VDAL			Y OF OEATH
DIRECTOR	10a. STATE M D	BA	LTIMOI		c. CITY, TOWN OR LOC				10d. INSIDE C LIMITS? 1 YES 2
ERAL	2940		ERS PUI	NT RI		10f. ZIP CODE	22	10g. CITIZEI	USA
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 5		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	YES 2 NO	If yes,	ECENDENT OF HISP	PANIC ORIGIN? (Specify Ican, Puerto Ricen, etc.)	Yes or No- 14	Black, White, etc. Specify:
ETED I	(Specify	DECEDENT'S EDI	e completed)	16a. DECED	ENT'S USUAL OCCUPA ind of work done during in NOT use retired.)	TION most of working	16b. KIND OF	BUSINESS/INDUS	BTRY
7	Elementary/Secondar	H (0-12)	College (1-4 or 5 +)				OR HYDR	OTHE	RM CC
III	17. FATHER'S NAME (First	H.	HARRI			JUA	NAME (First, Middle, Meil	GRE	
2	JUANI		OGOWSK	,		LERS P	al Route Number, City or T. R.D. B	ALT I	MD 212
	20e. METHOD OF OISPO 1 Burlel 2 Crem	SITION ation 3 - Ren		20b. PLACE AND	DATE OF DISPOSITION THAT OF OTHER PLACE OF DISPOSITION OF OTHER PLACE OF THE PLACE	ON (Name		LOCATION - CH	
	4 Donation 5 Ot		ICENSEE	IST. STA			FACILITY UNERAL	HAME	OF DUND
		1	A /						
	IMMEDIATE CAUSE	r heart fallure (Final	List only one cause	on each line.	711C	SOLLI	ERS PT.	RD. B	BALT MD:
RTIFICATION	ahock, o	r heart failure (Final	a. Carlio DUE TO (C	AS A CONSCOUE	Do not anter the relation of the office office office office of the relation o	SOLLI	ERS PT. uch sa cardiac or re	RD. B	BALT MD
MICAL CERTIFICATION	shock, o IMMEDIATE CAUSE disease or condition resulting in death) Sequentisity list con If sny, leading to im cause. Entar UNDER CAUSE (Disease or that initiated events	rheart fallure (Final	a. Carlio DUE TO (C	OR AS A CONSEQUEI	Do not anter the report of the corp. NCE OF):	SOLLA node of dying, s	uch se cardiac or re	RD R	BALT MD : at, Approxinterva Onset
AN: MEDICAL CERTIFICATION	immediate cause in disease or condition resulting in death) Sequentially list con if any, leading to imcause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other sign!	or heart failure (Final Additions, mediate RLYING injury AST	a. CANDO DUE TO (C. DUE TO (C. d	OR AS A CONSEQUEI	Do not anter the revolution of the property of	SOLLA node of dying, s	In Part I. 24a, WAS PER 1 YE	PD POPPER PROPERTY AND AUTOPSY FORMED?	BALT MD Approvinterval Onset 24b. WERE AUTOPS AVAILABLE PR COMPLETION OF DEATH?
SICIAN: MEDICAL CERTIFICATION	Sequentially list con if any, leading to im cause. Enter UNDEF CAUSE (Disease or that initiated events resulting in death). PART II. Other sign! 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO	rheart failure (Final Additions, mediate st.Y.ING injury AST ficant conditions	a. CANDIO DUE TO (C. D	PR AS A CONSEQUEI	Do not anter the reverse of the policy of th	Methoda of dying, s	In Part I. 24a, WAS PER 1 YE (Check only one)	PD Paper Pap	Approvinterval Onset Approvinterval Onset 24b. WERE AUTOPS AVAILABLE PR COMPLETION OF DEATH? 1 YES 2
PHYSICIAN: MEDICAL CERTIFICATION	ahock, o IMMEDIATE CAUSE disease or condition resulting in death) Sequantisity list con if sny, leading to im cause. Enter UNDER CAUSE (Disease or i that initiated events resulting in death) L PART II. Other sign! 25. WAS CASE REFERRE EXAMINER? 1 ☐ YES 2 ☐ NO 27. MANNER OF OEATH 1 ☐ Natural 5	rheart failure (Final Additions, mediate RLYING injury AST Ticant condition Ticant condi	a. CANDO ONE CAUSE a. CANDO ONE TO (C. DUE	OR AS A CONSEQUE	Do not anter the representation of the property of the propert	SOLLA node of dying, s	In Part I. 24a. WAS PER 1 YE	PD Paper Pap	Approvinterval Onset Approvinterval Onset 24b. WERE AUTOPS AVAILABLE PR COMPLETION OF DEATH? 1 YES 2
TED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, o immediate cause disease or condition resulting in death) Sequentisity list con if sny, leading to in cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other sign! 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 2 Accident	rheart failure (Final Additions, mediate strying injury AST ficant conditions To MEDICAL	a	PR AS A CONSEQUEI	Do not anter the representation of the property of the propert	Ing cause given PLACE OF DEATH PLACE OF DEATH Ome 5 Resident INJURY AT WORK?	in Part I. 24a. WAS PER 1 YE (Check only one) 28d. DESCRIBE HO	PAD PAPER SAN AUTOPSY FORMED? S 2 SHOO	Approvinterval Onset Approvinterval Onset 24b. WERE AUTOPS AVAILABLE PR COMPLETION OF DEATH? 1 YES 2
MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list confit from the sequential	Theart failure (Final Additions, mediate strying injury LAST Ticant condition To MEDICAL Pending investigation Could not be determined	a	PR AS A CONSEQUEI OR AS A CONSE	Do not anter the respective to the corp. ACE OF): NCE OF): NCE OF): Iting in the underly ACE OF CONTROL C	PLACE OF DEATH PLACE OF DEATH Inng cause given PLACE OF DEATH INDUSTY AT WORK? YES 2 NO	in Part I. 24a. WAS PER 1 VE (Check only one) 28d. DESCRIBE HC 28f. LOCATION (St. City or Rown, St.	PAD PAPER PROPERTY AND PAPER P	Approvinterval Onset 24b. WERE AUTOPS AWAILABLE PRODMPLETION OF DEATH? 1 YES 2
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, o IMMEDIATE CAUSE disease or condition resulting in death) Sequantisity list con if sny, leading to im cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other sign! 25. WAS CASE REFERRE EXAMINER? 1 Ves 2 NO 27. MANNER OF OEATH 1 Natural 5 2 Accident 3 Suickde 4 Homicide 29e. CERTIFIER (Check only one) 29b. SIGNATULE AND 1	Pending Investigation Description of the property of the pending Investigation Certifying Physics of the pending Investigation Certifying Physics of the pending Investigation of the pendi	a	PR AS A CONSEQUEI OR AS A CONSE	Do not anter the respective to	PLACE OF DEATH PLACE OF DEATH Inng cause given PLACE OF DEATH INDUSTY AT WORK? YES 2 NO	In Part I. 24a, WAS PER 1 YE (Check only one) 28d. DESCRIBE HO 28f. LOCATION (St. City or Rown, St.	BAN AUTOPSY FORMED? S 2 SHO DW INJURY OCCU meet and Number of tele) manner as stated a, and due to the	Approvinterval Onset 24b. WERE AUTOPS AWAILABLE PRODMPLETION OF DEATH? 1 YES 2
MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, o IMMEDIATE CAUSE disease or condition resulting in death) Sequantisity list con if sny, leading to in cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other signif PART II. Other signif 1 Ves 2 NO 27. MANNER OF OEATH 1 Natural 5 2 Accident 3 Suickde 6 4 Homicide 29e. CERTIFIER (Check only one)	Pending Investigation Description of the property of the pending Investigation Certifying Physics of the pending Investigation Certifying Physics of the pending Investigation of the pendi	a	PR AS A CONSEQUEI OR AS A CONSE	Do not anter the respective to	PLACE OF DEATH PLACE OF DEATH	In Part I. 24a, WAS PER 1 YE (Check only one) De 6 Other (Specify) 28d, DESCRIBE HC (City or Rown, S due to the cause(e) end the time, date and place NUMBER	BAN AUTOPSY FORMED? S 2 SHO DW INJURY OCCU meet and Number of tele) manner as stated a, and due to the	Approvinterval Onset 24b. WERE AUTOPS ANAILABLE PR COMPLETION OF DEATH? 1 YES 2 JRED Reveal Route Number, of Death o

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attention precess. To should be fired within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	į
ಪ	ı
Duc	l
d at onc	
notified at onc	
be notified at onc	
must be notified at onc	
examiner must be notified at onc	
medical examiner must be notified at onc	
the medical examiner must be notified at onc	
event, the medical examiner must be notified at onc	
traumatic event, the medical examiner must be notified at onc	
other traumatic event, the medical examiner must be notified at onc	

STATE OF	MARYLAND	/ DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGI	ENE
	C	ERTIFICATE	OI	F DEAT	H		DEC	MO

1. DECEDENT'S NAME (First, Midd	le, Last)		ERTIF				2. DAT	REG. N			3. TIME OF DEAT	1
Louis	9	S.	II	hrie			0 9	TH	6 1	9 9 1	6:20	P
4. SOCIAL SECURITY NUMBER 213-50-6376	5. SEX	6. AGE (In yrs. Ia		IF UNDER 1	DAYS HOL	INDER 24 HRS.	7. DATI	E OF BIRTH ofth, Day, Year) 04/51		8. BIRT Coun	HPLACE (State or For	
in auto, in	garage at	t			TOWN OR LO	CATION OF D		04/31		UNTY OF		_
nesidence of Decede 100. STATE 10b. Maryland	COUNTY		10c. CI	ry, rown on Balti	R LOCATION						10d. INSIDE CITY LIMITS? 1 X YES 2	
100. STREET AND NUMBER 1114 East 36	th Street				10f, ZIP	CODE 21218			10g. Cr		WHAT COUNTRY?	
11. MARITAL STATUS 1 X Never Married 2 Merrie 3 Widowed 4 Divorced	12. WAS DECEDED	NT EVER IN U.S. A 1 YES 2 X WAR OR DATES	RMED NO	11	yes, specify	ENT OF HISPA Cuban, Mexic NO Speci	en, Puerto	IN? (Specify) Rican, etc.)	fee or No—	USA 14. RAC Blac Spec	E - American India ik, White, etc. city: White	٦,
15. DECEDEN (Specify only higher Elementary/Secondery (0-12)	T'S EDUCATION est grade completed) College (1-4 or 5	((ECEDENT'S Give kind of a. Do NOT u	USUAL OCC work done du ise retired.)	CUPATION uring most of v	vorking	16	b. KIND OF B	USINESS/IN	DUSTRY	WIIICE	
12 17. FATHER'S NAME (First, Middle, I			anage	er	10	MOTHER'S NA	ME (Elect		house	e		_
Louis H. Ihr:						Lou R	etta	Bower	1			
Louis H. Ihri	*					mber or Rural enue,					and 21227	,
20e, METHOD OF DISPOSITION 1	Removal from Stata	20b. PLACE	AND DATE	OF DISPOSIT		am	9/30	TE 20c. I	OCATION -	- City or T		
21 SIGNATURE OF FUNEDAL SER												1
21. SIGNATURE OF FUNERAL SER	VICE LICENSEE Multu	9.		Amb 132	28 Sul	Funera phur S	al Ho	na Rd.	nc.	utus	Md. 212	
23. PAHT I. Enter the disease	ea, Dr complications the	a caused the de	eath, Do	Amb 132 not enter the	orose 28 Sul	Funera phur S dying, aud	al Ho Spri	na Rd.	nc.	utus rreat,	Approxima interval Be Onset and	2 te
23. PART I. Enter the disease shock, or heart fimmeDiate CAUSE (Final disease or condition	ea, Dr complications the saliure. List only one call of the call o	et caused the diquee on each line	eath. Do e	Amb 132 not enter the	orose 28 Sul	Funera phur S dying, aud	al Ho Spri	na Rd.	nc.	utus rreat,	Approxima interval Be	2 te
23. PART I. Enter the disease ahock, or heart fimmediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	ea, pr complicationa the aliure. List only one call the call to the call th	Coused the deute on each line O (OR AS A CONSE	eath. Do	22. N/Amb 132 not enter the content of the content	prose 28 Sul he mode p	Funera phur S dyling, aud	al Hosprin	ng Rd.	nc. , Arbu piratory au N AUTOPSY DRMED?	rreat,	Approxima interval Be	DIN O
23. PART I. Enter the disease ahock, or heart fimmediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO d. MICAL HOSPITAL:	D (OR AS A CONSE	eath. Do e	22. N/Amb 132 not enter the content of the content	orose 28 Sul he mode pi 2	Funera phur () I dying, aud () S ov)	Part I.	24a. WAS A PERFO	N AUTOPSY PRIMED?	241	Approxima interval Be Onset and Onse	Den Den Den Den Den Den Den Den Den Den
23. PART I. Enter the disease shock, pr heart filmMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant conditions in the conditions of the cond	DUE TO a. DUE TO b. DUE TO d. DUE TO d. HOSPITAL: 1 Inputient 2 (Month, 2 General Control of the c	D (OR AS A CONSE	eath. Do e.	22. N/Amb 132 not enter the second of the se	28 Sull he mode pile in the mode pile in	Funera phur (c) dying, aud si 5 0m see given in DE DEATH (Ch	Part I.	24a. WAS A PERFO	N AUTOPSY DRMED? 2 No 1 RUJURY OC 1 nh a filmet and Number	244 to i	Approximatinterval Be Onset and Onse	Den Den Den Den Den Den Den Den Den Den
23. PART I. Enter the disease shock, pr heart of immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr Injury that initiated eventa resulting in death) LAST PART II. Other significant continues the condition of the c	DUE TO a. DUE TO b. DUE TO d.	D (OR AS A CONSE D (OR	eath. Do e. OUENCE O OUENCE O OUENCE O Tould be the control of	22. N/Amb 132 not enter the content of the content	28 Sull he mode pi 28 Sull he mode pi 29 Sull he mode pi 20 Sull he mode pi 20 Sull he mode pi 20 Sull he mode pi 20 Sull he mode pi 21 Sull he mode pi 22 Sull he mode pi 23 Sull he mode pi 24 Sull he mode pi 25 Sull he mode pi 26 Sull he mode pi 26 Sull he mode pi 26 Sull he mode pi 27 Sull he mode pi 28 Sull he mode pi 28 Sull he mode pi	Funera phur (s) i dying, aud i	Part I. Part I. Part I. Subthala De Sub exh	24a. WAS A PERFIT OF COMMENT OF C	N AUTOPSY DRMED? 2 No 1 Number of inha find and Number of and Number of and Number of and number of another of a	244 to i. COURED a 1 e de s s v or Rural h St	Approxima interval Be Onset and Onse	Del Del Del Del Del Del Del Del Del Del
23. PART I. Enter the disease shock, pr heart of immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr Injury that initiated eventa resulting in death) LAST PART II. Other significant continues the condition of the c	ea, Dr complications the aliure. List only one callure. List only one callure. List only one callure. List only one callure. List only one callure. List only one callure. Due to d. Due to d. Due to d. Inditional contributing to define the callure of the call	D (OR AS A CONSE D (OR	eath. Do e. OUENCE O OUENCE O OUENCE O Tould be the control of	22. N/Amb 132 not enter the content of the content	28. PLACE of the WORK? 1 YES 1, office 1, dete end planton, death of the work of the wo	Funera phur (s) i dying, aud i	Part I. Part I. Part I. Part I. to the ca	24a. WAS A PERFIT OF COMMENT OF C	N AUTOPSY ORMED? 2 No 1 Autopsy och in harmonic and Number och N	244 to i COURED a ledes by or Rural h St	Approxima interval Be Onset and Onse	DING O

in 23 silves dity injury, or other identified event, the medical examiner must be notified at once.		
in 23 shows any injury, or other identifier event, the medical examiner	nust be notified at once.	
in 25 shows any injury, or other trauman	c event, the medical examiner t	
ווו לאום אווווע פווג וווו	ary, or ounce trauman	
	LO SHUWS dity HILL	
	11211	21010

BALTIMORE, MARYLAND 21215

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending between 12.3 should be detached for use as the burnishment permit. Pages 1.2.3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

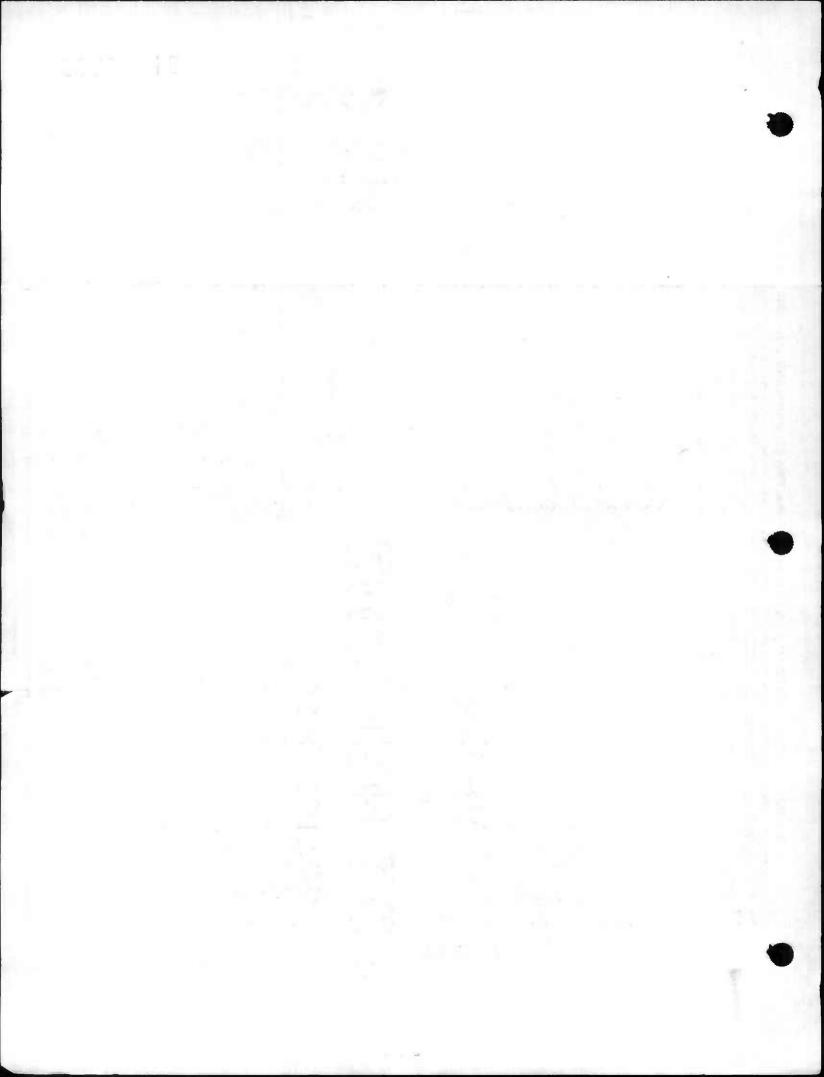
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR		CE	ERTIF	ICATE O	F DEA	TH	REG. N			
1. DECEDENT'S NAME (First, Middle, Las	0						2. DATE OF DEATH		T	3. TIME OF DEATH
Ouincev		J.		J	ames		монтн 0 9 2	6 1	991	9:30 A
4. SOCIAL SECURITY NUMBER	5. SEX	6, AGE (In yrs. les	t birthday)	IF UNDER 1 YEA	IF UND	ER 24 HRS.	7. DATE OF BIRTH		8. BIRTHE	LACE (State or Foreign
215-90-5461	1 🗆 M 2 🧸 F	29	YRS.	MONTHS DAY	HOURS	MIN.	2 - 2 8 - 1	962	Mary	land
90. FACILITY NAME (If not institution, give	street end number)			9b. CITY, TOW	N OR LOCAT	TION OF DEA	тн	9c. CO	UNTY OF DE	
1411 Division	Street,	Apt 20	6	Balti	more					
RESIDENCE OF DECEDENT 106. STATE 106. COUN				TY, TOWN OR LO						
Maryland				1timo					- 1	10d. INSIDE CITY LIMITS? 1 XYES 2 NO
100. STREET AND NUMBER 1411 Division 11. MARITAL STATUS	St.				212	217		10g. CI	USA	IAT COUNTRY?
11. MARITAL STATUS 11. Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 N	MED 10	If yee,	ECENDENT specify Cub ES 2 NO	en, Mexicen,	ORIGIN? (Specify) Puerto Rican, etc.)	fee or No-	Black,	- American Indian, White, etc. Black
15. DECEDENT'S ED	UCATION	16e, DE	CEDENT'S	USUAL OCCUP	TION		18b. KIND OF B	I ISINESS /IN	IDUSTRY	
15. DECEDENT'S ED (Specify only highest grave Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +	(Gi life.	Do NOT u	work done during ise retired.)	most of work	ing	IOU. KIND OF B	OSINESS/III	DOSTRY	
17. FATHER'S NAME (First, Middle, Last)		un	iemp	Toyeu						
							e (First, Middle, Meidle, A Hawki			
19e INFORMANT'S NAME /Type/Print)		Lan								
Loretta Dirto	n	190	373				Balto.			15
20e. METHOD OF DISPOSITION		205 01 4 05 4		OF DISPOSITION		Ave.				
Burlel 2 Cremetton 3 Re 4 Donation 5 Other (Specify)	movat from State	cemetery, crei	matory or o	other placa)					- City or Tow	n, State
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	LKing	r Me	moria 22. NAME		ESS OF FACI	10-1 Ba	lto.	Md.	
· Carlon	2. Das	udan	/	Dot	glas	s Fu	neral S	Servi	ice	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	C ARRHYI (OR AS A CONSEC (OR AS A CONSEC	OUENCE O	P):						
CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST	DUE TO	(OR AS A CONSEC	UENCE O	F):						
a com to a contract to	ens contributing to	death but not re	esuitino	in the underly	na couce	aluan in D			Lance	
CHRONIC COCAIN					ing cause	given in Pa		N AUTOPSY ORMED?	1	VERE AUTOPSY FINDING: WAILABLE PRIOR TO
	1 100011,0	TONIE CE		IIVIII			- YES	2 NO	(OMPLETION DF CAUSE OF DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF I	DEATH (Check	(only one)			
EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:			Other (Specify)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Transmitted Transmitted Transmitted Transmitted Transmitted Transmitted Transmitted Transmitted Transmitted Transmitted Transmitted	28e. DATE OF (Month, Da	INJURY	28b. T/M	IE OF 28c. I	NJURY AT VORK?	2	ad. DESCRIBE HOW	INJURY O	CCURED	
	28e. PLACE OF building,	F INJURY — At honetc. (Specify)	ne, ferm,		YES 2		81. LOCATION (Stree City or Town, Stat	t and Numbe	er or Rural Ro	ite Number,
4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHY:	SICIAN: To the best of	my knowledge de-	th coc	ad at the New Y	to and					
3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 K MEDICAL EXAMIN	ER: On the besie of ex	amination end/or in	nveatigatio	on, in my opinion	death occu	red at the time	tne cause(s) end m	enner as sta and due to t	ited, the ceuse(e) (and menner es stated.
296. SIGNATURE AND TITLE OF CERTIFIE	2 Chu	eti m	ļ			ENSE NUMB				fonth, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	E OF DEATH (ITEM								
31. DATE FILED (Month, Day, Year)	32. REGISTRAF	R'S SIGNATURE		enn St	reet	ка	timore	Mar	yland	21201
SEP 3 0 1991	Lulia Davidse	n-Randell	2,							

0 : 0 : 02 29 In wall 9

hos	tach		6.0
the	e de		1 07
9	Q PI		2
aine	Shou		Hife
9	2		nou
3	pag		be
E	tor,		ust
901	direc		10
- A	Ta .		Jine
leath	fune		Хап
ter	the	Oval.	ale
53	1 64	rem	dic
DOL:	.= pe	8	Ē
74	y fill	tion	the
THE PERSON NAMED IN	letel	rema	int.
80 ×	omp	E, C	eve
ecut	nd c	Puri	affe
\$ e	an a	2	E
te D	Sici	pho	fra
tifica	등	ene	ther
9	din	H	0 7
eath	atte	Ital	2
De d	the	Me	nier
at t	3	and	IN
as t	ned	afth	20
quir	n Si	운	200
× re	bee	A. 0	100
e B	has	9	2
Ē	cate	tate	ilen
CIAN	ertifi	he	10
130	is c	it i	2
d.	er th	4	ark
NO	Aff	dea	
LEN	TOR	after	28 1
RA	IREC	DIE	
0		PH	4 16
L	P. B.	千五	6
1	FLA	with	TAR
THE MOSTITIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ments after death. Page 6 may be retained by the hos	THE FLANTAL INSECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	FIED	Sec.

. DECEDENT'S NAME (First, Middle, Las		CERTI						OF DEATH			TIME OF DEATH
NANCY	J. J.	ACKSON 8. AGE (in yrs. last birthda)		- 7			SEP			9/	9:25 A
			MACANTANO	DAYS	IF UNDER	24 HRS.	7. DATE O	Day, Year)	8.	BIRTHPLA Country)	CE (State or Foreign
235-84-5317	1 M 2 F	39 YRS.					JA	N, 3			sburg,
De. FACILITY NAME (If not Institution, giv				Y, TOWN C		ON OF DE	EATH		9c. COUNTY		
Vashington Count	y Hospital		Hag	erst	own				Washi	ngtor	1
10a. STATE 10b. COUL		10c. C	HTY, TOWN	OR LOCAT	TION		•			100	I. INSIDE CITY
WV Mor	gan	Be	erkel								YES 2 NO
Rt.#2 Box 227D					5411	E			USA	OF WHAT	COUNTRY?
H. MARITAL STATUS	12 WAS DECEDED	IT EVER IN U.S. ARMED	149			DE WICOAN	UC OBIOIN	? (Specify Ye		DACE	American Indian,
Never Married 2 Merried Widowed 4 Divorced	FORCES? 1	YES 2 NO		If yes, sp		n, Mexica	n, Puerto R		o or No—	Black, Wi Specify: Whi	hite, etc.
15. DECEDENT'S E (Specify only highest gra	DUCATION ade completed)	16a. DECEDENT	of work done	OCCUPATION DO	ON ost of world	ng	16b.	KIND OF BU	SINESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5		use retired. Ashie				ar	Bank	ing		
7. FATHER'S NAME (First, Middle, Last)			TOILTO	- / LIO				liddle, Meiden	0		
Robert L. Micha	el				1000		Froc		. Jamane)		
90. INFORMANT'S NAME (Type/Print)	Sensor	19b. MAILI	NG ADDRES	SS (Street a	and Numbe	r or Rural i	Route Numb	er, City or Tox	vn, State, Zip Co	ode)	
William Jackson		Rt.	#2 Bo	x 22	7D B	erke.			s, WV	2541	1
De METHOD OF DISPOSITION	emoval from State	20b. PLACE AND Di	ATE OF DIS	POSITION placeh	(Name	0 + 0 ==	DATE	20c. LO	CATION - CIT	or Town,	State
Donation 5 Other (Specify)		Spont's Cometant Screen				,				Te A	obr. TuRe
DI JOHNEHAL SERVICE	D L. La		H	elsl	AUDRE	ohns	on Fir	neral	Home		
23. PART I. Enter fre diseases, panck, or heert fellur iMMEDIATE CAUSE (Finsi disease or condition	e. Liet only one cer	use on each line.	o not ente	of U:	nion ode of dy	St.	Berk	eley	Spring		Interval Betv
ahocki/or heert fellui IMMEDIATE CAUSE (Final	e. INCRE DUE TO	ASED IN	o not ente	CRA HEA	nion ode of dy NIA	St. ring, auc	Berk Checord RES	eley lec or reep	Spring		Approximete Interval Betv
ahock/or heert fellur iMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	e. INCRE DUE TO	ASED IN	o not ente	CRA HEA	nion ode of dy NIA	St. ring, auc	Berk Checord RES	eley lec or reep	Spring		Approximete Interval Betw
ahock/or heert fellur iMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. INCRE DUE TO b. SUBI DUE TO C. RUPT DUE TO	ASED INTO OR AS A CONSCOUENCE OF AS A CONSCOUENCE OF AS A CONSCOUENCE OF AS A CONSCOUENCE OF AS A CONSCOUENCE	3 o not ente TRA corp: Orp: ERE I	CRA HEA	nion nion de of dy NIA NOR	St. ring, auc L f RHP An	Berk PRES AGE	eley lac or reep SURC	Spring Spring NAUTOPSY	24b. WE	Approximete Interval Bety Onset and D
ahock/or heert fellur iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. INCRE DUE TO b. SUBI DUE TO C. RUPT DUE TO	ASED INTO OR AS A CONSCOUENCE OF AS A CONSCOUENCE OF AS A CONSCOUENCE OF AS A CONSCOUENCE OF AS A CONSCOUENCE	3 o not ente TRA corp: Orp: ERE I	CRA HEA	nion nion de of dy NIA NOR	St. ring, auc L f RHP An	Berk PRES AGE	eley lac or reep SURC	Spring Spring NAUTOPSY RRMED?	24b. WE	Approximete Interval Bety Onset and E
ahock/or heert fellur iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. INCRE DUE TO b. SUBI DUE TO C. RUPT DUE TO	ASED INTO OR AS A CONSCOUENCE OF AS A CONSCOUENCE OF AS A CONSCOUENCE OF AS A CONSCOUENCE OF AS A CONSCOUENCE	3 o not ente TRA corp: Orp: ERE I	CRA HEA	nion nion de of dy NIA NOR	St. ring, auc L f RHP An	Berk PRES AGE	eley lac or reep SURA RYSM 24a. WAS AI PERFO	Spring Spring NAUTOPSY RRMED?	24b. WE ANN CO	Approximete Interval Bette Onset and E RE AUTOPSY FIND MPLETION OF CALL DEATH?
ahock/or heert fellur iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condit	e. INCRE DUE TO b. SUBI DUE TO c. RUPT DUE TO d.	ASED INTO OR AS A CONSCOUENCE OF AS A CONSCOUENCE OF AS A CONSCOUENCE OF AS A CONSCOUENCE OF AS A CONSCOUENCE	3 o not ente TRA corp: Orp: ERE I	OF THE MO	nion pde of dy NIA NOR	St. Ing, auc	Berk the ecord PES 4G-E YEVI Part I.	eley lac or reep SURA RYSM 24a, WAS AI PERFO 1 YES	Spring Spring NAUTOPSY RRMED?	24b. WE ANN CO	Approximete Interval Betwonset and D
ahock/or heert fellur iMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condit	e. INCRE DUE TO b. SUBI DUE TO C. RUP'T DUE TO d. HOSPITAL:	ASED INTO OR AS A CONSCOUENCE OF AS A CONSCOUENCE OF OR AS A CONSCOUENCE OR AS A CONSCOUENCE	OTHI	CRAHEM BRV 28. PI	nion nion NIA NIA AL g cause	St. Ing, auc L RH A	Berk heecerd RES 4G-E YEV Part I.	ELEY SUR SUR 24a. WAS AI PERFO 1 YES	Spring Spring NAUTOPSY RRMED?	24b. WE ANN CO	Approximete Interval Betwonset and D
ahock/or heert fellur iMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thin initiated events resulting in death) LAST PART II. Other significent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	e. INCRE DUE TO b. SUBI DUE TO c. RUP'T DUE TO d. HOSPITAL: 1 Inpatient 2	ASED INTO OR AS A CONSCOUENCE OF AS A CONSCOUENCE OF OR AS A CONSCOUENCE OR AS A CONSCOUENCE OF OR AS A CONSCOUENCE OF OR AS A CONSCOUENCE OR AS A CONSCOUENCE OR AS A CONSCOUENCE OR AS A CONSCOUENCE OR AS A CONSCOUENCE OR AS A CONSCOUENCE OR AS A CONSCOUENCE OR AS A CONSCOUENCE OR AS A CONSCOUENCE OR AS A CONSCOUENCE OR AS A CONSCOUENCE OR AS A CONSCOUENCE OR AS A CONSCOUENCE OR AS A CONSCOUENCE OR AS A CONSCOUENCE OR AS A CONSCOUENCE OR AS A CONSCOUENCE	OTHI	OF USERS OF THE MODEL OF THE MO	nion pde of dy N/A N/A LACE OF I	St. Ing, auc L RH A	Berk heecerd RES 4G-E YEV Part I.	ELEY SUR SUR 24a. WAS AI PERFO 1 UYES	Spring Spring NAUTOPSY RAMED? 2 □ NO	24b. WE AND CO OF	Approximete Interval Betwonset and D
ahock/or heert fellur iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condit EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	e. INCRE DUE TO b. SUBI DUE TO c. RUPT DUE TO d. HOSPITAL: 1 inputient 2	ASED IN OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	OTHI	CRA HEM Underlyin 28. Pi 28. Pi 28. IN	nion nion NIA NIA AL g cause	St. Ing, auc L P RHP An given in	Berk heecerd RES 4G-E YEV Part I.	ELEY SUR SUR 24a. WAS AI PERFO 1 UYES	Spring Spring NAUTOPSY RRMED?	24b. WE AND CO OF	Approximete Interval Betwonset and D Conset
shock/or heert fellur iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condit EXAMINER? 1	e. INCRE DUE TO b. SUBI DUE TO C. RUPT DUE TO d. HOSPITAL: 1 Input ent 2 28e. DATE Of (Month, I) 28e. PLACE OF	ASED INTO OR AS A CONSCOUENCE ARACH NO INTO OR AS A CONSCOUENCE O (OR AS A C	OTHING OF INJURY M	CRA HEM Underlyin 28. Pi 28. Pi 28. IN. 28. IN.	nion nion NIA NIA OR LACE OF I BLACE OF I DRIVY AT ORK?	St. Ing, auc L P RHP An given in	Part I. Part I. 28d. DES	ELEY Ilac or reep SUR QYSM 24a. WAS AI PERRO 1 YES	Spring Spring Natropsy RME07 2 NO	24b. WE AM COP 1 [Approximete Interval Bety Onset and E Onset and E Conset
ahock/or heert fellur iMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Vest 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Natural Natural Pending Investigation Natural	e. INCRE DUE TO b. SUBI DUE TO c. RUP'T DUE TO d	ASED IN ASED IN O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O death but not resultir O death but not resultir O ER/Outpatient 3 DO/ FINJURY Doy, Year)	OTHING OF INJURY M	CRA HEM Underlyin 28. Pi 28. Pi 28. IN. 28. IN.	nion nion NIA NIA OR LACE OF I BLACE OF I DRIVY AT ORK?	St. Ing, auc L P RHP An given in	Part I. Part I. 28d. DES	ELEY SURA SURA 24a. WAS AI PERFO 1 YES 1 (Specify) CRIBE HOW	Spring Spring Natropsy RME07 2 NO	24b. WE AM COP 1 [Approximete Interval Bety Onset and E Onset and E Conset
ahock/or heert fellur iMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigatic 3 Suicide 8 Could not 4 Homicide determined 29e. CERTIFIER (Check only) CERTIFYING Ph	e. INCRE DUE TO b. SUBI DUE TO c. RUP'T DUE TO d. HOSPITAL: 1 Inputent 2 28e. DACE (be building)	ASED INTO OR AS A CONSCOUENCE ARACH NO INTO OR AS A CONSCOUENCE O (OR AS A C	OTHING INJURY M	CRA HEM BRV 28. PI ER: ursing Hon 1 □ sectory, office	nion NIA NIA OR LACE OF I BUST AT ORK? YES 2	St. Ing, auc L f RHP An given in DEATH (Ch	Part I. Part I. 26d. DES 26f. LOCK 26f.	ELEY SUR SUR 24a. WAS AI PERFO 1 YES ATION (Street) and mi	Spring Spring NAUTOPSY RMED? 2 NO INJURY OCCU and Number or	24b. WB AN CO OF 1 [Approximete Interval Bety Onset and E Onse
ahock/or heert fellur iMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigatic 3 Suicide 8 Could not 4 Homicide determined 29e. CERTIFIER (Check only) CERTIFYING Ph	e. INCRE DUE TO b. SUBI DUE TO c. RUP'T DUE TO d. HOSPITAL: 1 Input ent 2 28e. DATE Of (Month, I) be IVSICIAN: To the best of (MINER: On the best of (MINER)	DER/Outpettent 3 DO/ FINJURY At home, fan, etc. (Specify)	OTHING INJURY M	CRA HEM BRV 28. PI ER: ursing Hon 1 □ sectory, office	nion NIA NIA OR LACE OF I BOOK AT DRKY YES 2 DR H DRKY	St. Ing, auc L f RHP An given in DEATH (Ch	Part I. Part I. 281. LOCI City of	ELEY SUR SUR 24a. WAS AI PERFO 1 YES ATION (Street) and mi	Spring Spring NAUTOPSY RRMED? 2 NO INJURY OCCU and Number or	24b. WE AM COOP 1 [Approximate Interval Betw Onset and D Onse
shock/or heert fellur immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Other significent condit 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not determined 20e. CERTIFIER CERTIFYING PH (Check only one) MEDICAL EXAM 29b. SIGNATURE AND TITLE OF CERTIFICATION Advanced CERTIFYING PH (Check only one) MEDICAL EXAM	e. INCRE DUE TO b. SUBI DUE TO c. RUPT d. HOSPITAL: 1 Inputent 2 28e. DATE Of (Month, I) 19 INCRE WYSICIAN: To the bast of the sale o	DER/Outpatient 3 DO/F INJURY At home, fan, etc. (Specify)	o not enter RA OTHI TIME OF INJURY M m, street, fit	CRA HEM BRV 28. PI ER: ursing Hon 1 □ sectory, office	nion NIA NIA OR LACE OF I BOOK AT DRKY YES 2 DR H DRKY	St. Ing, auc L RHP An given in DEATH (Cr beldence NO	Part I. Part I. 281. LOCI City of	ELEY SUR SUR 24a. WAS AI PERFO 1 YES ATION (Street) and mi	Spring Spring NAUTOPSY RRMED? 2 NO INJURY OCCU and Number or	24b. WE AM COOP 1 [Approximete Interval Betv Onset and D Onse
Abock/or heert fellur immediate Cause (Finsi disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Other significent condit Watural S Pending	e. INCRE DUE TO b. SUBI DUE TO c. RUPT d. HOSPITAL: 1 Inputent 2 28e. DATE Of (Month, I) 19 INCRE WYSICIAN: To the bast of the sale o	DEPOUTPATION AT THE ATT OF THE PROOF OF DEATH (ITEM 27)	o not enter the state of the st	28. Pl 28. Pl 28. Pl 28. IN. 28. IN. 28. IN. 28. IN. 29. In. 20. In. 20. In. 20. In. 20. In	nion pde of dy NIA IOR AL g cause LACE OF I BUILTY AT DRK? YES 2 De end place death occur 29c. LIC	St. Ing, auc L RHA A Given in DEATH (Cr. Residence No No Lesidence No Lesidence No Lesidence No Lesidence No Lesidence No Lesidence No Lesidence	Part I. Part I. 26. Other 26. LOC/ City on time, date MBER Le B	24a. WAS AI PERFO 1 YES Pr (Specify) CRIBE HOW ATTON (Street ree(e) and mit and place, a	Spring Spring NAUTOPSY RRMED? 2 NO INJURY OCCU and Number or	24b. WE AM COP 1 [I Sure of the control of the con	Approximete Interval Bett Onset and E Onse



TO THE PER PORTING	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	FINE TATE IN THE INDIVIDUAL PRODUCT THE LAW requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DRECTOR AND THE CARE THE CARL STORED BY the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit, Pages 1. 2, 3 should within 72 hours after dean with the State Dept, of Health and Mental Hygiene prior to buriat, cremation, or removal.	STANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE PART OF THE	M	MEPITAL	FUNERAL WITH 72	STANT: IF
H		10工業	10 THE FIRST	IMPOR
		1	4	

	FOR 1 - STATE REGISTRAR	STATE OF M		RTMENT OF HEALT		TAL HYGIEN	E	26500
	1. DECEDENT'S NAME (First, Middle, L Charles Daniel	Joseph			Se	ATE OF DEATH DAY	NY .	YEAR 0639 M
	216-09-9271 9. FACILITY NAME (If not institution, g	1 M 2 F	6. AGE (In yrs. last birthday) 75 YRS.	MONTHS DAYS HOUR	MIN. Apr	TE OF BIRTH onth, Day, Year)		B. BIRTHPLACE (State or Foreign Country) Berlin, Md.
TOR	PENINSULA GENE	RAL HOSPITA	AL .	96. CITY, TOWN OR LOCA SALISBI				I COMICO
FUNERAL DIRECTOR	10e. STATE 10b. CO			y, town or location leysville				10d. INSIDE CITY LIMITS? 1 YES 2 NO
VERAL	100. STREET AND NUMBER 12201 Blueberry	Road		101. ZIP CC 2187			USA	EN OF WHAT COUNTRY?
B₹	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	EVER IN U.S. ARMED YES 2 NO R OR DATES	13. WAS DECENDENT If yes, specify Cu 1 YES 2 X N	ban, Mexican, Puer	GIN? (Specify Yes to Rican, etc.)	or No- 1	4. RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5+)	18e. DECEDENT'S (Give kind of the Do NOT use) Farmer	USUAL OCCUPATION work done during most of work se retired.)	rking	rop & P		
BE CON	17. FATHER'S NAME (First, Middle, Last) Daniel Webster			Ве	tty Ann	n, Middle, Melden Richard	Surneme)	
196. INFORMANT'S NAME (TyperPrint) Ginger Marie Nock 196. MAILING ADDRESS (Street and Number or Rural Roune Number, City or Town, State, Zip Code) 12203 Blueberry Road, Whaleysville, Md. 2187								
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 6 4 Donation 5 Other (Specify)		206. PLACE AND DATE Commetery, crematory or o Dale Ceme	tery	9/28	/91 Wha		ille, Md
21. SHOWATURE OF RUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF Burbage Funer Berlin, Md.						11		
CERTIFICATION	shock, or heart felius shock, or heart felius immediate CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (O	OR AS A CONSEQUENCE OF	pocardiol any arter inschoosis			atory arres	st, Approximate interval Between Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other significant condi	Final Provider	Pepne when	of the underlying couse PASA, Are duscase	given in Part I.	24e. WAS AN / PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpetient 3 DOA	26. PLACE OF OTHER: 4 Nursing Home 5	DEATH (Check only			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigate	MANNER OF DEATH 1 Netural 5 Pending 28e. DATE OF INJURY (Month, Day, Year)				ESCRIBE HOW IN	JURY OCCU	RED
						Rural Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PH	YSICIAN: To the best of m	y knowledge, daeth occurre mination end/or investigation	od at the time, dete end ple n, in my opinion, deeth occ	ca, and due to the dured at the time, de	cause(e) end mani ite and place, end	ner se stated	Cause(e) and menner se stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTI	134	Jaura	9 12	CENSE NUMBER		29d. DATE S	HGNED (Month, Day, Year)
	BRW Agarwal P 31. DATE FILED (Month, Day, Year) SEP 3 0 1991	hillip Morr	is Drive, S	Balisbury, M	ld. 2180)1		
	moral, bay, rear)	I PZ. NEGIS INAH'S	son-Randell					

	CV	٩
20,	within	
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	the second secon
Š	200	
n	cate	-
o.	certif	
J.	leath (-44-
2	the (Alba
H	that	
<u> </u>	ednires	
	Jaw I	
A	The	
Z.	MCIAN:	
CS CS	F	
5	DING	
2	TTEN	-
2	OR A	1
	SPITAL	

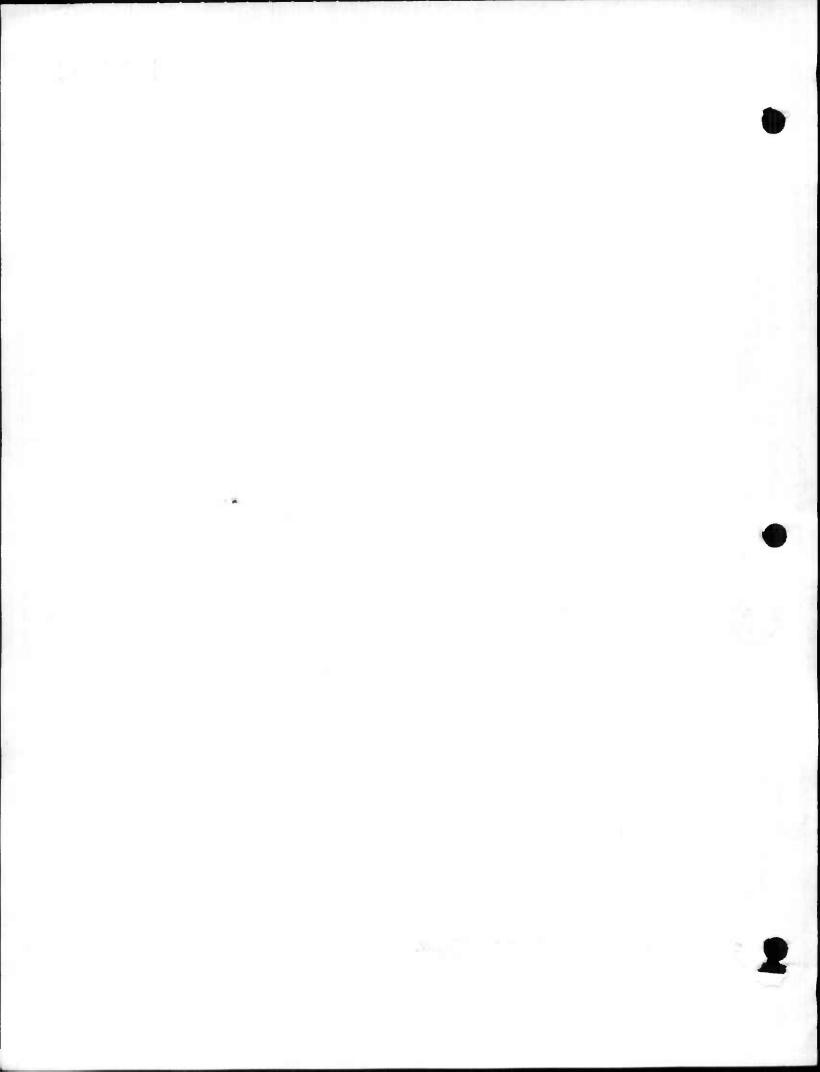
1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEPARTI				GIENE	,	20001
The state of the s	170-0-0	neryl A. Jo	hnson	2	MONTH	EATH 9/26/9	91 VEAR 94/	3. TIME OF DEATH
220)70-1990	1 □ M 2 💢 34	34 YRS. M	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	Month, Day,	You 2/8/57	Country	Maryland
9a FACILITY NAME (II not institution, give s Levendale, Hebrew	Geriatric	Center		ATIMA			NTY OF DE	EATH /
Maryland Ho	ward	Baltimore						10d. INSIDE CITY LIMITS? 1 YES E NO
6607 Aspen Driv	7e		-101	21227			S . A	THAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2/1X Married 3 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2 000	If yes, spe	ENDENT OF HISPANIC cities Cuban, Maxican, F 2 NO Specify:	ORIGIN? (Sp Puarto Rican,	ecify Yes or No	Black	- American Indian, , White, atc.
15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use if	BUAL OCCUPATION Red done during moretired.)	N st of working	16b. KING	OF BUSINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	Floor Ma			K-M	art		
17. FATHER'S NAME (First, Middle, Leat) Robert Parks								
19a. INFORMANT'S NAME (Type/Print) Mike Johnson				Rolt to				7
20a. METHOD OF OISPOSITION 1 M Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	emoval from State of cemetary crematory or other place)				20c. LOCATION	LOCATION — City or Town, Stata Triottsville, Md.		
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition	List only one cause of	sed the desth. Do not n each line.	4112 (de of dying, such a	oia Pi	ke,Ellic or respiratory an	cott	Approximate Interval Between Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSEQUENCE OF):		THE THE	1 100 11			
CAUSE (Disease or Injury that Initiated events resulting in desth) LAST	DUE TO (OR A	AS A CONSEQUENCE OF):						
PART II. Other algorificant condition MULTIPLE CERESSA MYO CARRILLY IN	ROYASCULAR			g cause given in Pa		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b.	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Check	k only one)		Ш.	
EXAMINER?	HOSPITAL:		OTHER:	e 5 Rasidenca 6		ectfy)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye		RY WO	URY AT 2 PRK? YES 2 NO	ed. DESCRIE	BE HOW INJURY OC	CURED	
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJ building, etc. (URY — At home, farm, str Specify)	eet, factory, offic	2	City or To	N (Street and Numbe wn, State)	r or Rural F	Route Number,
CONSUM OTHY	SICIAN: To the best of my k							a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE CLEVILLIA	Q. 2/m	mg		29c. LICENSE NUMB		29d. QAT	9/2	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	- /	THE THE		GERLATIO	erc c	ENT312 +	地到	giren mais

. Christian verschine

DIVISION OF VITAL RECORDS

ij	ly b	page	be
BALLIMORE,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dear programmer are mind 24 mours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attended on the companient filled in by the funeral director, page be filed within 72 hours after death with the State Deet, of Health and Mental interests the companient on removal	IMPORTANT: If IIem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
Σ	age	direc	- TO
	ith. P	neral	E
Ž	r dea	al fu	еха
_	afte	by th	cal
	NUC	d in	med
	24	/ fille	the
'n	1	1	Ħ.
9	98	and a	ě
8	2000	P.	utic
ş	2	T	Į,
Á	各	A.	E
Š	3	છ	PE.
r.	att	E 23	90
ń	e de	Men Men	in
Ē	at th	and and	y lr
)	es t	gnec	20
1	equi	en s	how
_	WE	as be	23 8
1	The	te h	E
>	AN:	tifica e Sta	=
1	YSIC	s cer	d,
,	F	in this	arke
5	DIN	Afte	E
2	TEN	after after	28
DIVISION OF VITAL RECORDS, P. P. D. BOYEN,	OR A	DIREC	E
4	TAL	AL C	=
	OSPI	Thin	E
	포	HE FI	E
	10	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attin increase, and competing filled in by the furble filled within 72 hours after death with the State Dent, of Health and Mental the competition or removal	를
	pro-	0	

	1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH		AL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last MARIE M JONE	S MARIE M	AMIE JONE	S	2. DAT MON	E OF DEATH TH DAY	YEAR 1 00 P
	4. SOCIAL SECURITY NUMBER 228-40-3405	1 🗆 M 2 🗡 F		FUNDER 1 YEAR IF UNDER ONTHS DAYS HOURS		e of BIRTH 100, Day, Year) - 29 - 93	8. BIRTHPLACE (State or Foreign Country) V a .
TOR	9a. FACILITY NAME (If not institution, give UNION MEMORI RESIDENCE OF DECEDENT		91	BALTIMORE		9c. CO	UNTY OF DEATH
DIRECTOR	M D 106. COUN	ΤΥ		TIMORE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL		STREET		101. ZIP COD 212	_	10g. CI	U.S.A.
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	13. WAS DECENDENT OF IT yes, specify Cuba	in, Maxican, Puerto	IN? (Specify Yea or No— Rican, atc.)	14. RACE — American Indian, Black, White, etc. Specify: BLACK
COMPLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 6 T H 17. FATHER'S NAME (First, Middle, Last)	UCATION Je completed) College (1-4 or 5+)	18a. DECEDENT'S USI (Give kind of work life. Do NOT use re DISABL	done during most of worldr stired.)	ng	b. KIND OF BUSINESS/IN Middle, Maiden Surname)	OUSTRY
BE	ROBERT YOUN(19a. INFORMANT'S NAME (Type/Print)	3	19b. MAILING AD	DRESS (Street and Number	ARY		
5	WILLIE MAE JO!		1021	N. WOLFE	21./84	LIIMORE,	MD 21205
	1 M Buriat 2 Cremation 3 Red 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	moval from State	B. PLACE AND DATE OF DE D'ARTON HOTEL	CEMETEI			RUNDEL CO, MI
	23. PART I. Enter the diseases, of the state	, Wane			CH F.H.		NORTH AVE.
CERTIFICATION	immediate cause (Finei disease or condition reculting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	A CONSEQUENCE OF):	ulan Ac	ciden	t .	Interval Between
MEDICAL	PART II. Other algnificant conditio	na contributing to death	but not reaulting in t	he underlying cause (given in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	l or	28. PLACE OF DI	EATH (Check only o	ne)	
PHYSICIAN:	1 ☐ YES 2 1 NO 27. MANNER OF DEATH 1 Natural 5 ☐ Pending	1 M Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)		Nursing Home 5 Ra F 28c. INJURY AT WORK?	28d. DE	er (Specify) \$CRIBE HOW INJURY OC	CURED
TED BY	2 Accident Investigation 3 Suicide a Could not be detarmined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stree	M 1 YES 2	261. LO	CATION (Street and Number or Town, State)	r or Rural Route Number,
COMPLETED	29a. CERTIFIER 1 Check only one) 2 MEDICAL EXAMIN	BICIAN: To the best of my know ER: On the basis of examination	viedge, death occurred at	t the time, data and place,	and due to the ca	use(a) and manner as ats	ited. he cause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE Huma Structure				NSE NUMBER		TE SIGNED (Month, Day, Year)
T0	30. NAME AND ADDRESS OF PERSON WITH THE SHAKE	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Prin	nt)			1 1 1
	SEP 3 0 1991	32. REGISTRAR'S SIGN	Parture Pandelle				



	DIVISION OF VITAL RECORDS, R.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the write the second within 24 mous after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the minimum process and considered filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 hours after heart with the State Deut of Health and Mental Control of the control of the State Deut of Health and Mental Control of the Control of th	The 28 is marked or law 23 shows any interest transmission and the medical examiner must be notified at once
	BOX 68760,	he be executed with	. DIRECTOR: After this certificate has been signed by the amount process and completely filled in by the formula after death with the State Dent of Health and Minimum.	fraumatic august
(l	6	Signal Control		or other
1	RDS.	hat the char	by the am	v interv
	RECO	requires th	een signed	shows at
	ITAL	V: The law	State Dent	Item 23
	OF V	PHYSICIA	this certifi	rked or
	SION	TENDING	TOR: After	8 is ma
	DIVI	L OR AT	DIRECT POURS	Item 2

should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTIF	ICATE O	F DEATH		REG. NO	1		
1. DECEDENT'S NAME (First, Middle, Last)	BABY KWAIM				2. DATE O	F DEATH	AY	3. 1	TIME OF DEATH
KWAIMA			JONES		09	23		991 8	:55 p
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF			Country	CE (State or Foreign
214-33-7673	1 💢 M 2 🗆 F	YRS.	04	HOURS WIN.	5 - 2	2-91		000/11/9)	MD
9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOW	OR LOCATION OF	DEATH		9c. COUN	TY OF DEATH	1
JOHNS HOPKINS	HOSPITAL		BAI	TIMORE			BA	LTIMO	RE
10a. STATE 10b. COUNT	Y	10c, CIT	Y, TOWN OR LOC	ATION				104	. INSIDE CITY
MD		BA	LTIMOR	E					LIMITS?
10e. STREET AND NUMBER				IOF. ZIP CODE			10a, CITIZ	EN OF WHAT	
916 E. BIDDLE	STREET			21212			U	.S.A.	
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED	13, WAS D	ECENOENT OF NISPA	NIC ORIGIN?	(Specify Yes		14. RACE — /	merican Indian
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR		1 D Y	specify Cuban, Maxis ES 2 NO Spec	an, Puerto Ric lly:	an, etc.)		Bleck, Wh Specify:	
									BLACK
15. DECEDENT'S EDU- (Specify only highest grade	completed)	16a. DECEDENT'S	WOUND OCCUPA work done during a se retired.)	TION most of working	16b. K	INO OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Chi1				Chil	ld		
17. FATNER'S NAME (First, Middle, Lest)				ta. MOTNER'S N	AME (Sine Adia	fella i d.dlad	0		
RONALD THOMPS	ON				JONE		Surname)		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree	t and Number or Rura		_	n State Zio	Codel	
TONI JONES				DLE ST.					12
20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ @@mation 3 ☐ Rem		Ob. PLACEAND DATE	OF DISPOSITION		DATE			Sity or Town, S	
4 Donation & Dither (Specify)	A 1/0	KING ME	MORO AL	PARK	1	RAN	DALL	STOWN	, MD
21. SIGNATURE OF HONERAL SERVICE LIC	phospit //	. 1111.	22. NAME	AND ADDRESS OF F	ACILITY				
*/Vamora	ZH.	11116	- WM	C.MARCH	F H	/110	1 6	NOD	TH AVE
23. PART I. Enter the diseases, or a	complications that caus	ed the death. Do							
enock, or neart failure.	List only one ceuse on	eech line.		out or trying, su	orr an cardia	c or reap	natory arre	ar,	Approximate Interval Between
iMMEDIATE CAUSE (Final disease or condition	SUDDEN IN	FANT DEAT	H SYNDE	ROME				1	Onset and De
resulting in death)	8	S A CONSEQUENCE O		101 101					
								į	
Sequentially list conditions, if any, laading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):						
cause. Enter UNDERLYING CAUSE (Disease or injury	c		_						
that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):						
readiting in death) Exst	d								
PART II. Other eignificent condition	a contributing to death	but not resulting	In the underly	na ceuse alven ir	Part I. 2	4s. WAS AN	AUTOPSY	24h WEB	E AUTOPSY FINDIN
		The state of				PERFOR	MED?	AWA	LABLE PRIOR TO
					—)	YES 2	□ NO	OF (DEATH?
					-			1/0	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	heck only one)	-			
EXAMINER?	HOSPITAL:	utpetient 3 DOA	OTHER:	me 5 Residence		Parallel			
27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year	Y 28b. TIM	E OF 28c. II	JURY AT			NJURY OCC	UREO	
1 Natural 5 Tending 2 Accident Investigation	(month, bay, rear	, IN.		ORK? YES 2 NO					
3 Suicide 6 Could not be	28a. PLACE OF INJUI building, atc. (Sc	RY — At home, farm,	street, factory, of	Ice			and Number	or Rural Route	Number,
4 Nomicide determined	, a.c. (o)				Uny or	Town, State)			
29a. CERTIFIER 1 CERTIFYING PNYSIC	CIAN: To the best of my kno	owledge, death occurr	ed at the time, da	to and place, and du	a to the cause	(s) and men	Mer as state	d.	
	R: On the basis of axaminat								manner as stated
296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU					
Nerrais / /	Luta di)		O.C.				SIGNED (Mon	
LUNGSVERUE / PO C	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)	1 0.0.	r1 • 13 •		0.9	0/24/	1991
38. NAME AND ADDRESS OF PERSON WHO									
30. NAME AND ADDRESS OF PRISON WHO			י אואים כו	mp ppm	Darma	MODE	3 847	י ב דנד כו	NID 212
30. NAME AND ADDRESS OF PURSON WHO 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	111	PENN S	TREET	BALTI	MORI	E, MA	ARYLA	ND 212
31. DATE FILED (Month, Day, Yber)		111	PENN S	TREET	BALTI	MORI	E, MA	ARYLA	ND 212

	-		
	Pane	1	
	mit		
	DAZ	ì	
e.	ansit		
Sicia	ial-fr	i	
È	pnu		
ging	s the		
апел	36 36		
6	or us		
SPIZE	ed f		
2	tach		930
S A	be de		1
000	uld t		pe
erall	sho		The same
8	De 5		-
IIdy	r, pa		et b
0	ecto		E
6	al dir		ner
dul.	unerz		aml
200	the f	val.	l ex
200	2	emo	dica
Š	ni be	0	E
53	y fill	tion,	the
	ietel	rema	int.
2	mo	al, ci	eve
3	pue	bun	atic
3	ian :	or to	шпе
200	hysic	bul a	r tr
	d bu	glene	othe
	tendi	al Hy	0
200	he at	Nent	מא
5	by th	pur	III A
5	peu	alth	30
1	n Sig	1 He	WO
-	bee	pt. o	3 S
2	has	e De	2 E
	ficate	Stat	ile i
	certi	the	. 0
É	this	WITH	ked
2	fter	eath	E
-	R: A	er de	60
-	53	s aft	7 28
5	018	HOUS	iten
5	RAL	22	1 3
THE HOST THE ON ATTENDED TO THE OWN TH	FUNE	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at necessity.
1	뿐	led ,	ORI
2	5	De f	M

91 26504 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH a 9 KOEHLER ALBERT H. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. RTNPLACE (State or Formian 220-18-4943 1. M 2 | F 64 DAYS HOURS YRS. 3/5/27 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN FUNERAL DIRECTOR CHURCH HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD. BALTIMORE 1 X YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3856 LYNDALE AVE 21213 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-IR®as, specify Cuban, Maxican, Puarto Rican, etc.)

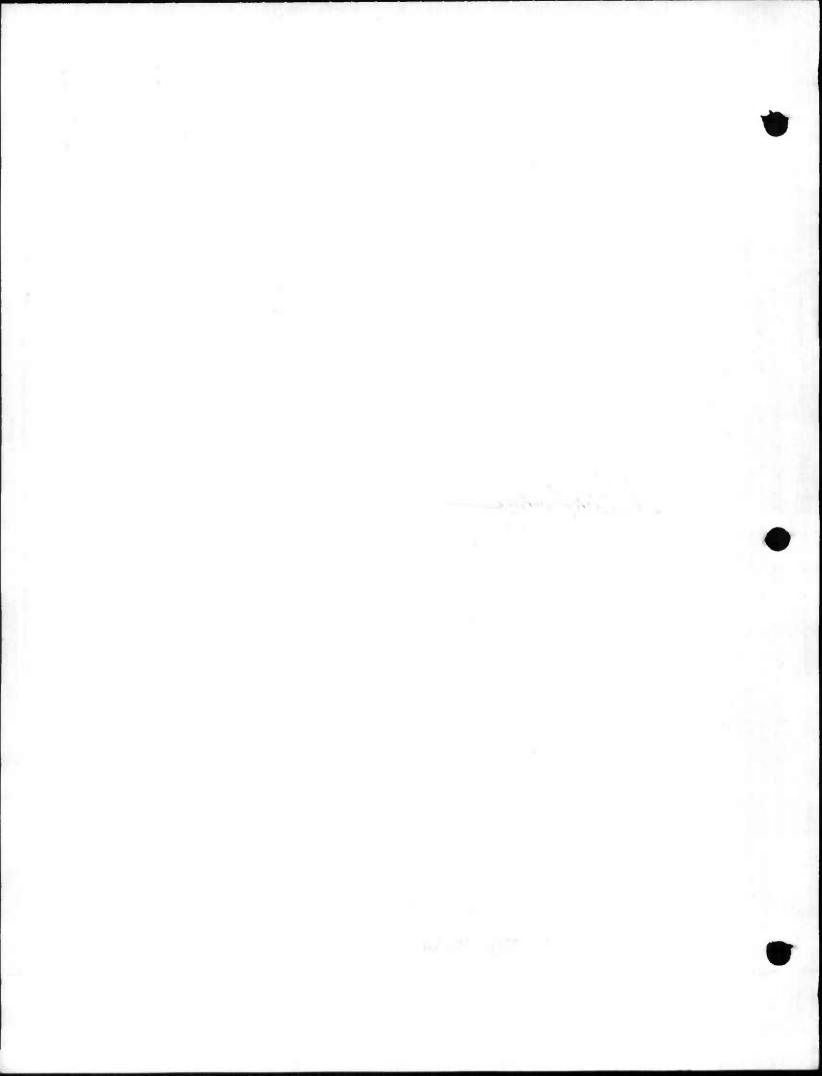
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married BY 3 Widowed 4 Dhorced WWII WHITE COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spi Elamentary/Secondary (0-12) College (1-4 or 5+) N/A N/A MANAGEMENT ANALYST FEDERAL GOVERNMENT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HENRY BE KOEHLER CECELIA HURST 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 DORIS C. KOEHLER (WIFE) LYNDALE AVE. BALTIMORE. MD. 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE METRO CREMATORY INC. BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eugene SCHIMUNEK FUNERAL HOME INC. 3331 Brehms Lane, Baltimore, Md. 21213 23. PART i. Enter the diseases, of complicatione that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart failure. Liet only one cause on each line. Approximata interval Batween IMMEDIATE CAUSE (Finei Onset and Death disease or condition Congestive Heart Failure Intractable resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to death but not recuiting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 WES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Kinpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 TES 2 NO 4 - Nursing Home 5 - Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 K Natural 5 Pending Investigation M 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, streaf, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, data and place, and due to the cause(s) and manner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year)

109 WHO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print) Attar, MA hurc Juli Davidson Manuage

, 4

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physici	th. Page 6 may be retained by the hospital or attending physici
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	neral director, page 5 should be detached for use as the burial-
IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	miner must be notified at once.

	FOR 1 • STATE REGISTRAR	STATE OF	MARYLAND	/ DEPAR	TMENT (F HEALT	H AND	MENTAL HYGI	ENE	26505			
	1. DECEDENT'S NAME (First, Middle, Last))		LATIF	ICATE	OF DEA	AIH	REG. I		3. TIME OF DEATH			
	John William Kra	aemer III						MONTH	DAY	YEAR			
FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	asl birthday)	IF UNDER 1 Y	EAR IF UND	DER 24 HRS.	September 7. DATE OF BIRTH	1 010	8. BIRTHPLACE (State or Foreign			
	212-18-2257	1 M 2 F	70	YRS.	MONTHS D	AYS HOURS	B MIN.	May 2, 19		Country)			
	9a. FACILITY NAME (If not institution, give	atreet and number)	10		9b. CITY, TO	WN OR LOCA	ATION OF D			Maryland UNITY OF DEATH			
	PENINSULA GI	ENERAL HO	SPITAL.				ISBU		- SC. 000				
	RESIDENCE OF DECEDENT			SAL	TSDU.	KI		WICOMICO	_				
	Md Worce	10c, CIT	Y, TOWN OR L	OCATION				10d. INSIDE CITY LIMITS?	_				
		sster		Oce:	an Cit	У				1 YES 2 NO			
	100. STREET AND NUMBER					101. ZIP CO	DE		10g. CIT	TIZEN OF WHAT COUNTRY?			
	2-133rd St., Unit	105				2184	2		U	JSA			
	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. A	RMED	13. WAS	DECENDENT	DF HISPA	NIC ORIGIN? (Specify	Yes or No-	14. RACE — American Indian,			
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced		1 X YES 2 WAR DR DATES	NO		S, specify Cul		an, Puerlo Rican, etc.) fy:		Bleck, White, etc.			
		WWII								Specify:White			
COMPLETED	15. DECEDENT'S EDG (Specify only highest grad	JCATION le completed)	(0	Give kind of w	USUAL OCCU	PATION or most of wor	rkina	16b. KIND OF	BUSINESS/INI	DUSTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	le. Do NOT us	se retired.)			Post	tal &	Condominium			
M			Pos	tal W	orker	& Con	do Má	inager	Man	Condominium nager			
	17. FATHER'S NAME (First, Middle, Lest)							AME (First, Middle, Maid					
BE	John W. Kraemer I	- 1						lna Hennir	_				
0	19a. INFORMANT'S NAME (Type/Print) Elizabeth A. Krae	emer	10	5010	ADDRESS (SI	reet and Numb	per or Rural	Route Number, City or	Town, State, Zij				
			1.	2010 (JIIII	n Ave	., Ba	altimore,	Md.	21214			
	29a. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Ram	noval from State	20b. PLACE	ANDDATEC	OF DISPOSITIO	N (Name of		DATE 20c.	LOCATION -	City or Town, Sista			
	1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Oak Lawn 9/28/91 Baltimore												
	22. NAME AND ADDRESS OF FACILITY Burbage Funeral Home												
	N King L	Suchar			108	Willi:	ams S	St., Berli					
	23. PART I. Enter the diseases or	complications the	et assess the d	and On	1				-		_		
	22. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one ceuse on each line. Approximate interval Between												
	IMMEDIATE CAUSE (Final disease or condition	10 -	20			12		2		Onset and Dea	eth		
	resulting in death)	2	2010 9-	0.0	-	0//	oc	2					
		OUE TO (OR AS A ODMSEQUENCE OF):											
S	Sequentielly list conditions,	mmediate OUE TO (OR AS A CONSEQUENCE OF):											
AT	If any, leeding to immediate cause. Enter UNDERLYING												
S	CAUSE (Diseese or Injury	DUE TO JOR AS A COMPROUENCE OF)											
CERTIFICATION	reaulting in death) LAST	The investigation of the inves											
CE		d.								i			
- 1	PART II. Other significent condition	ns contributing to	death but not	resulting in	n the under	iying ceuse	given in				GS		
5			PERF	AVAILABLE PRIOR TO COMPLETION OF CAUSE									
빌								1 TYES	2 NO	OF DEATH?			
-								—		1 TYES 2 NO			
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL				2	6. PLACE DF	DEATH (Ch	ack only one)			_		
Sic	EXAMINER?	HOSPITAL:	EB/Outpetlant		OTHER:								
Ŧ	27. MANNER OF DEATH	1 Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify)								OUD CO.	_		
	1 Netural 5 Pending	(Month, E	lay, Year)	INJU	JRY	WORK?		ZOU. DESCRIBE HOW	Y INJURY OCC	COMED			
B	2 Accident Investigation 3 Suicide	28a, PLACE D	F INJURY — At he	ome ferm e			_ NO	28f. LOCATION (Street and Number or Rural Route Number,					
	4 Homicide B Could not be determined	building,	etc. (Specify)	,,	rest, tactory,	ornes		City or Town, Sta	te)	or Hural Houte Number,			
	29a. CERTIFIER												
COMPLETED	(Check only 1 CENTIFYING PHYS	ICIAN: To the best of	my knowledge, de	eath occurred	d at the time,	data and plec	a, and due	to the cause(a) end n	nanner aa stat	led.			
S I	2 MEDICAL EXAMINE	R: On the basis of a	xamination and/or	Investigation	i, in my opinio	on, death occi	ured at the	time, data and place,	and due to th	he cause(s) end manner as stated.			
	296. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LIC	CENSE NUM	ABER	29d. DAT	E SIGNED (Month, Day, Year)	_		
ш							Total State of Moran, Day, 76						
BE	JA /+	10				D204	41		9/25/91				
TO BE	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAU	SE DF DEATH (ITE	M 27) (Type,	Print)	D204	41		9/2	25/91	_		
	30. NAME AND ADDRESS OF PERSON WH Dr. Joseph Raff		se of death (ite					y, Md. 2	1801	25/91	_		
	Dr. Joseph Raff		Locust &	Quni				y, Md. 2		25/91	_		



2. DATE OF DEATH

3. TIME OF DEATH

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	JOSEPH	KAH	LER										3:38 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs.		IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D	lay, Year)		BIRTHPLA Country)	CE (State or Foreign
	00 /01		14	YRS.					6-16-17		7	MD.	
FUNERAL DIRECTOR	On, FACILITY NAME (If not institution, give str		9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH CECIL					
	UNION HOS	-	ELKTON C					CZ	ECIL				
	10s. STATE 10b. COUNTY			10c, CIT	Y, TOWN	OR LOCAT	ION					100	1. INSIDE CITY LIMITS?
D	MD. BAL	TIMO	RE										YES 2 NO
IAL	10e. STREET AND NUMBER		0-	10f. ZIP CODE				10g. CITIZEN OF WHAT			COUNTRY?		
ja	1210 HILLSH	RD.				义	21222 U				SA		
	11. MARITAL STATUS 1 Never Married 2 Married		YES 2		13.				IIC ORIGIN? (n, Puerto Rici		8 or No- 14	I. RACE — Black, W	American Indian, hita, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 YES	2 M NO	Specify	r:			Specify:	ITE
	15. DECEDENT'S EDUC	ATION	16a.	DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY									11-
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of the Do NOT us						, .	An .		
M	12TH			ELE		KI	CIF	+11	KA	MO	NDS 1	MET	ALS
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	Vaile	-0						ME (First, Mid				. 1
BE		KAHLL		-					ABE			RTI	N
2	19a. INFORMANT'S NAME (Type/Print) JOANNE B	UDZIK		735			nd Number NC I			_	m, State, Zip C		MA 2.202
	200 METHOD OF DISPOSITION	DELIN	20b PLAC	E OF DISPO) IE	-	CATION - CH		MDZIZZZ
	1 Donation 5 Other (Specify)	val from State	Z 10	niacal		ERA		CEA	1		+L'T	M)
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	1-10							1 +	hMF	OF D	UNDALK
	Cast Con	nelle	1								D. BALT MD 212:		
	23. PART I. Enter the disesses, or co shock, or heart failure. L			death. Do									Approximate
CERTIFICATION	Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	THROW CHA	ARGICCVA BEQUENCE OF): ATRIBL BRRILLATIV BEQUENCE OF):							Onset and Death			
S	DART II Other classificant and distant		4 - 4 - 4	A		4			I -				
N: MEDICAL	PARI a. Other significant conditions	resulting	resulting in the underlying cause given in Part I.					24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL		26. PI	ACE OF D	EATH (Ch	eck only one)	-	_					
SIC	EXAMINER?	ER/Outpatient	OTHER:										
PHYSICIA	27. MANNEY OF DEATH	28a. DATE OF		28b. TIR		28c. INJ					INJURY OCCU	RED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	I would would be					YES 2 [□ NO					
	3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At building, etc. (Specify)					•		261. LOCATI City or	ION (Street Town, State	and Number of	r Rural Rout	e Number,
ET													
COMPLETED	(Check only one) 2 MEDICAL EXAMINE												nd manner as stated.
BE C	296. SIGNATURE AND TYPLE OF PERTIFIER	24.0	211				29c. LIC	ENSE NUI	MBER		29d. DATE	SIGNED (M	orith, Day, Year)
10 8	1. Tuestige	MIC					01	57			> 9.	27-	71
-	P. POLLNER		UNIO			TAL	OF	CEC	: 14	COUA	/TY		
	31. DATE FILED (Month, Day, Year) SEP 2 0 1991	Julia Davide											
	JEB AV IAAI	7 WILL WILL WILL	201 . 1										



TO BE COMPLETED BY FUNERAL DIRECTOR

Sequentially list conditions,

if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events

resulting in death) LAST

SEP

3 0 199

TO BE COMPLETED BY FU	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
re funeral director, page 5 should be detached for use as the burial- at.	TO THE FUNESAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.
r death. Page 6 may be retained by the hospital or attending physic	TO THE HOSFITCH, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physic
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR	STATE OF M	IARYLAND / Ci	DEPAR	TMENT	OF I	DEA	AND I	MENTAL HYGIEN		1.	26501
1. DECEDENT'S NAME (First, Middle, Last) JOSE JOSE	РН	MCFADI	DEN					2. DATE OF DEATH		91 ^{YEAR}	3. TIME OF DEATH 12:40 A
4. SOCIAL SECURITY NUMBER 212 30 3493	5. SEX 1 M 2 F	IF UNDER 1	YEAR DAYS	IF UNDE	R 24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/11/193	32	8. BIRTHPLACE (State or Foreign Country) Baltimore, Md.			
Franklin Square H		Possville 21237 Soc. COUNTY OF DEATH Baltimore Cour									
Maryland Balt	10c. CIT	Y, TOWN OF	LOCA	TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
1604 Gail Road 11. MARITAL STATUS 1 Never Married 2 Married	MED 10	11	101. ZIP CODE 21221 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, apocity, Cuban, Maxican, Puerio Rican, etc.) 14. RACE — American Ind Black, White, etc.						— American Indian,		
3 Wildowed 4 X Divorced IF YES, GIVE WAR OR DATES 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 11 Labor					USUAL OCCUPATION work done during most of working to retired.) 16b. KIND OF BUSINESS/INDUSTRY					White	
17. FATHER'S NAME (First, Middle, Last) Leo	McFadde	n		18. MOTNER'S NAME (First, Middle, Melden Surname) Gertrude Tieney							
19a. INFORMANT'S NAME (Type/Print) Joseph McFadden	(son)							nore, Mary			:1
20a. METNOD OF DISPOSITION 1		206. PLACE A Cemetery, cree Greenm	malory or of	teof disposition (Name of participal partici							
21. SIGNATURE OF FUNERAL SERVICE LICENSEE					Bruzdzinski Funeral Home P.A. 1407 Eastern Ave, Baltimore Maryland 21221						
23. PART I. Enter the disease, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that List only one cous a Gastroir	e on each line.	,	ot enter ti	he mo	de of dy	ing, suct	as cerdiec or reepi	ratory a	ices	Approximate interval Between Onset and Deat

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUT NDINGS TO AUSE

91 26507

Approximate Interval Between Onset and Death

-	PERFORMED?	243. WERE AUTOFST 1 COMPLETION OF C OF DEATH? 1 YES 2 N
only o	ne)	

25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (Check only one)									
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3		OTHER: 4 □ Nursing Home 5 □ Rasidence 8 □ Other (Specify)							
27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY AT WORK? M 1 YES 2 NO								
3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, atreet, f	actory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						

29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred one)		
29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

_	_	Carel		_		000-71-0			
D. NAME	AND	ADDRESS	OF	PERSON	WHO	COMPLETED CAUSE OF DEATH	(ITEM	1 27) (Type, Print)	-

MD, 9000 Franklin Square Drive Baltimore Maryland 21237 Bradford Ebright

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE dia Savidson Randalle

Cl ist M D

DHMH-18 Rev 1/89

28,199

